QUOTATION NOTICE

Please send your lowest quotation for the items mentioned in the annexure for the use of this institution in a sealed cover superscribed as "Supply of Self ink rubber stamps" so as to reach this office on or before 20.3.2020 as per the terms and conditions and intimate your acceptance in case an order is placed with you.

<table>
<thead>
<tr>
<th>SI No</th>
<th>Description of Item</th>
<th>Rate/each</th>
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<tbody>
<tr>
<td>1.</td>
<td>Self Ink Rubber Stamp Size: 4 x 2 cms Quantity: 80 Nos</td>
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Terms and Conditions

1. Quotations: The quotation should be in a sealed cover subscribing as Quotation for Supply of Self ink rubber stamps of this hospital and should be addressed to: The Medical Superintendent, Rajiv Gandhi Govt. Women and Children Hospital, Puducherry.

2. Payment: Payment will be made by ECS after receipt of the materials in good condition. If any item is found broken during transit, a replacement or credit not 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.

3. Validity: (a) The rates once quoted and approved will be final for 360 days from the due date of opening of quotation and no deviation in rates will be allowed. (b) Supply should be made within 7 days from the date of receipt of our supply order. The materials shall be supplied strictly in accordance with the specifications given in the requirement and also as per approved samples. The items which are not conforming to the specifications/sub standard will be returned to supplier at their own cost. (d) Quotation received either in person or by 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.

4. Delivery: Delivery should be made in RGGW&CH, Puducherry.

Remarks: No quotation/Tenders/Invoices will be entertained unless Income Tax Permanent Account Number (PAN), TIN Number and GST Number is prominently quoted.

Copy To,
1. EDP Section, RGGWCH

Yours faithfully,

[Signature]
MEDICAL SUPERINTENDENT