

[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. 32/227/2016(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.	Trans Radial Diagnostic Coronary Angiography Catheter.					

Date \_\_\_\_\_  
Place \_\_\_\_\_

(Signature of Authorized Person):- \_\_\_\_\_  
(Name) \_\_\_\_\_  
Name of Firm/Company/Agency \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_

All India Institute of Medical Sciences,  
Rishikesh  
Virbhadra Road, Rishikesh, Uttarakhand-249201.  
Telephone: 0135-2462913, email: rakeshkumar@aaiims@gmail.com  
www.aaiimsrishikesh.edu.in



# AIIMS RISHI

## 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 (figures and words)
<p>TRANSRADIAL DIAGNOSTIC CORONARY ANGIOGRAPHY CATHETERS -</p> <p>SPECIFICATIONS:-</p> <ul style="list-style-type: none"><li>- 5 Fr.</li><li>- Must be available in various standard curves and lengths</li><li>- Must be FDA approved.</li></ul>	<p>70 (Seventy)</p>

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