

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

Tel: (0231) 2641326 cprmedstore@gmail.com Fax : (0231) 2645279
CPRGHK/SS/ 464 / 2020 Date: 23/03/2020

Subject: Quotation for VTM KITS FOR Micro Department.

Reference: As per Requirement consion Department

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

Sr. No.	Particular	Pack Size	MRP	Rate Per Unit
1	VTM 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. This quotation is invited by Short Notice for Corona Disiaster.
- 2) Quote the lowest possible rates for above mentioned items and long Expire Date. Quotation must be given on suppliers letter head and write the MRP per item.
- 3) Sealed quotation should reach to this office on or before Date :- 24/03/2020 up to 5 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) Material Should be Supplied Within 24 Hours from confirm order. 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.
- 7) Sample approved by HOD Micro Dept.
- 8) Please superscript the envelope with "QUOTATION FOR THE VTM Kits "


Dean,

**Chhatrapati Pramilaraje General
Hospital, Kolhapur.**

✓ **Copy for Publishing on Wetsite**

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