

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल
कलावती सरन बाल चिकित्सालय
बांग्ला साहिब मार्ग ११०००१-नई दिल्ली ,

GOVT. OF INDIA
Ministry of Health & Family Welfare
Lady Hardinge Medical College & Associated Hospitals
Kalawati Saran Children's Hospital
Bangla Sahib Marg, New Delhi-110001

File NO:KSCH/PUR/22-23/91/E.4448 / 893

Dated : 24/3/26

NOTICE INVITING QUOTATIONS

The Kalawati Saran Children's Hospital intends to procure the following items/stores under GFR 155 immediately:-

Sl. No.	Name of Reagents/Consumables	Pack Size	Qty. (in nos.)
01	External Quality Control –Clinical Chemistry Program (EQAS)	12x5ml	01(One) pack
02	External Quality Control-Therapeutic Drug Monitoring Program (Phenytoin, Valproate and Cyclosporine preferably)	12x5ml	01(One) pack

Competent suppliers/ Service Providers are requested to submit their sealed quotations (as per format enclosed) within 07 days (or earlier) from the issue of this notice in the R&I Section of this Hospital.

The quotations received after the prescribed dates will not be entertained under any condition. The quotation should be addressed to the Director, LHMC & Assoc. Hospitals, New Delhi. The quotation must bear name, Contact Number and Address details of the bidder.

Vimal Kumari
20/3/2026
(Dr. Vimal Kumari Arya)
Medical Supdt.

The duly sealed quotations must be having following information: -

Quotation Format

S.No.	Name of Item	Unit Price offered	Qty	Total Amount
Total				
GST Percentage				-----%
Total Amount (including GST %)				
Rupees in Words ----(including GST)				
Note :-				
1. In case of discrepancy between rate offered (unit rate) and total amount written in figures, the rate offered (unit rate) shall prevail.				
2. In case of discrepancy between total amount written in figure & words, the amount mentioned in the words shall prevail.				

Apart from the above the quotations must bear the following details :-

1. Offered Warranty
2. GST Number of the bidder
3. Complete mailing address (with Pin Code)
4. Mobile Number
5. Full name of Owner:
6. PAN No.
7. Email Address
8. Name of Signatory should be there in the quotation

Copy to :- Webmaster, LHMC & Assoc. Hospitals : with request to upload this Notice on Hospital website for the period w.e.f. .