



GOVERNEMENT COLLEGE OF PHARMACY

Kathora Naka, AMRAVATI 444 604

(0721) 2531690 (O)
www.gcopamravati.ac.in

Fax. No. (0721) 2531242 2531827
e-mail: gcopamt@gmail.com

No. GCOPA/Store/2017-18/ 823

Date: 06/07/2017/823

Subject: Quotation for supply of Main Answer sheet and Supplement sheet.

Dear Sir,

I have to request you to kindly quote your lowest reasonable rates for the following item and send the quotation in the sealed cover, so as to reach the undersigned on or before Dt.14 July 2017. Date of Opening 15 July 2017.

Sr. No.	Specifications of Items	Qty. Required
1.	Main Answer Sheet Paper – 16 Pages With numbering, 100 No. of one pack with plastic cover. <i>on ruled Paper</i>	20,000 Nos.
2.	Supplement Answer Sheet Paper – 04 Pages With numbering, 100 No. of one pack with plastic cover. <i>on ruled Paper</i>	25,000 Nos.
	Before giving the Quotation to come in the college and inspect the thickness and format of answer sheet. Note: Rate should be quote separately with and without plastic cover.	

TERMS AND CONDITIONS FOR QUOTATIONS

Validity: The rates offered should be valid up to 31st March of year from the date of opening of Quotations.

Delivery: Rates quoted will be considered FOR destination, Installation & training at College Premises unless otherwise stated.

Payment: Payment will be made as and when the grant is available after receiving the goods in satisfactory conditions and satisfactory demonstration/Installation etc. at the consignee's destination at cost of supplier.

Taxes: Rates quoted will be considered **inclusive of all taxes**, if not stated separately in the quotation. (Statement like taxes extra or as applicable will not be considered).

General Note:-

- The supply shall be executed according to instruction by Institute.
- The **technical support shall be provided by the vendor/ supplier without any additional charge during guarantees/ warranty period.**
- In lieu of any defect in material, the agency shall replace the material.
- For any quoted brand if Authority letter from the company in original stating that he is authorized to participate in the quotation and minimum three quotations are not available it will be rejected.
- Do not quote for the brand for which authority letter is not available.



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- Manufacturer / supplier should submit the signed and stamped rate catalogue/ booklet whenever demanded by us so as to enable us to know which make is quoted along with model no / sr. no. of the item / code no etc.
- Rate quoted as per authorized pricelist will be considered. Any change / deviation in the rate of any item should be informed in advance and will be only applicable if approved by purchase committee.
- The supplier has to submit copy of authorization letter from the company.
- Proof of permission to manufacture the equipment/ item mentioned in the tender document from competent authorities.
- Proof of permission for sales/trading of the equipment/ item or of similar kind mentioned in the quotation document from competent authorities.
- The Institute reserves the right to reject any or all quotations without assigning reason therefore. Warranty and AMC if applicable.
- **The dispatch number of this office should necessarily be superscripted on the Envelope.**
- Supplier must furnish following Registration Description on separate sheet with technical bid.
- Supplier also give the details of CMP registration no. for on line payment.

Description of Registration to be filled up by Agency

(PAN card, VAT, Professional Tax, Service Tax)

Sr. No.	Description of Registration	Registration No.	Validity Period	Copy attached	
				Yes	No
1.	PAN card				
2.	VAT				
3.	Professional Tax				
4.	Service Tax				

Signature & Name of the authorized person
of quoting agency with the seal of the firm

Date:

03/01/17

Principal 03/01/17
Govt. College of Pharmacy,
Amravati.