

Administration of
UT of Daman & Diu,
Office of the Director Medical
& Public Health Services

No.3/117(P&T)/NIQ – Thermometer Gun/DMHS/2020/9917

Daman

Date: 29/9/2020

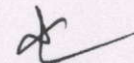
QUOTATION NOTICE

The DMHS Daman & Diu on the behalf of President of India invites quotation from the Authorized Distributors/ Dealers/ Suppliers for Non Touch Infrared Thermometer Gun as per annexure attached for CHC /PHC Moti Daman. The sealed quotation has to reach to the Undersigned's Office on before 06 / 10/2020 up to 15.00hrs. By Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned.

Sr. No.	Particulars	Unit	Unit Rate (in Rs.)
1	Non Touch Infrared Thermometer	1 Nos	

TERMS AND CONDITIONS

1. The rate should be quoted for F .O. R. Hospital and it should be valid for period of one year. with Rate Contract, the department will placed order as an when required .
2. The Supplier must attach copy of Pan Card, GST Registration, Valid License of firm registration.
3. The rate should be quoted inclusive of all taxes no extra charges will be paid for any taxes/packing/forwarding and insurance etc.
4. The sealed quotation should be superscribed bywords "QUOTATION FOR NON TOUCH INFRARED THERMOMETER"
5. Rejected article should be replaced by the supplier at his own risk and cost
6. Payment will be made only after receipt of the said material successfully.
7. Quotation received after due date and time will not be taken into consideration.
8. Right to reject or accept any of all quotation is reserved by the undersigned.



Director

Medical and Health Services

e-mail Id: dmhs-daman-dd@nic.in

Tel.No.(0260) 2230470.

Copy to fd.wcs.to:-

- 1) The Store Committee, DMHS, for information.
- 2) The Account Section, DMHS, Daman for information.
- 3) All Authorized Distributors/Dealers/Suppliers for information and necessary action.