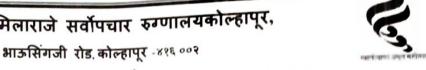


छत्रपती प्रमिलाराजे सर्वोपचार रुग्णालयकोल्हाप्र,



(अधिष्ठाता कार्यालय)

- www.rcsmgmc.ac.in

फोन:- ०२३१-२६४१५८३

email -cprsurgicalstore@gamil.com

CPRGHK/SS/

446 / 2025 Date: 6 / 2_/2025

Subject: Quotation for Ophthamology Item.

Reference: As per Requirment Ophthamology Department

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

Sr. No.	Name of Item	Packing Size	MFG By	MRP	Quotated RatePer Unit
1	Keratome 2.8 Blades	1 Nons			
2	Side Port Blades	1 Nons			
3	Crescent Blades (2.6)	1 Nons			
4	Disposable Eye Drapes (80X80mm)	1 Nons			
5	Black Goggles for cataract Patients	1 Nons			
6	E T Tube No.7 Cuffed	1 Nons			
7	E T Tube No.7.5 cuffed	1 Nons			

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 chang the sr.no. of item.
- 3) Sealed quotation should reach to this office on or before Date :- 13/02/2025 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.) FDA License, GST registration certificate or any other registration certificate necessary for operating your business.
 - 7) Sample approved by HOD Biochemistry & Microbiology Department
- Please superscript the envelope with "QUOTATION FOR Lab Kits Surgical Item "

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.