

Price Bid for Pediatric OT

Sch. No.	EQUIPMENT Type	QNTY/ OT	Name of the Manufacturer with address	Cost per month for operating the equipment (the cost shall be inclusive of all taxes/services and provisions mentioned in the Terms of Tender) (In Rs)
1.2	OT Table{Pediatric}	1		
1.4	OT Light(Ceiling mounted)	1		
1.5	OT Light Shadowless Lamp (Portable)	1		
3	ESU	1		
7.2	Autoclave HP{ Horizontal}	1		
7.3	Autoclave {vertical}	1		
8.2	Suction { Electric}	1		
8.3	Suction { Foot Operating}	1		
2	Boyle's Apparatus	1		
4.2	Defibrillator	1		
5	Syringe Pump	2		
6	Operating Microscope	1		
4.1	Multiparameter	1		
7.1	Electric Sterilizer	1		
8.1	X-ray Viewing Screen/Box	1		

Total Tender price in Rupees: _____

In words: _____

Note : Single Cost has to be given, the bidder shall not quote separate prices

Signature of Tenderer_____

Name of Tenderer_____

Business Address_____

Place :

Date :

Seal of Tenderer

Note:-

- a) Cost for insurance, CMC etc should be covered in the financial bid.
- b) The bid should also cover the cost of the technical personnel.
- c) The cost of accessories for the equipments should be covered in the bid.
- d) The bid should cover training costs

- e) The quoted price shall also include cost of calibration & testing for that equipment for all over the State as per Annexure "A".
- f) Any other individual services mentioned in Terms of Tender