



All India Institute of Medical Sciences,
Jodhpur

Dated: 30th April, 2019

CORRIGENDUM

Invitation of quotation

For

Syringe 50 ml with Luer Lock

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : Admn/Gen/15-04/2019-AIIMS.JDH

Inquiry Issue Date : 27th April, 2019

Last Date of Submission : 02nd May, 2019 at 05:00 PM.

The following revisions / modifications is made –

S.No	Item Name	Specification	Qty	Recommended Make
1.	Syringe	50 ml with Luer Lock	12,000 Unit	BD / B. Brawn / Nipro/Dispovan/Romsons

Note:-The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

[On the letterhead of firm]

ANNEXURE "2"
PRICE BIDFORM

To,

Administrative Officer,
AIIMS, Jodhpur.

Dear Sir,

1. I/We Submitted the quotation for Enquiry No. **"QUOTATION FOR SUPPLY OF SYRINGE 50 ML WITH LUER LOCK AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/15-04/2019-AIIMS.JDH" DUE ON 02.05.2019 05.00 PM** for Supply of Syringe 50 ml with Luer Lock at AIIMS Jodhpur".

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. I/We hereby offer to supply at the following rates.

S. No	Particular	Qty	Quote Make	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	Total Cost Inclusive of GST (INR)	MRP
1.	Syringe 50 ml with Luer lock	12,000 Units						

Note:-

- The Bidder must quote only recommended Make & Model.**
- The Bidder must submit the GSTIN Registration and PAN Card self-attested copy with the quotation otherwise quotation will be REJECTED.**
- The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.**
- Catalog must be attached with quotation for technical evaluation.**
- The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**

Date _____

(Name) _____

Place _____

Name of Firm/Company/Agency _____

GSTIN No.: _____

Bank Name:- _____

Bank Account No.: _____

IFSC Code:- _____

Branch Name: _____

Phone No. _____

Email: _____

(Signature of Authorized Person) _____

INQUIRY NO. Admin/Gen/15-04/2019-AIIMS.JDH

Seal: _____