

भारत सरकार

स्वास्थ्य एवं परिवार कल्याण मंत्रालय

लेडी हार्डिंग मेडिकल कॉलेज एवं सह अस्पताल

कलावती सरन बाल चिकित्सालय

बांग्ला साहिब मार्ग ११०००१-दिल्ली नई,

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 / **2992**

Dated : 21/07/25

### NOTICE INVITING QUOTATIONS

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

| Sr. No. | Name of Reagents/Consumables                                      | Qty. (in nos.) |
|---------|---|----------------|
| 01      | AggRecetin (Ristocetin A Sulphate)<br>1x 15mg Reagent/2ml Diluent | 10 nos.        |
| 02      | Collagen (Soluble Calf Skin) 3x0.5 ml                             | 04 nos.        |
| 03      | ADP (Adenosine 5 Diphosphate ) 3x0.5ml                            | 04 nos.        |
| 04      | Arachidonic Acid (Lyophilised Sodium Arachidonate) 3x0.5ml        | 04 nos.        |
| 05      | Epinephrine (Adrenaline) 3x0.5ml                                  | 04 nos.        |
| 06      | Test Tubes siliconized (micro) 7.25X55mm<br>(100 tubes/box)       | 10 nos.        |
| 07      | Stir bards plastic coated , Micro (2x25 pcs) (50/pack)            | 20 nos.        |

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.

*V. Vimal Kumari*  
21/7/25  
(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 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. 21/07/25 to 04/08/25