ANNEXURE-C

Notice Calling for Quotation/Tender

OFFICE OF THE SUPERINTENDENT
J. N.MEDICAL COLLEGE HOSPITAL
Aligarh Muslim University
ALIGARH

No. Ext .........................................../MCH

M/s ........................................................................
........................................................................

Dated ..........................................................

Dear Sirs,

Sealed quotations/tenders are invited for the following articles on the terms and conditions printed over leaf.

Quotation should reach this office on ...........................................by ............. PM .... A.M./P.M.

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Approximate quantity needed</th>
<th>Particulars / Specifications</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Quantity as per requirement for the financial year 2018-19</td>
<td>Fogger Machine with following required specifications</td>
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<tr>
<td></td>
<td></td>
<td>1. High Grade Stainless Steel body</td>
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<td></td>
<td></td>
<td>2. Tank Capacity more than 6 lit</td>
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<td></td>
<td></td>
<td>3. Area Coverage more than 10000 cubic ft</td>
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<td></td>
<td></td>
<td>4. with Flow Control Mechanism</td>
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<td></td>
<td></td>
<td>5. Liquid flow rate upto 3 lit / hr</td>
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<tr>
<td></td>
<td></td>
<td>6. Digital Timer</td>
</tr>
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<td></td>
<td></td>
<td>7. Warranty more than 3 years</td>
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<tr>
<td></td>
<td>Machine should not be of close system. It should be universal/open for all fogging solutions</td>
<td></td>
</tr>
</tbody>
</table>

Medical Superintendant
MEDICAL SUPERINTENDENT
J.N. Medical College Hospital
A.M.U., ALIGARH

P.T.O.
1. Goods are required to be despatched F.O.R. Aligarh Ex-godown / at Site by Passenger Train/ Goods Train/Parcel Post.

2. Goods will be supplied in the name of the Medical Superintendent, J.N. Medical College Hospital, Aligarh Muslim University, Aligarh - 202002.

3. The Hospital has the right to accept the rates of some or all the articles required.

4. The Hospital reserves the right to reject any or all the quotations without assigning any reason or to allot full or part of the supply to one or more firms.

5. Payment shall be made against bill.

6. In case goods are not according to specification, the cost of returning them shall be borne by the supplier.

7. The goods have to be supplied within ________________________________

8. The period of validity of the rates offered may be specified.

9. The quotations containing uncalled for remarks are likely to rejection.

10. The firm registered with the sales-Tax authority should mention Sales-Tax Registration No. Wherever applicable.

11. The discount/rebate admissible if any, may be quoted.

12. The rate of Sales-Tax including Surcharge alongwith concession admissible to educational institution/Hospital may be specified.

13. Other incidental charges such as packing, forwarding Insurance etc. may be indicated clearly.

14. In case of out-station supplied the documents be sent through bank.

15. Please send the printed Price List of the manufacturer to verify the rates quoted by you / Authority letter of the manufacturer in case you are the authorised dealer of the manufacturer (authentic proof) alongwith your quotation/tender, otherwise the quotation/tender will not be considered and will be rejected forthwith.

Medical Superintendent

[Signature]