



# 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/Drip Irr Sys/2020-21/ 269

Date: 08/03/2021

**Subject: Quotation for supply of Drip Irrigation System with fitting.**

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. 15.03.2021, Date of Opening Dt.16.03.2021**.

Sr. No.	Specifications	Qty. Required
1.	<p><b><u>Drip Irrigation System :</u></b></p> <p>Drip Irrigation System contains following ISI mark products :</p> <ol style="list-style-type: none"><li>1) Emitting Pipe</li><li>2) Lateral Online</li><li>3) Dripper / Emitter</li><li>4) PVC Pipes for main line and sub main line</li><li>5) Controls Valves</li><li>6) Screen Filters ( If required )</li><li>7) Disc Filters ( If required )</li><li>8) Flush Valve</li><li>9) By Pass ( If required )</li><li>10) Ventury</li><li>11) End Cap</li><li>12) Sprinkler</li></ol> <p>With fitting and installation charges @ actual visit the site / location and then submit the quotation. Warranty – 10 Years.</p>	Approximate 1Acre Area

## **TERMS AND CONDITIONS FOR QUOTATIONS**

**Validity:** The rates offered should be valid up to 31<sup>st</sup> 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:-**

- Necessary Certification must be attached such as, ISI mark, GST, Experience certificate, Authorization certificate etc.
- The supply shall be executed according to instruction by Institute.
- In lieu of any defect in material, the agency shall replace the material.



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- 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.
- 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.
- 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.	<b><u>PAN card</u></b>				
2.	<b><u>GST Registration</u></b>				
3.	<b><u>Firm Registration</u></b>				
4.	<b><u>CMP Registration</u></b>				
5.	<b><u>Professional Tax</u></b>				
6.	<b><u>Service Tax</u></b>				

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

**Date:**

  
**Principal**  
Govt. College of Pharmacy,  
Amravati.

