QUOTATION NOTICE

Sub:- IGGGH&PGI, Puducherry – Calling for quotation - Regarding.

Please send your lowest quotation for EYE INJECTIONS for the use of this institution in a sealed cover super scribed as “Quotation for EYE INJECTIONS - Due date 19.08.2019” so as to reach this office on or before 19.08.2019 at 4.00 P.M. and intimate your acceptance of the following conditions in case an order is placed with you.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Description of Medicines</th>
<th>Rate to be quoted for the unit of</th>
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<tbody>
<tr>
<td>1.</td>
<td>Inj. Hyaluronidase</td>
<td>Vial</td>
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<tr>
<td>2.</td>
<td>Inj. Hydroxy Propyl Methyl Cellulose 5 ml Vial</td>
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i. Insurance: No insurance charges are payable. The Purchaser will not pay separately for transit insurance and the supplier should be responsible until the stores arrive in good condition at the destination and for this purpose the rates quoted should be inclusive of insurance charges Central Sales Tax if applicable may be charged.

Payment will be made by Drafts / ECS / Crossed Cheque within 30 days after receipt of the materials in good condition. If any items are found broken during transit, a replacement or credit note for the value of broken items should be sent immediately on receipt of intimation from this office to avoid the delay of payment in question.

(a) The rates once quoted and approved will be final for 180 days from the date of acceptance and no deviation in rates will be allowed.

(b) Supply should be made within 10 days from date of receipt of our supply order otherwise, supply order shall be treated as cancelled and the difference of cost arising towards purchase of the same item from the next lowest bidder shall be borne by your firm.

c) The medicines / materials / books should be supplied strictly in accordance with the specifications given in the requirement. The items which are not conforming to the specifications will be returned to supplier at their own cost.

(d) Quotations received either in person / post after the time prescribed above will be summarily rejected.

(e) A Certificate to the effect that the conditions mentioned above are accepted should be furnished along with the quotation.

iv. Delivery: Delivery should be made in F.O.R., Puducherry.

No Quotation /Tenders/Invoices will be Entertained unless Income Tax Permanent Account Number (PAN) is prominently quoted

MEDICAL SUPERINTENDENT

To
Notice Board,
IGGH & PGI,
Puducherry.
Copy to: 1. The Programmer, DHFWS, Puducherry. (With instructions to host this Quotation Notice in the Office Website)
2. The Medical Officer, Hospital Pharmacy, IGGGH & PGI, Puducherry.