

FORM P-5

SUPER SPECALITY PAEDIATRIC HOSPITAL & POST GRADUATE TEACHING INSTITUTE

NOIDA

Limited tender/Quotation Notice.

ADDRESS: 1. WEBSITE NOTICE.

2. Notice Board.

Tender/Enquiry No. OG/HRF/SSPHPTI/2019

Dated. 22/08/2019

To,

All Prospective bidders.

Subject: Quotation of 1. ATROPINE, 2. DEXAMETHASONE 8mg. Etc

Last Date 05/09/2019

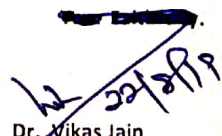
Dear Sirs,

We are interested in purchase of the articles mentioned overleaf. Please send your quotation in sealed cover so as to reach this office on or before 05/09/19 up to 2p.m.

Terms & conditions:-

- 1- We are prepared to consider offers for material either of indigenous manufacture or of foreign make, available from ready stock. Any offer to supply on Forward Delivery Basis under suppliers own import quota-license will also be considered.
- 2- The price quoted should be as indicated in cause (Rs.) below: -
Otherwise the quotation will be rejected:
(A) F.O.R. Destination by Passenger/Goods Train.
(B) F.O.R. dispatching station (Please mention the name of station).
(C) Free delivery at our stores.
- 3- Your rate should include packing and forwarding charges. In the case of quotation F.O.R. destination, Insurance should also be covered. The goods should be insured in your favour against theft lose damage or breakage during transit. The insurance charges should not exceed 3% of the cost of material supplied.
- 4- Your offer should be valid for a period of 60 days from the date of opening of the quotation/tenders.
- 5- The RATE OF SALES TAX should be clearly indicated wherever chargeable. This office is eligible/not eligible to issue 3-D form for U.P. Sales Tax and is also eligible/not eligible to issue C or D form for central sales tax.
- 6- Specific mentioned should be made whether the delivery will be ex-stock or stores will have to be imported or obtained from the works and how much time will be required for delivery after receipt of the order. The delivery time will have to be strictly adhered to in case an order is placed against your offer.
- 7- The Director is a Director Demanding officer of the Directorate General of supplied and Disposals, New Delhi and Director of Industries U.P. In case any of the items mentioned overleaf is on the current rate/running contract list, please quote the DGS&D/DIUP rate, the contract reference also send a copy of R.C.
- 8- Each quotation sent by post is to be enclosed in double cover. The inner cover should be SEALED WITH WAX AND SUPER SCRIBED as quotation for HRF ITEMS Your No. OG dated 22/08/19 Date of opening 08/09/19. The outer cover should bear only the address of the official without any indication that there is a quotation within. Quotations delivered personally should be put in the tender box kept in the office of Director in which case the outer cover is not necessary.
- 9- The quotations will be opened in the presence of the representatives, if any, of the firms at 3PM on the date mentioned above at the office of Store Purchase Officer of the Institute.
- 10- Payments for supplied will be made direct to the suppliers by crossed cheque on the Corporation Bank of India.....only after receipt of the stores in good condition.
- 11- Printed conditions of the tenders/quotations shall not be binding on us.
- 12- The acceptance of the quotation will rest with the Director, who does not bind himself to accept the lowest quotation and reserves the right to himself to reject or partially accept any or all the quotation received, without assigning any reason.
- 13- The quotations are liable to be rejected if any of the above conditions are not complied with.

Date of opening.....08/09/2019


Dr. Vikas Jain
Member Secretary, HRF
SSPH&PGTI, Sec-30 Noida

Medicine Misc.			
SL. NO	NAME OF THE ITEM	FORMULATION	REQ. QTY 5 Month
1	Atropine	inj	100
2	Dexamethasone 8 mg	Tab	250
3	Frusemide 10mg/ml 2ml	inj	1000
4	Labetolol (4ml)	Inj.	25
5	Noradrenaline 2ml	inj	50
6	Paracetamol 500mg	Tab	2500
7	ORS Sachet	----	5000
8	Phenytoin sod. 100mg / 2ml	inj	1250
9	Soda Lime Granules 5kg	Granules	10
10	Dobutamine 250mg	Inj.	75
11	Nitroglycerine 25 Mg/5ml	Inj.	25
SL.NO	NAME OF ITEM		REQ. QTY 5 Month
12	Cidex 5 liter		20
13	Dexamethasone 8 MG inj		600
14	Fluid IV NS 3% 100ml		100

NOTE :-

(1) Complete specifications with manufacture's name and address should be given while quoting ,offers for stores vaguely described as & best Indian make Foreign Make are liable to be ignored while considering the quotation. Literature/pamphlets should also be enclosed wherever applicable.

(2) Samples in respect of item..... should necessarily be submitted along with the quotation otherwise the offer will not be considered.

(3) Quotations must be clearly written or typed without any cutting or over-writing.