

**Sub : QUOTATION FOR Ultrasound RAT Repellent Device**

Sir,

Please quote your competitive rates in Indian Rupees only for the following items.

Sr. No.	Name of Instrument / Equipment	Unit.	M.R.P.	Rate Per Unit
1.	<b>Ultrasound RAT Repellent Device</b> <b><u>Specifications:-</u></b> <ul style="list-style-type: none"><li>• <b>DC-Model -</b> DC-Supply- 12 to 30 VDC</li><li>• <b>AC/DC-Model -</b> AC-Supply - 275 VAC DC- Suplly - 35 to 300 VDC</li><li>• <b>Operating frequency -</b> 20kHz to 60kHz</li><li>• <b>Sound Output -</b> 80dB to 110dB</li><li>• <b>Weight -</b> -270 g</li><li>* Power Consumption - &lt; 0.7W</li></ul>	01 No		

**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) Material quoted should be of best quality, should have ISI mark. Samples should be made available by the supplier for demonstration at free of cost to the user department or concern purchase committee. (If required).
- 3) Sealed quotation should reach to this office on or before Date :- 15/02/2025 within office time positively. Quotation received after above mentioned date will not be entertained. This office is not liable for any delay of Post Office or Courier Agency or at any other conditions. **Supplier has to enroll the quotation at inward section of this office and has to deposit the quotation at Machinery Store Department, C.P.R. Hospital, Kolhapur.**
- 4) The rates quoted should be inclusive of excise duty, GST, Transportation, Insurance, packing and forwarding and Fittings and Installation charges etc. 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.
- 5) Material Should be Supplied Within 24 Hours from confirm order.
- 6) If failed to supply the material as per required specification, then the order will be diverted to second lowest rate provider and in this case the difference the difference between first lowest and second lowest will be born by you.
- 7) Attach the self attested photo copies of PAN Card, GST Registration Certificate, Shop Registration Certificate (Shop Act Licence etc.)

Please superscript the envelope with "**QUOTATION FOR Ultrasound RAT Repellent Device.**"

  
Dean,

**Chhatrapati Pramilaraje  
General Hospital, Kolhapur.**

To,  
President,

Website Publishing Committee and Associate Professor, Dept. of Pediatric, C.P.R. General Hospital, Kolhapur.