Government of India Kalawati Saran Children's Hospital New Delhi – 110001

No: KSCH/Purchase/2025-26/ 2846

Dated:- 12.7.2025

NOTICE

Following article which is not available on GeM portal is to be procured through inviting Quotations under GFR-155. Interested firms/suppliers may quote their concessional rates in the prescribed format in a sealed envelope within one week of issuance of this notice. Quotations must be submitted on original letter head duly signed and stamped item wise. Sample may be asked by the user department as and when required.

| Sl.No. | Name of Items | Quantity | |
|--------|--|----------|--|
| 1 | Nasal Airway Silicone sizes Fr.12, 14, 16, 18, 20, 22, 24, 26 and 28 | 50 each | |

Quantity may vary as per the demand of the user department. Firm must quote all the items. Quotations received after the prescribed dates will not be entertained under any condition. The quotation should be addressed to the Director, LHMC & Associated Hospitals, New Delhi.

Quotation Format

| Sr.No. | Name of Item | Unit Price (In Rs.) | Quantity | Amount in Rupees |
|--------|--------------------------------|---------------------|----------|------------------|
| | Offered Make/Brand: | | | |
| | Offered Model : | | | |
| | Total: | | | |
| | GST Percentage: | | | WIN # |
| | Total Amount (included GST_ %) | | -71 | |
| | Rupees in words : | | | |

Apart from above quotations must bear the following details:

GST Number of the bidder:

Complete Mailing Address (with pin code):

Mobile Number:

Full Name of the Owner:

PAN No.:

e-mail address:

Name of Signatory should be there in quotation:

1.217/25

Dr. Vimal Kr. Arya
Additional Medical Supdt.

To,

Notice Board, Purchase Section, KSCH Notice Board, Purchase Section, LHMC

Copy to:

Webmaster, LHMC & Assoc. Hospitals with request to upload this Notice on Hospital website for the period of one week from the date of issue/receipt of request.

Government of India Kalawati Saran Children's Hospital New Delhi - 110001

No: KSCH/Purchase/2025-26/2847

NOTICE

Dated:- 12.7.2025

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| SI.No. | Name of Items | Quantity |
|--------|---------------------------------|----------|
| 1 | Automated Gun for Kidney biopsy | |
| | 16G 10 cm | 10 Nos. |
| | 16G 16 cm | 05 Nos. |
| | 18G 10 cm | 05 Nos. |
| | 18G 16 cm | 05 Nos. |

Quantity may vary as per the demand of the user department. Firm must quote all the items. Quotations received after the prescribed dates will not be entertained under any condition. The quotation should be addressed to the Director, LHMC & Associated Hospitals, New Delhi.

Quotation Format

| Sr.No. | Name of Item | Unit Price (In Rs.) | Quantity | Amount in Rupees |
|--------|------------------------------|---------------------|----------|------------------|
| | Offered Make/Brand: | | | |
| | Offered Model : Total : | | | |
| | GST Percentage : | | | |
| | Total Amount (included GST%) | | | |
| | Rupees in words : | | | |

Apart from above quotations must bear the following details:

GST Number of the bidder:

Complete Mailing Address (with pin code):

Mobile Number:

Full Name of the Owner:

PAN No.:

e-mail address:

Name of Signatory should be there in quotation:

Dr. Vimal Kr. Arya Additional Medical Supdt.

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To,

Notice Board, Purchase Section, KSCH Notice Board, Purchase Section, LHMC . Ast

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Copy to:

Webmaster, LHMC & Assoc. Hospitals with request to upload this Notice on Hospital website for the period of one week from the date of issue/receipt of request.

Government of India Kalawati Saran Children's Hospital New Delhi – 110001

No: KSCH/Purchase/2025-26/ 284B

Dated:- 12.7.2025

NOTICE

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| Sl.No. | Name of Items | Quantity | |
|--------|----------------------------------|----------|--|
| 1 | Flow Regulator with infusion set | 100 Nos. | |
| | (rotating type flow controller) | | |

Quantity may vary as per the demand of the user department. Firm must quote all the items. Quotations received after the prescribed dates will not be entertained under any condition. The quotation should be addressed to the Director, LHMC & Associated Hospitals, New Delhi.

Quotation Format

| Sr.No. | Name of Item | Unit Price (In Rs.) | Quantity | Amount in Rupees |
|--------|--------------------------------------|---------------------|----------|------------------|
| | Offered Make/Brand : Offered Model : | | | |
| | Total: | | | |
| | GST Percentage: | | | |
| | Total Amount (included GST%) | | | |
| | Rupees in words : | | | |

Apart from above quotations must bear the following details:

GST Number of the bidder:

Complete Mailing Address (with pin code):

Mobile Number:

Full Name of the Owner:

PAN No.:

e-mail address:

Name of Signatory should be there in quotation:

1.1/2/2/25

Dr. Vimal Kr. Arya
Additional Medical Supdt.

To.

Notice Board, Purchase Section, KSCH Notice Board, Purchase Section, LHMC

Copy to:

Webmaster, LHMC & Assoc. Hospitals with request to upload this Notice on Hospital website for the period of one week from the date of issue/receipt of request.

Government of India Kalawati Saran Children's Hospital New Delhi – 110001

No: KSCH/Purchase/2025-26/ 2849

NOTICE

Dated:- 12.7.2025

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| Sl.No. | Name of Items | Quantity |
|--------|---|----------|
| 1 | Electrical Hammer drill machine 1000 watt | 01 No. |
| 2 | Pipe wrench 12" | 01 No. |
| 3 | Chisel flat 8 | 01 No. |
| 4 | Chisel round 10 | 01 No. |
| 5 | Combination plier 8 | 01 No. |
| 6 | Needle nose plier (1420-6, 1420-8) | 02 Nos. |
| 7 | Wire strepper (cutter) | 02 Nos. |
| 8 | Stone bitts sets (6mm, 8mm and 10mm) | 12 each |
| 9 | Hand air blower | 01 No. |
| 10 | Power electrical screw driver reverse forward | 01 No. |
| 11 | Drill machine vices | 01No. |
| 12 | Wooden flat file 12 | 02 Nos. |
| 13 | Steel flat file 12 | 02 Nos. |
| . 14 | Pipe 25mm, 30mm each length 12" | 10 each |
| 15 | Soldering iron 125 watt | 02 Nos. |
| 16 | Hammer 2 pond | 01 No. |
| 17 | Cleaning brush size 29.3 cm x 3.76 cm | 02 Nos. |

Quantity may vary as per the demand of the user department. Firm must quote all the items. Quotations received after the prescribed dates will not be entertained under any condition. The quotation should be addressed to the Director, LHMC & Associated Hospitals, New Delhi.

Quotation Format

| Sr.No. | Name of Item | Unit Price (In Rs.) | Quantity | Amount in Rupees |
|--------|---|---------------------|----------|------------------|
| | Offered Make/Brand : Offered Model : | | | |
| | Total: | | | |
| | GST Percentage : | | | |
| | Total Amount (included GST%) | | | |
| | Rupees in words : | | | |

Apart from above quotations must bear the following details:

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Mobile Number:

Full Name of the Owner:

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e-mail address:

Name of Signatory should be there in quotation:

1. 12/2/20

Dr. Vimal Kr. Arya Additional Medical Supdt.

To,

Notice Board, Purchase Section, KSCH Notice Board, Purchase Section, LHMC