То				Part-2 (Price bid)									
DGM (H	lospital Administration)												
Medicin	e Purchase Section												
BHEL Hospital . P.O. BHEL, Jhans			120										
Ref No:						Date:							
Sub: Price Bid against enquiry No. JHE2500108 for supply of Medical items													
Name of		Purchase	JHE2500108										
Firm/		Enquiry No:-											
Bidder:					_								
Address					Tender Due	30/09/2025 Tuesday							
of					Date:-	closed on 13:15 hrs.							
Bidder:													
Contact Phone					E – Mail:-								
With refe	rence of your Tender enquiry	No. JI	HE2500108	for supply of Med	lical items rates ar	e as under.							
Enquiry Item No	Item Description	Unit	Required qty.	Brand Name	Company Name	Unit Rate.	CGST	SGST					
1	DICYCLOMINE 10MG/2ML INJ	Vial	300										
2	STEROIDS+LOCAL ANAESTHETIC 15GM TO 30 GMS TUBE	Tube	500										
3	LULICONAZOLE 1% TUB	Tube	200										
4	THEOPHYLLINE 50.6MG+ETOPHYLLIN 169.4MG INJ 2ML AMP	Amp	200										
5	CLOBETASOL PROPRIONATE 0.05% +SALICYLIC ACID 3%TUB	Tube	200										
6	NEOSPORIN (POLYMYXIN+NEOMYCIN & COMBINATION) 5GM TUBE	Tube	300										
Terms & Conditions:- 01. Delivery terms: FOR medicine stor BHEL Jhansi. 02. Payment terms: 100% after 60 days from receipt & acceptance of material & submission of cleared bill at BHEL Jhansi. 03. Delivery period:													
Sign of Bidder with seal:													

То		Part-1 (Blank Price bid)								
Senior N	Manager (Hospital Admi	nistra	ation)							
Medicin	e Purchase Section									
BHEL Ho	ospital . P.O. BHEL, Jhans	i 284	120							
Ref No:						Date:				
	Sub: Blank Price Bid	agains	t enquiry N	lo. JHE2500108 f	or supply of Medica					
Name of		Purchase	JHE2500108							
Firm/		Enquiry No:-								
Bidder:					30/09/2025 Tuesday					
Address		Tender Due		closed on 13:15 hrs.						
of		Date:-	ciosea o	11 13.13	1113.					
Bidder:					Contact Person:-					
Contact										
Phone					E – Mail:-					
No:-										
With refe	rence of your Tender enquiry	/ No. J	HE2500108	for supply of Me	dical items rates ar	e as under.				
Enquiry Item No	Item Description	Unit	Required qty.	Brand Name	Company Name	Unit Rate.	CGST	SGST		
1	DICYCLOMINE 10MG/2ML INJ	Vial	300			Quoted/N ot quoted				
2	STEROIDS+LOCAL ANAESTHETIC 15GM TO 30	Tube	500			Quoted/N				
	GMS TUBE	Tube	300			ot quoted				
3	LULICONAZOLE 1% TUB	Tube	200			Quoted/N ot quoted				
4	THEOPHYLLINE 50.6MG+ETOPHYLLIN 169.4MG INJ 2ML AMP	Amp	200			Quoted/N ot quoted				
5	CLOBETASOL PROPRIONATE 0.05% +SALICYLIC ACID 3%TUB	Tube	200			Quoted/N ot quoted				
6	NEOSPORIN (POLYMYXIN+NEOMYCIN & COMBINATION)5GM TUBE	Tube	300			Quoted/N ot quoted				
02. Payme 03. Delive 04. Validit 05. Expiry 06. Items 07. Orderi	Conditions:- 01. Delivery terms ent terms: 100% after 60 days ry period:	rom row valid from th	eceipt & acc We for 90 days f ne receipt & I FOR SALE"	eptance of materi eks/days after rec rom the due date acceptance of ma OR "HOSPITAL SU	ceipt of purchase ord terials. PPLY NOT FOR SALE'	ler				
	erms & conditions shall be as puploaded at https://www.bhe				d terms for purchase	enquiry (JH	S 2055/	A/R03		
			Sign of Bi	dder with seal:						