GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES
RAJIV GANDHI GOVERNMENT WOMEN AND CHILDREN HOSPITAL,
PUDUCHERRY

No.20317/RGGW&CH/A10/2019/ Dated: 30/04/2019

NOTICE INVITING QUOTATIONS FOR REAGENTS BEING USED IN FULLY
AUTOMATED 5 PART HEMATOLOGY ANALYSER .
MODEL: BENESHERA H51

Quotations are invited for reagents whose details are mentioned in the Annexure.

2. **Under the terms and conditions detailed below**, quotations may be
submitted on or before 05/05/2019 **till 4.00 p.m.** by post/ in person furnishing
the lowest rate and unit in a closed envelope addressed to the Medical
Superintendent, Rajiv Gandhi Government Women and Children Hospital,
Ellapillai chaavady, Puducherry- 605 005, and with quotation for Laboratory items
marked on the envelope:

i. The rates quoted by the supplier shall be inclusive of insurance charges, if
any. No insurance charges, like transit insurance, will be paid by the purchaser.
The supplier shall be solely responsible for the safe delivery of goods in good
condition. However, GST % may be charged, if applicable.

ii. The rates once quoted and approved shall be final and valid for one year
from the date opening of quotations and shall be applicable even to the supply of
small quantity no deviation will be accepted in this regard.

iii. The item supplied shall have a minimum expiry of 18 months.

iv. The item supplied shall be strictly in accordance with the specifications
mentioned in the supply order. Any item, which is not up to the specification or
damaged, will be returned to the suppliers at their own cost.

v. The items shall be delivered immediately after the issue of supply orders at
the Pharmacy store, Rajiv Gandhi Government Women and Children Hospital, Ella
Pillai Chaavady, Puducherry – 605 005, by the safest mode of conveyance at the
risk of the supplier. If supply is not commenced within four weeks, the order placed
to the lowest firm shall stand cancelled and be placed to next lowest firm without
any notice to the previous firm.

vi. The R.R/L.R. shall be forwarded direct to the consignee (The Medical
Superintendent, RGGW&CH, Puducherry) by registered post and not through
bank.

vii. The details of TIN,CST,DL and PAN shall be mandatorily mentioned in the
quotation.

viii. The quotations received either by post or in person after the due date and
time will be summarily rejected.

3. Payment through the ECS will be made by after the receipt of materials in
good condition and after the receipt of pre-receipted, stamped bill in duplicate
along with the copies of supply orders.

MEDICAL SUPERINTENDENT
## ANNEXURE

<table>
<thead>
<tr>
<th>Sl.No</th>
<th>Name of the Reagents</th>
<th>Rate per pack/no.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>M-58D DILUENT (20 Litres.)</td>
<td>Each</td>
</tr>
<tr>
<td>2</td>
<td>M-58 LH LYSE (4x500ML)</td>
<td>Each</td>
</tr>
<tr>
<td>3</td>
<td>M-58 LEO (I) LYSE (4x1000ML)</td>
<td>Each</td>
</tr>
<tr>
<td>4</td>
<td>M-58 LEO (II) LYSE (4x500ML)</td>
<td>Each</td>
</tr>
<tr>
<td>5</td>
<td>M-58 LBA LYSE (4x1000ML)</td>
<td>Each</td>
</tr>
<tr>
<td>6</td>
<td>M-58 PROBE CLEANSER (50ml)</td>
<td>Each</td>
</tr>
<tr>
<td>7</td>
<td>Qc 1 set=6vials(3ML)</td>
<td>Each</td>
</tr>
</tbody>
</table>

**Note:**

1) The Quotations submitted shall be strictly in accordance with the Specifications mentioned above. Any quotations, which is not up to the specifications, will be summarily rejected.

2) The items quoted must bear the HSN Code.

3) Valid Authorized Dealership certificate for supply of reagents from the equipment manufacturer firm is mandatory and must be submitted along with the quotations.