

Department of Surgery

No. JIP. /Intra/ Dr.Rajalekshmy M R/ 2022

Dated: 09.09.2022

To

Dear Sirs,

Sub: Supply of **Stool antigen kit, Tab.Clarithromycin 500mg, Cap. Omeprazole 20 mg** – Quotation – Invited – Reg.

Please quote your lowest rates for **Stool antigen kit, Tab.Clarithromycin 500mg, Cap. Omeprazole 20 mg** as per the list in the Annexure, subject to the following terms and conditions:

1. Rates should be quoted only for the items which are available in stock and can be supplied immediately on receipt of order.
2. Tax as per the GST is applicable. GST % and GST amount should be shown separately in the quotation. If under composite scheme, proof of certificate should be submitted along with quotation.
3. No insurance charges are payable as per the rules in the Government. As such, the firms before quoting should take into consideration all the risks in the transit and then furnish Quotation which should cover insurance charge also. If any point is raised as regards insurance charges after orders are issued, the same will not be entertained and the firms thereafter should effect the supply at their own cost.
4. Rates should be quoted F.O.R. Puducherry and inclusive of packing and forwarding charges.
5. Delivery is required urgently. Tenderers should state the guarantee delivery period they can offer. As delivery date is essential for the contract, this should be strictly adhered to by the successful tenders.
6. No supply which is not according to the specifications and not meeting our requirement will be accepted.
7. The Director shall have the right to rejecting the Limited Tender in whole or part without assigning any reason.
8. In case of high precision instruments the firms should give a guarantee certificate for their satisfactory performance.
9. Hand Quotations are not accepted.
10. The firm should furnish the PAN/GSTIN Number at the time of submitting bill.

Please furnish your Quotation in a sealed cover super scribing as:

Quotation for: Stool antigen kit, Tab.Clarithromycin 500mg, Cap. Omeprazole 20 mg


In the Name of: Dr.Rajalekshmy M R

Department of General Surgery

Due Date: 23.09.2022

Quotation should reach this Office on or before **23.09.2022 AT 4.00 p.m.** Quotation received after the due date will be summarily rejected.

Yours faithfully


PROFESSOR
Department of Surgery
JIPMER Hospital
Puducherry - 605 006.

N.B. Please see the attached description in Annexure

ANNEXURE

DESCRIPTION


No. JIP. /Intra/ Dr.Rajalekshmy M R/ 2022 Dated: 09.09.2022

Supply of Stool antigen kit, Tab.Clarithromycin 500mg, Cap. Omeprazole 20 mg – Quotation – Invited – Reg.

Rate must be quoted with unit price, GST%, GST amount and total amount as per proforma mentioned below. Rate should be inclusive of materials.

S. No.	Name of the item	Justification
1	Stool antigen kit	122 no.
2	Tab.Clarithromycin 500mg	854 no.
3	Cap. Omeprazole 20 mg	3416 no.

Yours faithfully


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