

File no: M/328/2025-STR/CN-17836/ 8232

भारत सरकार
Government of India
स्वास्थ्य सेवा महानिदेशालय
Directorate General of Health Services
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
Ministry of Health & Family Welfare
लेडी हार्डिंग मेडिकल कॉलेज एवं श्रीमती सुचेता कृपलानी अस्पताल
Lady Hardinge Medical College & Smt. Sucheta Kriplani Hospital
शहीद भगत सिंह मार्ग, नई दिल्ली – ११०००१
Shaheed Bhagat Singh Marg, New Delhi-110001
भंडार अनुभाग/Stores Section
Dated- 30.05.2025

PUBLIC NOTICE

The LHMC & Smt. S. K. Hospital intent to procure the following items/ stores under GFR-155 immediately;

Sr No.	Name of items	Warranty	Qty
1.	Sterile Porous Resorbable Collagen Sheet of Fist Origin (Type-1) with nylon mesh backing in Dry form Size 12x16 inch	Standard	75 pcs.

Competent Suppliers/ Service Providers are requested to submit/ drop their quotations (as per the format enclosed) within 02 days (or earlier) from the issue of this notice in the Tender Box kept in the Stores Section LHMC.

- 1. The quotations received after the prescribed dates will not be entertained in any condition.
- 2. The quotation should be addressed to the Chairperson Local Purchase Committee LHMC.
- 3. The quotation must bear Name, Contact Number and Address details of the bidder.

The duly sealed quotations must be having following information as under:

Quotation Format

Sr. No.	Name of item	Rate Offered (In Rs.)	Units	Packing Details	Quantity to be supplied	Amount In Rupees
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Offered Make/ Brand:

Offered model:

Total	
GST Percentage	Rs.
GST Amount	_____ %
Total Amount (included GST _____ %)	Rs.
Rupees in Words:	Rs.
/- (Included 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 figures & words, the amount mentioned in the word shall prevail.

Apart from the above the quotations must bearing the following details as under;

Offered Warranty (if asked or applicable)

GST Number of the bidder:

Complete Mailing Address (with Pin Code):

Mobile Number:

Full Name of Owner (Please enclose the copy of PAN Card & Adhar Card):

Name of Father/ Husband:

PAN No.:

Aadhar No.:

e-mail address:

Name of Signatory should be there in the quotation

Instructions-

1. In case of non-submission of any of the above details the quotation will be treated incomplete & rejected.
2. The demonstration of the quoted item must be provided if & when asked by the Institution, failing which the offer will be treated as rejected.

Digitally signed by

AVANISH SINGH

Date: 30-05-2025

12:03:50
Avanish Singh
Stores Officer

LHMC & Smt. S. K. Hospital, New Delhi