

Price Bid for Orthopedic 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)
1.3	OT Table {Ortho}	1		
1.4	OT Light(Ceiling mounted)	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		
9	Electronic Tourniquets (Indian)	1		
4.1	Multi parameter	1		
10	Mobile C-Arm with 9" I.I. T.V & Dual Monitors	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:-

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

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