

[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 ANESHTESIA AGAINST THE INQUIRY NO. FILE NO. 32/199-I/2014(RKSH)" DUE ON 19.09.2016, 05.00 PM for Supply of Equipments 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.

| S.No | Item Name | Make | Qty./unit | Unit price | Tax % | Total amount |
|------|--|------|-----------|------------|-------|--------------|
| 1. | Ryle Tube size 6.0 | | 50pcs | | | |
| 2. | Tegaderm 6x4 | | 20pcs | | | |
| 3. | Tegaderm 25x50 | | 20pcs | | | |
| 4. | Tegaderm 15x50 | | 20pcs | | | |
| 5. | Tegaderm 10x15 | | 20pcs | | | |
| 6. | Proseal Supraglottic LMA size 3 | | 05pcs | | | |
| 7. | Proseal Supraglottic LMA size 4 | | 05pcs | | | |
| 8. | I-Gel LMA Size 1.5 | | 02pcs | | | |
| 9. | I-Gel LMA Size 2 | | 02pcs | | | |
| 10. | I-Gel LMA Size 2.5 | | 02pcs | | | |
| 11. | I-Gel LMA Size 3 | | 02pcs | | | |
| 12. | I-Gel LMA Size 4 | | 02pcs | | | |
| 13. | I-Gel LMA Size 5 | | 02pcs | | | |
| 14. | Supreme LMA Size 3 | | 05pcs | | | |
| 15. | Supreme LMA Size 4 | | 05pcs | | | |
| 16. | Intubating LMA | | 02pcs | | | |
| 17. | Laryngoscope Mc Coy with different blades(0,1,2,3,4,5) | | 01pcs | | | |
| 18. | Video Laryngoscope | | 01pcs | | | |
| 19. | Intubating Light Wand | | 02pcs | | | |
| 20. | Hydrocath (certofix) B/Braun 4.5F for Pediatric | | 10pcs | | | |
| 21. | Certofix B/Braun 5 F | | 20pcs | | | |
| 22. | Certofix B/Braun 5.5 F | | 20pcs | | | |
| 23. | Certofix B/Braun 6 F | | 50pcs | | | |
| 24. | Certofix B/Braun 7 F | | 50pcs | | | |
| 25. | Oxygen Hood | | 02pcs | | | |
| 26. | Nerve Stimulator and locator | | 01pcs | | | |
| 27. | Nerve Stimulator and locator infusion set. | | 200pcs | | | |
| 28. | BIS quarto-monitoring electrode (adult) | | 50pcs | | | |
| 29. | Arterial Cannula 20G (BD) | | 100pcs | | | |

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

Date _____

Place _____

(Signature of Authorized Person) _____

(Name) _____

Name of Firm/Company/Agency _____

Phone No. _____

Email: _____