

**Employee Name - PRALAY DAS**

**Employee Contact - 9874822087**

**Company Name - NOVARTIS HEALTHCARE PVT LTD**

**Date - 04-Sep-2025**

Dear PRALAY DAS,

With reference to your request number UID No 04092517036772. { 22-Sep-2025 }, we are pleased to provide a suitable quotation for your meeting request as per the elements detailed below:

Meeting Category	HOTEL MEETING	Meeting City	KOLKATA
Meeting Guest Count	20	Meeting PO No	
Meeting Type	Business Dinner	Meeting Subject	NOVARTIS MEETING
Meeting Seating Style	CLUSTER	Meeting Final Tax Invoice	Bill Value

VIVANTA KOLKATA EM BYPASS	92484
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HOTEL MEETING (MIN 20 pax guarantee)		VIVANTA KOLKATA EM BYPASS			
ELEMENTS	QUANTITY	PER PERSON UNIT COST	GST	TOTAL PER PERSON UNIT COST	TOTAL COST INCLUDING GST
BUSINESS DINNER	20.00	2600.00	468.00	3068.00	61360.00
BANQUET		0.00	0.00	0.00	0.00

COLLAR MIKE	1.00	750.00	135.00	885.00	885.00
CORDLESS HAND MIKE	1.00	750.00	135.00	885.00	885.00
LAPTOP WITH MOUSE	1.00	1500.00	270.00	1770.00	1770.00
LCD MULTIMEDIA PROJECTOR	1.00	3500.00	630.00	4130.00	4130.00
PORTABLE SCREEN	1.00	500.00	90.00	590.00	590.00
SMALL PA SYSTEM	1.00	2500.00	450.00	2950.00	2950.00
NET TOTAL					<b>72570.00</b>
AGENCY MANAGEMENT CHARGES					5806.00
TOTAL BILLING					<b>78376.00</b>
GST(18%)					14108.00
TOTAL GROSS BILLING					<b>92484.00</b>

Kindly note that the quotation provided is for budgetary purposes only. The final invoice will be based on actual consumption and the confirmed guest count. In the meantime, we request you to please do update the Shopping cart OR Purchase Order No on Hotel- Meeting Requisition Request. Should you have any questions or need further clarification, please feel free to reach out **Mr Sanchit 9930902119 / Ms Priyanka 9096860622** , will be happy to assist for any further queries.

Thank you for your continuous support and cooperation

[Approve Quotation](#)