All India Institute of Medical Sciences (AIIMS) Bhopal
Saket Nagar, Bhopal 462 020

Department: Anatomy Department, Medical College

Ref: AIIMS/BPL/Anat/932

Dated: 03/03/2016

Subject: Requirement of Lab Chemicals for Anatomy Department (Under Category No: 002)

Quotation shall be submitted as a hard copy in a sealed envelope addressed to ‘The Director, AIIMS Bhopal’, & Kind attention to the office of the Store officer (Central Stores Medical College) AIIMS Bhopal, latest by 2:00 pm of 28/03/2016

Schedule of requirement & separately.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Item</th>
<th>Unit Name</th>
<th>Total Requirement</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Glycerol</td>
<td>Liters</td>
<td>50 Ltrs</td>
</tr>
<tr>
<td>2</td>
<td>Sodium Citrate</td>
<td>Grams</td>
<td>500 x 2</td>
</tr>
<tr>
<td>3</td>
<td>Sodium Tetra borate(Borax)</td>
<td>Grams</td>
<td>500 x 2</td>
</tr>
<tr>
<td>4</td>
<td>Paraffin Wax</td>
<td>Grams</td>
<td>500 x 5</td>
</tr>
<tr>
<td>5</td>
<td>Formalin</td>
<td>Liters</td>
<td>200 Ltrs</td>
</tr>
</tbody>
</table>
Terms & Conditions:

1. The quotation is to be submitted only in the format enclosed. Not acceptable in any other form.

2. The quotation must be **submitted in person in sealed envelope to the office of the Store officer (Central Stores Medical College) AIIMS Bhopal.**

3. **Each page of the quotation must be printed on letter head of the company duly numbered.**

4. If you are the authorized distributor for more than one manufacturer and empanelled for all such category then, please submit separate quotation for each Manufacturer.

5. Quotation of non empanelled companies will not be entertained.

6. Failure to comply with any of these conditions will lead to rejection of the quotations and the responsibility for the same will lie with the company submitting the quotations.

7. **F.O.R.:** Rate quoted shall be fixed and on FOR destination Basis.

8. **Tax:** (1) Quotation must contain VAT/TAN/PAN number otherwise it will not be considered.

9. (2) Rate of applicable Tax should be shown separately.

10. **Delivery Period:** Supply is required immediately from ready stock but maximum within a period of 25 Days.

11. **Payment:** Payment will be made within reasonable time from the date of acceptance of supply.

12. **Rates Validity:** Rates quoted first time will be valid for one year from the date of Purchase Order.

13. **Penalty:** If you fail to supply the consumables as per the specifications in order within the schedule delivery dates, the supplier is liable to pay LD of 1% of the order Value for every month delay beyond the due date. If the Beyond the due date subject to a maximum of 5%. The Director reserves the right to cancel the orders in case the delay is more than 45 days, and penalty, if any will be deducted from the SD (security deposit) or amount due to the suppliers.

14. **Right of rejection:** The Competent authority reserves all the right to reject any or all quotation without assigning any reason.
**FINANCIAL BID FORMAT**

Name of supplier:  
Address:  
Contact No:  
E Mail Id:  

---

**Quotation for supply of Laboratory Chemicals for the Anatomy Department, as per the Enquiry No: 932, Dated: 03/03/2016**

| Sr.No | Description | Qty Req | Brand/Make | Cat No: *Attach Photo copy of Highlighted Item.* | Pack Size as per catalogue. | Pack/Price in Rs. | MRP as printed on Pack | Catalogue Price | Per Unit Cost whichever is less on col: 7 & 8 | % of Discount on unit Price in Col: 9 | % of Discount as per the Empanelment letter. | Current Discount % | Net Per Unit Cost after discount whichever is higher in Col: 10 & 11 | VAT applicable if any (Not Applicable on M.R.P) | Net Unit cost including All | Total Cost Per pack in Rs. |
|-------|-------------|---------|------------|-----------------------------------------------|----------------------------|-----------------|-----------------------|-------------------|---------------------------------------------|--------------------------|-----------------------------------------------|-------------------|------------------------------------------------|------------------|-----------------------------------------------|------------------|-----------------------------------------------|
| 1     | Glycerol    | 2       | 3          | 4                                             | 5                          | 6               | 7                     | 8                 | 9                                           | 10                       | 11                                            | 12                | 13                                            | 14               | 15                                            |
| 2     | Sodium Citrate | 500 x 2 |            |                                               |                            |                 |                       |                   |                                             |                          |                                               |                   |                                               |                   |                                               |
| 3     | Sodium Tetra borate(Borax) | 500 x 2 |            |                                               |                            |                 |                       |                   |                                             |                          |                                               |                   |                                               |                   |                                               |
| 4     | Paraffin Wax | 500 x 5 |            |                                               |                            |                 |                       |                   |                                             |                          |                                               |                   |                                               |                   |                                               |
| 5     | Formalin    | 200 Ltrs |           |                                               |                            |                 |                       |                   |                                             |                          |                                               |                   |                                               |                   |                                               |

**Attach Photo copy of the catalogue No: highlighted along with the quotation.**

---

Signature of the vendor with Stamp Date