



**UNIVERSITY OF ALLAHABAD**  
(A Central University)  
**Limited Tender Enquiry (LTE)**

Quotation Ref. No.: Re-Tender-SPC/35/2021

Date: .17.09.2021

To, \_\_\_\_\_

Dear Sir,

We intend to purchase following materials/items for **Health Centre, UoA**. Kindly send your **QUOTATIONS** giving lowest rates per unit along with terms and conditions in Sealed Cover addressed to **Purchase Officer, Purchase & Stores Department, University of Allahabad, and Prayagraj, UP, Pin-211002** so as to reach this office on or before **01.10.2021 till 05.00 P.M.** the word "Quotation for **Medicine** Our Reference No & date of LTE should be clearly mentioned on the sealed envelope.

Sl. No.	Description of the Goods	Quantity Required	Rate per Unit	Total Cost
1.	Tabs. Aceclofenac P /plus	30 Box		
2.	Tabs. Albendazole	30 Box		
3.	Tabs. Anticold	50 Box		
4.	Tabs. Azithromycin 500/ Aziam 500	30 Box		
5.	Tabs. Azithral 500 mg / Alembie	20 Box		
6.	Tabs. B. Complex/ Florabic	80 Box		
7.	Tabs. Banocxide Fort	20 Box		
8.	Tabs. Cetrizine	20 Box		
9.	Tabs. Cefixim 200	25 Box		
10.	Tabs. Calpol 500/	50 Box		
11.	Tabs. Calpol 650	30 Box		
12.	Tabs. Cellin 500	50 Box		
13.	Tabs. Doxyeyelin caps 100 mg (U.S.V.)	40 Box		
14.	Tabs. Diclopara	30 Box		
15.	Tabs. Doxyfylin 400	20 Box		
16.	Tabs. Ethamsylate 500	10 Box		
17.	Tabs. Fluconazole 150	25 Box		
18.	Tabs. fexofinadin 120/180	10 Box		
19.	Tabs. folic Acid	50 Box		
20.	Tabs. Candituf Caps 100 mg/ 200 mg	20 Box		
21.	Tabs. Histafree M/ Histafre -M	30 Box		
22.	Tabs. Levofloxacin 500	30 Box		
23.	Tabs. Neurobion Fort	25 Box		
24.	Tabs. Ofloxacin 200	25 Box		
25.	Tabs. Ofloxacin 400	20 Box		
26.	Tabs. Ofloxacin O.Z	30 Box		
27.	Tabs. Omnacortil 10	10 Box		
28.	Tabs. Ondansetron	10 Box		
29.	Tabs. Paracetamol	50 Box		
30.	Tabs. Pantaprozol 40	30 Box		
31.	Tabs. Pantaprozol DSR	25 Box		
32.	Tabs. Rifagut 200	25 Box		
33.	Tabs. Theo Asthalin	10 Box		
34.	Caps. Omeprazole 20	20 Box		
35.	Syrup Cough 5 ltr. Jar	50 Pcs		

36.	Inj. Tet/ Vac	300 Pcs		
37.	Inj. Tramadol	20 Pcs		
38.	Inj. Phenergon	20 Pcs		
39.	Inj. Perinorm	20 Pcs		
40.	Inj. Aciloc	20 Pcs		
41.	Inj. Trigon	15 Pcs		
42.	Cream/ Oint. Terbinafine	100 Pcs		
43.	Microbat hand Wash	15 Pcs		
44.	Paper Taps ½	15 Box		
45.	Syring 3ml	300 Pcs		
46.	Syring 1 ml	100 Pcs		
47.	ECG Roll (BPL) SINGLE CHANNEL	10 Pkd		
48.	ECG Gel	5 Pcs		

1. While submitting the quotation following should invariably be mentioned:
  - a) Name of the manufacturer of the item quoted along with brand name, if any, Details of specification.
  - b) Lowest rate F.O.R. destination. Period of validity of quoted prices - **(Minimum Six Months)**.
  - d) Firm delivery time from the date of receipt of confirmed order, condition of supply and terms of payment.
2. If you are manufacturer of the items or if you have proprietary distribution/sales authorization, please mention it in the quotation. For items of equipment nature the Instruction Manual, Diagram of the circuit drawing must be supplied along with supply without which the delivery shall be incomplete.
3. Please fill in and return the Suppliers Profile Form & Mandate Form. Terms & Conditions as applicable are attached.
4. Quotations will be received **only through courier/post in Purchase Cell, UoA**. Quotations received after the due date and time shall not be considered

