



ALL INDIA INSTITUTE OF MEDICAL SCIENCES
Saket Nagar, Bhopal (M.P.) -462020
Website : www.aiimsbhopal.edu.in

No.: Stores/2016-17/OBGY consumables /LPC

Dated: 29/12/2016

Subject: Quotation for Supply of the consumable.

Dear Sir,

Sealed quotation of consumable, for Hospital Complex AIIMS Bhopal as shown in enclosed bid format so as to reach the **Stores Officer, Central Store, First Floor Medical College Building AIIMS Bhopal by 13:00 Hrs of 6/1/2017**

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. **Tax:**
 - Quotation must contain **VAT/TIN/PAN Number otherwise the quotation will not be considered.**
 - Rate of applicable Tax should be shown separately.
6. **Delivery Period:** Supply is required immediately/very urgent basis from ready stock but Maximum Within a period of 15 Days.
7. **Payment:** Payment will be made within reasonable time from the date of acceptance of supply.
8. **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.
9. **Right of rejection:** The Competent authority reserves all rights to reject any or all quotation without assigning any reason.
10. **Warranty:** **The Bidder is strictly advice to show the warranty period of the required product.**

FINANCIAL BID
ON LETTER HEAD

Quotation Ref No / Stores/2016-17/OBGY Consumables /LPC

Dated: .../12/2016

Quotation Ref no.
Name of Bidder :
Address of Bidder:
Contact No:
E Mail ID:
Tin No:

Sr No .	Description/item Name	Req Qty.	MRP Rs.	Unit rate in Rs .	Total Cost in Rs .
1	2	3	4	5	6
1	Kellys Pad	500 Nos			
Sub Total (A)					
VAT/CST Extra @ Rs.					
Total inclusive of all taxes in Rs					

Seal with Signature

Date :

Place :