

Annexure - 1 BOQ			
Sl. No.	Item Description	Qty.	UoM
1	AMBULANCE SLIP PAD	200	Nos.
2	CERTIFICATE OF BLOOD DONATION (LAB)	1000	Nos.
3	DEATH REGISTRATION FORM	10	Nos.
4	DIET SHEET PAD	100	Nos.
5	ECG CARD	20000	Nos.
6	OP BOOK COVER EMPLOYEES	6000	Nos.
7	OP BOOK COVER-RETD-EMPLOYEES	5000	Nos.
8	PRESCRIPTION PAD-OUT SIDE -BIG	300	Nos.
9	PRESCRIPTION PAD-OUT SIDE -SMALL	1000	Nos.
10	STICKER "EXTERNAL USE ONLY"	25000	Nos.
11	HOUSE KEEPING SHIFT CHART	15	Nos.
12	SHIFT CHART	15	Nos.
13	SHIFT SHEET	15	Nos.
14	SPECTACLE REFER FORM	500	Nos.
15	REQUISITION FOR CT/MRI/ULTRASOUND FORM PAD	100	Nos.
16	ANTINATAL CHECK UP CARD	300	Nos.
17	CVC CONSENT - TAMIL AND ENGLISH	50	Nos.
18	INTUBATION CONSENT - TAMIL AND ENGLISH	50	Nos.
19	ORTHO CONSENT	15	Nos.
20	AROKIAMANAKULANTHAI - BOOKLET	300	Nos.
21	POSITION CHART	15	Nos.

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Sl. No.	Item Description	Qty.	UoM
22	OP - CENSUS SLIP	200	Nos.
23	MTP FORM Booklet	300	Nos.
24	RITUXIMAB CONSENT	15	Nos.
25	PRINTING OF NURSES DAILY REPORT	150	Nos.
26	CONSENT NOT WILLING MLC - PAD	15	Nos.
27	DEATH FORM 4A	15	Nos.
28	DEATH FORM	15	Nos.
29	CONSENT FORM EYE ENGLISH	15	Nos.
30	CONSENT FORM EYE TAMIL	20	Nos.

Vendor's Sign with seal