

NO.CPRGHK/Store/9436/2020
Office of the Dean,
Chhatrapati Pramilaraje General
Hospital, Kolhapur
Dt. 11/9 / 2020

Subject: Quotation for Kits and Consumable Material.

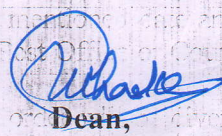
Reference: As per Hon. Deans approved note dated : /08/2020

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

Sr. No.	Name of Item	Specification	Pack Size	M.R.P.	Quoted Price
01	Flex Solution	Part No.944-157 ABL 90 Flex Solution	---		
02	Sensor Cassettes	Part No.946-005 Sensor Cassette SC 90	300 Tests		
		Part No.946-010 Sensor Cassette SC 90	100 Tests		
03	Thermal Paper	Part No. 984 070 Thermal Paper	Per Box x 8 papers		
04	Dry Heparinized Syringe	Part No. 956 552 Pico 50 Samplers (Dry Heparinized Syringes)	15 Syringes 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. Quotation must be given on suppliers letter head.
- 3) Sealed quotation should reach to this office on or before Date :- 19/09/2020 up to 05.00p.m. positively on working days. 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 supplier who failed to supply the material.
- 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.
- 7) Please superscript the envelope with **"QUOTATION FOR THE Kits and Consumable Items."**


Dean,

**Chhatrapati Pramilaraje General
Hospital, Kolhapur.**

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Professor And H.O.D., Dept. of P.S.M. and President,
Website Development Committee, C.P.R. Hospital, Kolhapur.