

**Chhatrapati Pramila Rajee General Hospital, Kolhapur
(Surgical Store)**

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CPRGHK/SS/ ७१ / 2022

Date: १०.०५.२०२२

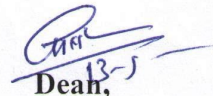
Subject: Quotation for Pathology Dept. Lab Test.**Ref.:** As per Requirement Pathology Dept., C.P.R. Hospital, Kolhapur.

Please arrange to give your lowest possible rates for the below mentioned items.

SR.	NAME OF ITEMS	Pack Size	MRP	Rate Per Unit
1	Field Stain A	500ml x 50 (Bottle)		
2	Field Stain B	500ml x 50 (Bottle)		
3	Dispo Plastic Tube With Cap	50,000 Nos		
4	Urine Pregnancy Test Kit	50 Test x 2 Box		

Terms and Conditions :

- 1) All rights are reserved by The Dean, C.P.R. General Hospital, Kolhapur to reject any or all quotations without assigning any reason.
- 2) Quote the lowest possible rates for above mentioned items and long Expire Date. Quotation must be given on suppliers letter head. Write the MRP per item and do not change the sr.no. of item.
- 3) Sealed quotation should reach to this office on or before Date :- 25/05/2022 up to 05-00 p.m. positively. Quotation received after above mentioned date and time will not be entertained. This office is not liable for any delay of Post Office or Courier Agency or at any other conditions.
- 4) If you failed to supply the material, after confirm order, the order will be diverted to next lowest rates provider and in this case the difference between first lowest and second lowest should be born by you.
- 5) The rates quoted should be inclusive of service Tax, excise duty, GST, Transportation, Insurance, packing and forwarding charges etc., but not include L.B.T. duty. Rates should be within the market rate limits and should not be more than M.R.P. at any circumstances. At any stage of the quotation process even after completion of the process if it is found that the rates mentioned are more than the M.R.P., the supplier is responsible for refund the difference with interest to this office.
- 6) Attach the self attested photo copies of PAN Card, GST Registration Certificate, Shop Registration Certificate (Shop Act License etc.) or any other registration certificate necessary for operating your business and Authorization letter.
- 7) Sample approved by Incharge Pathology Dept.
- 8) **It is necessary to obtain a Demo test of the material through In-charge CCL and submitted the rate sheet along with the Demo satisfaction certificate. Quotation will not be considered without satisfaction certificate.**
- 9) Please superscript the envelope with "QUOTATION FOR PATHOLOHY DEPT. LAB KITS (02-Patho)"


Dean,

**Chhatrapati Pramilaraje General
Hospital, Kolhapur.**

प्रति,
मा. अध्यक्ष
संकेतस्थळ विक्रय समिती
छ.प्र.रा.स. रुग्णा, कोल्हापूर.