**QUOTATION FORMAT**

(To be printed in firms Letter Head)

**Inquiry Ref.: AIIMS/GKP/Admin/LP-11/2022-23/2244 dated 21/07/2022**

1. Name of the Firm :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Quotation Reference No & date :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
3. GSTIN No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
4. Mobile Phone No. :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
5. Email :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
6. GeM Seller IN :\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Sr. no. | Name of Item | Pack size | Required Quintity to be supplied within 15 days of issue of PO | Brand/Make | Rate per Unit in Rs. | GST% | Rate per Unit including GST | Total amount including GST in Rs. |
| 1. | Cholesterol Reagent | 5X20ml | 2 |  |  |  |  |  |
| 2. | Albumin Reagent | 5X50ml | 2 |  |  |  |  |  |
| 3. | Total Protein Reagent | 5X50ml | 2 |  |  |  |  |  |
| 4. | Amylase Reagent | 6X6ml | 1 |  |  |  |  |  |
| 5. | Benedict Reagent | 5ltr | 2 |  |  |  |  |  |
| 6. | Liguar Ammonia | 5ltr | 5 |  |  |  |  |  |
| 7. | Fouchets Reagent | 125ml | 8 |  |  |  |  |  |
| 8. | Sodium Nitroprusside | 100gm | 4 pack |  |  |  |  |  |
| 9. | Sulphur powder | 500gm | 3 |  |  |  |  |  |
| 10. | Sodium Hydroxide | 500gm | 3 |  |  |  |  |  |
| 11. | Ammonium Sulphate | 500gm | 3 |  |  |  |  |  |
| 12. | Barium Chloride | 500gm | 3 |  |  |  |  |  |
| 13. | D-Glucose | 500gm | 3 |  |  |  |  |  |
| 14. | Seliwan off | 125ml | 10 |  |  |  |  |  |
| 15. | Molisch | 125ml | 10 |  |  |  |  |  |
| 16. | Barfoed | 125ml | 5 |  |  |  |  |  |
| 17. | Spirit | 5 ltr | 2 |  |  |  |  |  |
| 18. | Magnesium Sulphate | 500gm | 3 |  |  |  |  |  |
| 19. | Bilirubin powder | 1 gm | 2 |  |  |  |  |  |
| Total basic cost in Rs. | | | | | | |  | |
| Total GST in Rs. | | | | | | |  | |
| Total cost including GST in Rs. | | | | | | |  | |

*I/we agree to supply the requisite material in good/acceptable condition at AIIMS, Gorakhpur as per the terms and conditions.*

|  |  |  |  |
| --- | --- | --- | --- |
| Signature & Seal  Place and date |  | Name and post of Authorized Signatory |  |
| Address |  | Tel. No/Mobile No.  Email Id: |  |

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