भारत सरकार

GOVT. OF INDIA

स्वास्थ्य एवं परिवार कल्याण मंत्रालय लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल कलावती सरन बाल चिकित्सालय बांग्ला साहिब मार्ग११०००१-नई दिल्ली ,

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 / 2366

Dated: 06/06/2025

## NOTICE INVITING QUOTATIONS

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

S.No	Name of Article	D	
01.	External Quality Control-Clinical Chemistry Program (EQAS) Pack Size: 12x5 ml External Quality Control-Therapoutic	Description  Reagents/consumables of Clinical Biochemistry analysers (PICTUS- 700& XL-640)	Qty.
	Drug Monitoring Program Pack Size: 12x5 ml Competent suppliers/ Service Providers are	7008 W. (12)	01 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.

> (Dr. Vimal Kumari Arya) Addl. Medical Supdt.

The duly sealed quotations must be having following information: -**Quotation Format** 

S.No. Name of Item **Unit Price** Qty Total Amount offered Total **GST Percentage** Total Amount (including GST ---% Rupees in Words ----(including GST) Note :-

- In case of discrepancy between rate offered (unit rate) and total amount written in figures, the rate
- In case of discrepancy between total amount written in figure & words, the amount mentioned in the

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**
- 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.6 6 25 to 13 6 25