То													
DGM (Hosp	oital Administratio	on)		X-1									
Medicine P	urchase Section												
BHEL Hospi	tal . P.O. BHEL, Jh	ansi 2841	20										
			Part	-I (Blank Price	bid/Techno-c	oid/Techno-commercial)							
Ref No:						Date:							
	Sub: Te	nder enqui	ry for supply	of Medicines in	BHEL Hospital Jh	nansi							
Name & address of Firm/Bidder:				Purchase Enquiry No:-	JHE2300311								
Supply point/Name					Tender Due Date:-	09/06/2022 Friday closed on 13:00 hrs							
& address of dealer				Contact Person:-									
Contact No:-				E – Mail:-									
Minimum Iter	m wise Quoted Price	shall be as u	ınder.										
Enquiry Item No	Item Description	FORM	Required Qty.	Brand Name	Company Name	Rare/Unit	CGST	SGST/ IGST					
1	SCALF VEIN SET 22G	S.V. Set	1000										
2	SCALF VEIN SET 24G	S.V. Set	1000			100							
3	SCALF VEIN SET 23NO. MIS	S.V. Set	1000			Quoted/Not quoted							
02. Payment of Jhansi. period:	ditions:- 01. Delivery terms: 100% after 60 for Rate shall be buld be more than 01 st be stamped "BHEL on totality basis.	days fromW firm & valid year from SUPPLY NO	receipt & ac reeks/days a d for 90 days the receipt & DT FOR SALE	fter receipt of p from the due da acceptance of OR "HOSPITAL	terial & submissi urchase order ate. materials. . SUPPLY NOT FO	R SALE"	03. De	Order					
	'R03 which are upl						rcnase ei	iquiry					

Like of good

Sign of Bidder with seal:

Muly 16/05/2013

pital Administration	on)						
urchase Section							
ital . P.O. BHEL, Jha	ansi 2841	20					
			Part	-II (Price bid)			
					Date:	200	
Sub: Te	nder enqui	y for supply	of Medicines in	BHEL Hospital J	nansi		
			Purchase Enquiry No:-	JHE2300310			
		Tender Due Date:-	09/06/2022 Friday closed on 13:00 hrs				
	Contact Person:-						
				E – Mail:-			
m wise Quoted Price s	shall be as u	nder.					
Item Description	FORM	Required Qty.	Brand Name	Company Name	Rare/Unit	CGST	SGST/ IGST
SCALF VEIN SET 22G	S.V. Set	1000					
SCALF VEIN SET 24G	S.V. Set	1000					
SCALF VEIN SET 23NO. MIS	S.V. Set	1000				8	
f Offer: Rate shall be tould be more than 01 st be stamped "BHEL on totality basis.	days fromW firm & valid year from t SUPPLY NO	receipt & ac eeks/days a I for 90 days the receipt & OT FOR SALE per enquir	fter receipt of p from the due da acceptance of " OR "HOSPITAL y remarks & B	terial & submission urchase order ate. materials.	R SALE" erms for pu	03. De	elivery Order
	Purchase Section ital . P.O. BHEL, Jha Sub: Tel Market Section Sub: Tel Sub: Tel Market Section Sub: Tel Sub:	Sub: Tender enquired Sub: Tend	Sub: Tender enquiry for supply Sub: Tender enquiry for supply Market Section Sub: Tender enquiry for supply Sub: Tender enquiry for supply Market Sub: Tender enquiry for supply FORM Required Qty. SCALF VEIN SET 22G S.V. Set 1000 SCALF VEIN SET 24G S.V. Set 1000 SCALF V	Sub: Tender enquiry for supply of Medicines in Sub: Tender enquiry for supply of Medicines in Make and the most of the most	Part-II (Price bid) Sub: Tender enquiry for supply of Medicines in BHEL Hospital Jib Purchase Enquiry No:- Tender Due Date:- Contact Person:- E – Mail:- m wise Quoted Price shall be as under. Item Description FORM Required Qty. Brand Name Company Name SCALF VEIN SET 22G S.V. Set 1000 SCALF VEIN SET 24G S.	Purchase Section Part-II (Price bid)	Purchase Section Part-II (Price bid)

Sign of Bidder with seal:

All Swall