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

No.2408/RGGW&CH/A10/2019-20/ Dated: /08/2019

NOTICE INVITING QUOTATIONS FOR PURCHASING OF REAGENTS

Quotations are invited for the supply of Reagents for Electrolyte Analyser (Model Easylyte Na/K/Cl) whose details are mentioned in the Annexure.

2. Under the terms and conditions detailed below, quotations may be submitted on or before 19/08/2019 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 REAGENTS FOR ELECTROLYTE ANALYSER marked on the envelope:

iii. 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.

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 and 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 medical items shall be delivered immediately after the issue of supply orders at the Pharmacy store, Rajiv Gandhi Government Women and Children Hospital, EllaPillai 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,GST,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 will be made by cheque/crossed cheque 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.

[Signature]
MEDICAL SUPERINTENDENT
ANNEXURE

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of Items</th>
<th>Pack Size</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Solution Pack (Na,K,Cl)</td>
<td>800ml</td>
<td>Pack</td>
</tr>
<tr>
<td>2</td>
<td>Daily Cleaning Solution</td>
<td>6x15ml</td>
<td>Pack</td>
</tr>
<tr>
<td>3</td>
<td>Internal Filling Solution</td>
<td>125ml</td>
<td>Pack</td>
</tr>
<tr>
<td>4</td>
<td>Wash solution for Electrolyte Analyser</td>
<td>50ml</td>
<td>Pack</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 alongwith the quotations.

[Signature]
MEDICAL SUPERINTENDENT