

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

No: KSCH/Purchase/2025-26/ **3843**

Dated:- 17.9.2025

PUBLIC NOTICE

Following article which are/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 three days** from the date of issue of Notice. Quotations must be submitted on original letter head duly signed and stamped item wise to the R&I Section of the Hospital. Sample may be asked by the user department as and when required.

Sl.No.	Name of Items	Quantity
1	Manual Resuscitator Bag Size Child	100 Nos.
2	Manual Resuscitator Bag Size Adult	100 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:

Instructions :

1. The quotation and its envelope must bear name, contact number and address of details of the bidder.
2. The demonstration of the quoted item must be provided if and when asked by the Institution, failing which the offer will be treated as rejected.
3. In order to safeguard the procurement, the Institution reserves the right to get a Performance Security of 10% or more through Bharat Kosh/NRT portal. Therefore, the bidders may be asked to submit the said performance security any time after submitting the quotations.
4. Authorization letter from the OEM and Warranty undertaking etc. against the said public notice are to be attached.
5. The supplier awarded the supply order has to procure/arrange the goods Only from the Authorized Distributor of the Item and as a proof of the same relevant document has to be submitted alongwith the supply of the goods failing which the payment will not be made.
6. The firm have to submit the Drug License copy alongwith the quotations wherever applicable.
7. The quotations received after the prescribed dates will not be entertained in any condition.
8. In case of non-submission of any of the details the quotation will be treated incomplete and rejected.

Vimal Kumar
17/9/25

Dr. Vimal Kr. Arya
Additional Medical Supdt.

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

No: KSCH/Purchase/2025-26/ 3844

Dated:- 17.9.2025

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SLNo.	Name of Items	Quantity
1	Umbilical Catheter 4 Fr.	100 Nos.
2	Circular Band Aid	200 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 %)			
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Vimal Kumar
17/9/25

Dr. Vimal Kr. Arva
Additional Medical Supdt.

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

No: KSCH/Purchase/2025-26/ **3845**

Dated:- 17.9.2025

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Sl.No.	Name of Items	Quantity
1	Silk Hypoallergenic Tape 1"	240 Nos.
2	Silk Hypoallergenic Tape 2"	180 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 %)			
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Vimal Kr. Arya
17/9/25

Dr. Vimal Kr. Arya
Additional Medical Supdt.

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

No: KSCH/Purchase/2025-26/ 3846

Dated:- 17.9.2025

PUBLIC NOTICE

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Sl.No.	Name of Items	Quantity
1	Flat Drain(closed wound drainage system) size 7 mm capacity 200 ml 100% silicone	200 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 %)			
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Vimal Kr. Arya
17/9/25

Dr.Vimal Kr. Arya
Additional Medical Supdt.

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

No: KSCH/Purchase/2025-26/ 3847

Dated:- 17.9.2025

PUBLIC NOTICE

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Sl.No.	Name of Items	Quantity
1	IV Extension Set (to maintain flow rate 30 ml to 300 ml)	400 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 %)			
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Vimal Kumar
17/9/25

Dr.Vimal Kr. Arya
Additional Medical Supdt.

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

No: KSCH/Purchase/2025-26/ **3848**

Dated:- 17.9.2025

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Sl.No.	Name of Items	Quantity
1	Trachea Tee Piece	160 Nos.
2	Y Connector	200 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 :			
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Dr.Vimal Kr. Arya
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Government of India
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No: KSCH/Purchase/2025-26/ 3849

Dated:- 17.9.2025

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Sl.No.	Name of Items	Quantity
1	Instrument Box – Rectangular with lid 12x8x6	05 Nos.
2	Instrument Box – Rectangular with lid 16x8x1	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

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	Offered Make/Brand :			
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	Total :			
	GST Percentage :			
	Total Amount (included GST %)			
	Rupees in words :			

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