**QUOTATION FORMAT**

(To be printed in firms Letter Head)

**Inquiry Ref.: AIIMS/GKP/Admin/LP-11/2022-23/4433 dated 12/11/2022**

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. | XL CRP turbilatex with calibrator | 2X22/1X11 | 2 |  |  |  |  |  |
| 2. | GHB with cali set | 2X15/2X5/5X0.5 | 2 |  |  |  |  |  |
| 3. | GHB control low | 1X0.5/1X44 | 2 |  |  |  |  |  |
| 4. | GHB control high | 1X0.5/1X44 | 2 |  |  |  |  |  |
| 5. | ALP | R1: 2X44  R2: 2X11 | 2 |  |  |  |  |  |
| 6. | ALT | 6X44/3X22 | 2 |  |  |  |  |  |
| 7. | AST | 6X44/3X22 | 2 |  |  |  |  |  |
| 8. | GGT | 2X44/2X11 | 2 |  |  |  |  |  |
| 9. | Chloride | 10X12 | 2 |  |  |  |  |  |
| 10. | 4 channel ISE module reagents pack, cat no 54200030 |  | 1 |  |  |  |  |  |
| 11. | Multical | 4X3 | 2 |  |  |  |  |  |
| 12. | Autowash | 4X50 | 2 |  |  |  |  |  |
| 13. | XL-Autowash AC/AL kit | 5X44/5X44 | 2 |  |  |  |  |  |
| 14. | Multi control Normal | 4X5 | 2 |  |  |  |  |  |
| 15 | Multi control Path | 4X5 | 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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