

OFFICE OF THE SUPERINTENDENT
J.N. MEDICAL COLLEGE HOSPITAL
ALIGARH MUSLIM UNIVERSITY, ALIGARH

Notice Calling for Quotation/Tender

No. Ext/MCH

Dated.....

M/s.....

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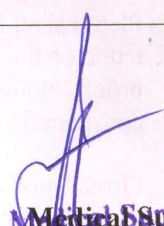
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Sealed quotations/price list are invited for the following articles on the terms and conditions printed over leaf.

Quotation should reach this office on or before 16.04.2014 by 3:00 A.M./P.M.

As per Requirement during Financial Year 2014-2015

S.No.	Item	Make
1.	Digital X-Ray Film Size 8 × 10	Kodak
2.	Digital X-Ray Film Size 10 × 12	Kodak
3.	Digital X-Ray Film Size 11 × 14	Kodak
4.	Dental X-Ray Film Size 31 x 41	Kodak
5.	Digital X-Ray Film Size 14 × 17	Kodak
6.	Care Stream Digital X-Ray Cassette with Screen 14 x 17	Kodak
7.	Care Stream Digital X-Ray Cassette with Screen 10 x 12	Kodak
8.	Care Stream Digital X-Ray Cassette with Screen 8 x 10	Kodak


Medical Superintendent
J.N. Medical College Hospital
A.M.U., ALIGARH

Terms and Conditions

1. Goods are required to be dispatched F.O.R. i.e. J.N.M.C. Hospital, A.M.U., Aligarh.
2. Goods will be supplied in the name of the Medical Superintendent, J.N.Medical College Hospital, Aligarh Muslim University, Aligarh-202 002.
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 15 days from receipt of order of supply.
8. The period of validity of the rates offered may be specified.
9. The quotations containing uncalled for remarks are liable for 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. 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.
14. Firm/Supplier must itself register in the Central Purchase Office, A.M.U., Aligarh or registered in any Govt. organisation and a certify copy of such Registration be enclosed.


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