

Chhatrapati Pramila Rajee General Hospital, Kolhapur
(Surgical Store)

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CPRGHK/SS/ 1317 / 2022

Date: 02/02/2022

Subject: Quotation for Microbiology Dept. Lab Test.

Ref.: As per Requirement Microbiology 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	HAV IgM Rapid	1 Test		
2	Leptospira IgG/IgM Rapid	1 Test		
3	Widal Slide Test (4 X 5ml)	1 Kits		

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 :-08 /02/2022 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 HOD Microbiology Dept.
- 8) Please superscript the envelope with "**QUOTATION FOR Microbiology Dept. Lab Test (106-Micro)**"



Dean,

**Chhatrapati Pramilaraje General
Hospital, Kolhapur.**

To,
president website publishing committee & pro. HOD Dept. of
General Hospital, Kolhapur.