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

Endt.no.79/RGGW&CH/A10/2019-20/ Dated: 31/04/2019

NOTICE INVITING QUOTATIONS FOR PURCHASE OF REAGENTS FOR
FULLY AUTOMATED BLOOD CELL COUNTER NIHON KOHDEN

Quotations are invited for the Purchase of Reagents for fully Automated
Blood Cell Counter  Nihon kohden  whose details are mentioned in the
Annexure.

2. Under the terms and conditions detailed below, quotations may be
submitted on or before 31/05/2019 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
PURCHASE OF REAGENTS FOR FULLY AUTOMATED BLOOD CELL COUNTER
NIHON KOHDEN 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 of. 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 the their own cost.

v The medical 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 L1 shall stand cancelled and be placed to L2 without
any notice to L1.

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>Cleanac Solution (5Lts) Nihon Kohden</td>
<td>Each</td>
</tr>
<tr>
<td>2</td>
<td>Haemolyse Solution 500ml-Nihon Kohden-</td>
<td>Each</td>
</tr>
<tr>
<td>3</td>
<td>Dilute-Isotonac(18 Lts)-Nihon Kohden-</td>
<td>Each</td>
</tr>
<tr>
<td>4</td>
<td>Strong Clean 5Lts.</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.