

**All India Institute of Medical Sciences (AIIMS) Bhopal  
Saket Nagar, Bhopal 462020**

**No: Stores/2016-17/Printing//LPC-054/.....**

**Dated:17/08/216**

Sub: Quotation for printing of Office Stationery.

<b>Department:</b> Central Stores <b>Ref:</b> AIIMS/BPL/Central Stores/2016-17/Printing of Office Stationery
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Dear Sir,

Sealed quotation are invited **from local Vendors of Bhopal** for printing of Office stationery as shown in the enclosed bid form so as to reach the Stores Officer, Central Stores, 1<sup>st</sup> floor-Medical college Building AIIMS Bhopal **by 14:00 Hrs. of 25/08/2016.**

**Terms & Conditions:**

1. The quotation is to be submitted only in the format enclosed; otherwise it will not be entertained and treated as disqualified.
2. The quotation must be submitted **in sealed envelope to the office of the Stores Officer (Central Stores Medical College)AIIMS Bhopal.**
3. Each Page of the quotation must be printed on Letter head of the participants duly numbered.
4. Failure to comply with any of these conditions will lead to rejection of the quotation and responsibility for the same will lie with the participants submitting the quotations.
5. **F.O.R.:** Rate quoted shall be fixed and on F.O.R. destination basis.
6. **Tax:** (I) Quotation must contain VAT/TAN/PAN number otherwise it will not be considered.  
(II) Rate of applicable Tax should be shown separately.
7. **Delivery Period:** Supply is required immediately maximum within a period of 15 days.
8. **Payment:** Payment will be made within a reasonable time from the date of acceptance of supply.
9. **Penalty:** If the supply is not received within the scheduled delivery period, a penalty @0.5% per week or part thereof subject a maximum of 5% shall be imposed which will be deducted from the Invoice.
10. **Right of rejection:** The Competent authority reserved all right to reject any or all quotation without assigning any reason.

**Enclosed Copy of :**

1. Scanned copy of Note Sheet.
2. Scanned Copy of Letter Head.
3. Money receipt book.
4. Financial Bid Format

**Stores Officer  
Central Stores**

**Scanned copy of Note Sheet.(Both Side)**



अखिल भारतीय आर्युविज्ञान संस्थान, भोपाल  
All India Institute of Medical Sciences, Bhopal

File No./नस्ती क्र. ....

विभाग/अनुभाग .....

विषय :-

पृष्ठ संख्या

क.प.उ

**Scanned Copy of Letter Head.**




**All India Institute of Medical Sciences Bhopal**

Saket Nagar, Bhopal - 462 020 Madhya Pradesh India  
Website: [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

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Money receipt book(Scanned Copy)

1. Page

 **ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL**  
SAKET NAGAR, BHOPAL - 462024 Madhya Pradesh, India  
Website : www.aiimsbhopal.edu.in

G.A.R. 6 [See Rule 22 (i)]  
**MONEY RECEIPT**

Book No. .... Receipt No. **1445**

Dated ...../...../20 .....

Received from .....

with Letter No. .... Dated ...../...../20 .....

The sum of Rupees .....

on account of .....

by Cash/Cheque/Demand Draft No. ....

Dated ..... Issued by Bank Name .....

..... Branch .....

Payable at .....

₹/.....  
Cheque Subject to Realisation

Signature .....

Name .....

Designation .....

otherwise known as  
w.e.f. date of invoice


SUBJECT TO VAPI JURISDICTION

Corporate Office: 801, Exclusive Apartments, Opp. I. I. T. Main Gate, Bhopal  
Tel.: +91-22-2579 4078 / +91-22-2577 2111

161-  
No. 357  
Rs.  
DL  
DL

21.7.11

2. Page

 **ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL**  
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21-9-17

**3. Page**

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*Cheque Subject to Realisation*

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Name .....

Designation .....

## Financial Bid on (Letter Head)

**Name of Bidder:**

**Date:...../08/2016**

**Full Address of the Company:**

**E- Mail Id:**

Sr No	Description	Specification	Req. Qty.	Unit Rate in Rs.	Discount if Any.	Net Unit Cost After Discount	VAT applicable Any.	Net Unit Cost including VAT	Total Cost in Rs. F.O.R Basis
1	2	3	4	5	6	7	8	9	10
1	<b>Letter Head</b>	A4 Size Executive Bond Paper, with Multi color of set printing, 100 sheets per pad	100 ( Pads)						
2	<b>Note Sheet</b>	Ledger paper, 70 GSM, Size 17x 24/4, 100 Sheets per pad Both side printing	200( Pads)						
3	<b>Money Receipt Book (1+2 copy)</b>	First copy in white + two copy on color page 100 Sheets per book, Size 18 x 22/8, Page Numbering from <b>2001 Onwards</b>	30 Books (In Triplicate.)						

**Signature with seal and stamp.**

**Date:**

**Place:**