  
**Purchase Officer**  
**E-mail. [purchasercell.uoa@gmail.com](mailto:purchasercell.uoa@gmail.com)**  
 Purchase Officer  
 विश्वविद्यालय अहमदाबाद  
 University of Ahmedabad





**UNIVERSITY OF ALLAHABAD**  
**Terms & Conditions For LTE**

1. Quotation received after due date and time shall be summarily ignored.
2. Unsolicited / conditional / unsigned tenders shall not be considered.
3. Complete specification with model and manufacturer name and address should be given while quoting. Literature / Pamphlets should also be enclosed wherever applicable.
4. Rates must clearly indicate all taxes and discounts offered, if any.
5. No price negotiation will be entertained in normal course of action.
6. Delivery shall be given in 30 days of receipt of purchase order at the University Campus. The offered delivery period shall have to be strictly adhered to incase an order is placed.
7. GST would be recovered as per rules. Kindly furnish GST No in the quotation for our records.
8. Payment shall be made on delivery and satisfactory installation of the equipment.
9. After sale, the service will be provided free of cost up to warranty period. Charges after warranty period may be quoted.
10. Tender conditions, if any, or otherwise sent also with the tender shall not be binding on us.
11. The acceptance of the quotation will rest with the competent authority of Allahabad University, who does not bind himself to accept the lowest quotation and reserves the right to himself to reject, or partially accept any or all the quotation & received without assigning any reasons.
12. All the above instructions and our standard terms and conditions must be complied, failing which your offer may be liable for rejection.
13. All suits shall be in the courts of **Allahabad District Jurisdiction** only.
14. The firm shall have its own printing press and a certificate issued by the competent Authority is required to be enclosed mandatorily.
15. Terms & conditions of purchase as per University rules shall be applicable.
16. Tender should be addressed to the **Purchase Officer, Purchase & Stores Department, University of Allahabad, Prayagraj- 211002 (U.P.)**
17. If required number of quotations will not be received by the last date of the LTE. The date may be extended as per rule.



**UNIVERSITY OF ALLAHABAD**

(A Central University)

**Supplier Profile Form**

1. Firm's Name : \_\_\_\_\_
2. GST No. : \_\_\_\_\_
3. Owner's Name : \_\_\_\_\_
4. Full Postal Address: 1. \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_  
2. \_\_\_\_\_  
\_\_\_\_\_ PIN \_\_\_\_\_
4. E-mail address : \_\_\_\_\_
5. Website address : \_\_\_\_\_
6. Contact Person's Name : \_\_\_\_\_
7. Contact No. : Phone No. \_\_\_\_\_ Mobile No \_\_\_\_\_  
E-mail: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_
8. GST NO : \_\_\_\_\_
9. PAN NO. : \_\_\_\_\_  
(Enclose Xerox copy)
10. Shop Act Registration No : \_\_\_\_\_  
(Enclose Xerox copy)
11. Current Bank Account No : \_\_\_\_\_
12. Manufacturer or Supplier : \_\_\_\_\_  
(In case of supplier please enclose authorization of your Principal)

Item wise rate list, with available discount (if any), is attached.

Note: Supplier must print GST No. on their Letter Head / Bill / Quotations.

Signature with Seal

## Mandate Form for Payment-2019

### Public Fund Management System(PFMS) Facility for receiving Payments

#### **Details of Account Holder/Firm:**

1.	Firm/Contractor/Agency	
2.	Name of Account Holder	
3.	Complete Contact Address	
4.	Telephone Number	
5.	E-mail	

#### **Bank Accounts Details:**

1.	Name of the Bank viz. SBI/PNB	
2.	Branch Name with Complete Address	
3.	Telephone Number and E-mail of Bank Branch	
4.	Whether the Branch is computerized?	
5.	Whether the Branch is RTGS enabled? If yes, then what is the Branch's IFSC Code?	
6.	Is the Branch also NEFT enabled	
7.	Type of Bank Account (SB/Current/Cash Credit)	
8.	MICR Code of Bank	
9.	Complete Bank Account Number	
10.	Repeat Bank Account Number	

Date:

Signature of Customer

I hereby certify that all the details mentioned above are true to my knowledge and belief.

Bank Stamp

Signature of Branch Manager  
Name.....  
Mobile No.....  
E-mail.....