GOVERNMENT OF PUDUCHERRY
INDIRA GANDHI GOVT. GENERAL HOSPITAL & POST GRADUATE INSTITUTE
PUDUCHERRY

Enquiry No. 3902(O-T)/IGGGH&PGI/A11/2019-20/ 349

Date: 10/10/2019.

QUOTATION NOTICE

Sub: - IGGGH&PGI, Puducherry – Supply of Tablets – Quotations – Called for.

Sealed Quotations are invited for the supply of following Tablets to this institution, upto 4.00 p.m. on 24/10/2019 on the following Terms & Conditions.

<table>
<thead>
<tr>
<th>Sl.No.</th>
<th>Name of the item required with specifications</th>
<th>Unit for which rate to be quoted</th>
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<tbody>
<tr>
<td>1</td>
<td>Tab. Tenofovir 300mg</td>
<td>Each</td>
</tr>
<tr>
<td>2</td>
<td>Tab. Entacavir 0.5mg</td>
<td>Each</td>
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TERMS & CONDITIONS

1. The Quotation should be in a sealed cover superscribing as “Quotation for the supply of Tablets” and should be addressed to the Medical Superintendent, Indira Gandhi Government General Hospital & Post Graduate Institute, Puducherry.

2. **Insurance:** No insurance charges are payable. The purchaser will not pay separately for transit insurance and the supplier should be responsible until the items 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.

3. **Payment:** Payment will be made by Drafts/Crossed Cheques/ECS 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.

4. **Validity:** The rates once quoted and approved will be **final for one year** from the date of acceptance and no deviation in rates will be allowed.

5. **Supply:** Supply should be made within 10 days from the date of receipt of our Supply Order and thereafter the supply order may be **treated as cancelled** and the difference of cost incurred towards purchase of the item from next lowest bidder shall be borne by your firm. The medicines 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.

6. **Expiry:** The tablets should be supplied with **expiry period of 2 years** from the date of supply.

7. **Rejection:** Quotations received either in person/by post, after due date, will summarily be rejected. The undersigned reserves the right to reject any or all the quotations without assigning any reasons thereof.

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

9. **Evaluation of tender will be done.**

**NOTE:** No Quotation/Invoice will be entertained unless Income Tax Permanent Account Number (PAN) is prominently quoted.

Yours faithfully,

MEDICAL SUPERINTENDENT

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To
The Notice Board, IGGGH&PGI, Puducherry

Copy to:
1. The Programmer, IGGGH&PGI, Puducherry *(With instructions to host this Quotation Notice in the Office Website.)*
2. The MO, I/C, Hospital Pharmacy, Puducherry.