



अखिल भारतीय आयुर्विज्ञान संस्थान  
**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**  
साकेत नगर भोपाल (मध्यप्रदेश) – 462020  
Saket Nagar, Bhopal (M.P.) – 462020  
Website : www.aiimsbhopal.edu.in

No.: Stores/2016-17/LPC-53/.....

Dated: 22/08/2016

**Department:** UGF (OT) Hospital Complex  
**Ref:** AIIMS/BPL/UGFOT/2016-17/63

Subject: Quotation for Supply of Fly Killer

Dear Sir,

Sealed quotation are invited from **local Vendors of (Bhopal)**, for supply of Fly Killer as shown in enclosed bid form so as to reach the **Stores Officer, Central Store, First Floor-Medical College Building AIIMS Bhopal by 140:00 Hrs of 29/08/2016**

**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 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 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 FOR destination Basis.
6. **Tax:** (i) Quotation must contain VAT/Tan/PAN Number otherwise the quotation will not be considered.  
(ii) Rate of applicable Tax should be shown separately.
7. **Delivery Period:** Supply is required immediately from ready stock but Maximum within a period of 15 Days
8. **Payment:** Payment will be made within 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 there of subject to a maximum of 5% shall be imposed which will be deducted from the Invoice.
10. **Right of rejection:** The Competent authority reserves all rights to reject any or all quotation without assigning any reason.
11. **Warranty:** **Warranty of Tube light and ballast (Chouk) should Cleary stated in the quotation.**

## Financial Bid (On Letter Head)

Name of Bidder:  
Full Address of the Company:  
E Mail Id:

Date:...../08/2016

Sr.No	Description	Specifications	Req. Qty.	Brand/ Make	Model No:	Unit Price in Rs.	Discount if any.	Net Unit Cost after Discount	VAT Extra @	Net Unit Cost Including VAT	Total Cost in Rs.
1	2	3	4	5	6	7	8	9 = 7-8	10	11=9+10	12 = 4 x 11
1	Fly Killer	<b>Material Type:</b> Aluminum Body <b>Lamps :</b> 2 x 15 W <b>Unit Size :</b> 20"Leanth ,4.5" Breath, 12.5" High <b>Covering Area :</b> 300 - 400 sq ft	10								
<b>Total in Rs.</b>											

**Signature with Stamp**

**Place:**

**Date:**