



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/Exam/2025-26/ 700

Date: 30.05.2025

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.09.06.25 , Date of Opening 10.06.25.**

Sr.No.	Specifications	Qty. Required
1.	Main Answer Sheet Paper – 16 Pages (08 Sheet) On Ruled Paper, with numbering, 250 No. sheet in one pack with packing cover. Size : Legal , Thickness : 0.75 GSM	20,000 Nos.
2.	Supplement Answer Sheet Paper – 04 Pages (02 Sheet) On Ruled Paper, with numbering, 250 No. sheet in one pack with packing cover. Size : Legal , Thickness : 0.75 GSM	25,000 Nos.
Note : Before giving the quotation please to come in the college and inspect the thickness and format of answer sheet. Please attach the sample paper with quotation. Rate should be quote separately with packing 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- Do not quote for the brand for which authority letter is not available.



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- 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.
- 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.
- **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.

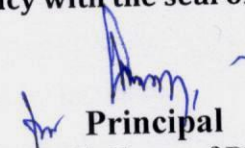
Description of Registration to be filled up by Agency

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

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

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

Date: 30/05/2023


Principal
Govt. College of Pharmacy,
Amravati.

