



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) BHOPAL**

Saket Nagar, Bhopal-462024 (Madhya Pradesh) India  
Website : [www.aiimsbhopal.edu.in](http://www.aiimsbhopal.edu.in)

**Department: CFM Department Medical College**

Ref: AIIMS/CFM OPD/2016/Dispatch /35

Dated: 19/10/2016

Subject: Requirement of Hepatitis – B Vaccine for **CFM Department Medical College.**

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 03/11/2016.

**Schedule of requirement & separately.**

Sr.No	Description	Size	Required Qty.
1	2	3	4
1	Hepatitis -B Vaccine	10 ml (Each Vial )	100 Vials

## **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 company duly numbered.
4. **The Minimum expiry of product should not less than approx 1 year at the time of supply.**
5. 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’.
6. **F.O.R.:** Rate quoted shall be fixed and on FOR destination Basis.
7. **Tax:** (1) Quotation must contain **VAT/TAN/PAN number** otherwise it will not be considered.
8. (2) Rate of applicable Tax should be shown separately.
9. **Delivery Period:** Supply is required immediately from ready stock but maximum within a period of 25 Days.
10. **Payment:** Payment will be made within reasonable time from the date of acceptance of supply.
11. **Penalty:** If the goods are not delivered within the scheduled delivery period as stated above the penalty @ 0.5% per week or part of subject to a maximum of 5% shall be deducted from the invoice
12. **Brand Name & Expiry:** **The quotation must furnish the Brand name and the expiry of Vial.**
13. **Right of rejection:** The Competent authority reserves all the right to reject any or all quotation without assigning any reason.

**Financial Bid**  
**(On Letter Head)**

Name of Bidder:  
Address:  
E Mail Id :

Date : ...../...../2016

Quotation for Supply of Hepatitis –B against enquiry No :AIIMS/BPL/CFM /Dispatch/35, dated: 19/10/2016								
Sr No .	Description	Req Qty.	Brand / Make	Pack Size	MRP	Unit Price in Rs.	Discount % if Any.	Net Unit Cost in RS.
1	2	3	4	5	6	7	8	9
1	Hepatitis -B Vaccine	100 Vials (of 10 ml ,Multi Dose each)						
Sub Total (A)								
Vat Extra @ Rs.								
Total (Inclusive of all taxes) in Rs.								

**Signature with stamp**

**Date :**

**Place :**