

[On the letterhead of firm]

ANNEXURE - I
PRICE BIDFORM

To,
Administrative Officer,
AIIMS, Rishikesh.

Dear Sir,

1. I/We Submitted the quotation for Enquiry No. "QUOTATION FOR CARDIOLOGY AGAINST THE INQUIRY NO. FILE NO. 32/213/2016(RIS)" DUE ON 28.07.2016, 05.00 PM for Supply of following items at AIIMS Rishikesh".
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	Item Name	Make	Qty./unit	Unit price	Tax %	Total amount
1.	CAG Accessory Kit					

Date _____
Place _____

(Signature of Authorized Person) :- _____

(Name) _____

Name of Firm/Company/Agency _____

Phone No. _____

Email: _____

All India Institute of Medical Sciences,
Rishikesh
Vishwada Road, Rishikesh, Uttarakhand-249201.
Telephone: 0134-2462913, email: rakeshkumar.aos@aiims@gmail.com
www.aiimsrishikesh.edu.in

AIIMS RISHIK

INDENT FOR PURCHASE

(FORM P-2)

1. Please fill a separate form for each item
2. Please fill completely in triplicate. Incomplete writing may not be accepted.

Name of items with full specifications & required accessories	Quantity (in figures and words)
CAU ACCESSORY KIT SPECIFICATIONS:- <ul style="list-style-type: none">- Manifold 2 port.- Control syringe 12ml with luer lock.- 3-way with 10cm extension stop cock.- I.V. Set.- P.M. Line with male & female end.- Puncture Needle (femoral)	100 (Hundred)

3. For equipment, please provide the following

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care or research

If both, state % of time to be used for patient care: research