

[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 HOSPITAL MEDICAL GASES AGAINST THE INQUIRY NO. FILE NO. 32/79/2014(RIS)" DUE ON 21.10.2016, 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 | Brand (If any) | Qty | Volume | Pressure | Price incl. all Taxes | Cylinder rent/day | Total amount |
|------|---|----------------|-----|--------|----------|-----------------------|-------------------|--------------|
| 1. | Compressed Gas Cylinder (with gas) (B-Type) | | | | | | | |
| 2. | Refilling of Compressed Gas Cylinder (B-Type) | | | | | | | |
| 3. | Refilling of Compressed Gas Cylinder (D-Type) | | | | | | | |
| 4. | Nitous Oxide Cylinder (A-Type) | | | | | | | |
| 5. | Nitous Oxide Cylinder (B-Type) | | | | | | | |
| 6. | Nitous Oxide Cylinder (D-Type) | | | | | | | |
| 7. | Oxygen Cylinder (B-Type) | | | | | | | |
| 8. | Oxygen Cylinder (D-Type) | | | | | | | |

Date _____

Place _____

(Signature of Authorized Person) :- _____

(Name) _____

Name of Firm/Company/Agency _____

Phone No. _____

Email: _____