

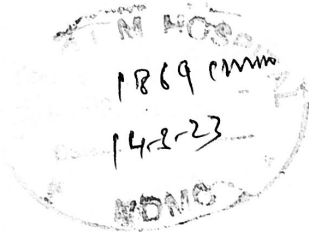
**NOTICE INVITING QUOTATION FOR PURCHASE of Povidone Iodine 10 % equivalent to 1 % w/v , 500 ml**  
Sealed quotation is invited in Mrs. G.L.M. Hospital for purchase of Povidone Iodine 10 % equivalent to 1 % w/v, 500 ml from manufacturer/distributors/suppliers by the undersigned.

Quotation will be received in the office of Account Officer Mrs. G.L.M. Hospital, Ajmeri Gate, New Delhi 110002 last date of submission of quotation up to 02:00 PM on 20/03/2023 and will be opened on same day at 2:30 PM in the presence of board members.

S. No.	Name of the Item	Qty.	Last Date and time of submission of Quotation	Date and time of Opening of Quotation
1.	Povidone Iodine 10 % equivalent to 1 % w/v , 500 ml	200 Bottle of 500 ml	20/03/2023 Up to 02: 00PM	20/03/2023 on 02: 30PM

The rate must be quoted in figures as well as in words and should be protected with transparent tape, failing which the bid shall be rejected.

1. The undersigned reserved the right to reject any quotation without assigning any reason.
2. The quote rates should be valid for 6 months from date of opening of quotation.
3. Full specification of each item must be given while quotations rates & supported by sample/catalogue (if any) exact amount of GST may be mentioned separately.
4. Supply is to be arranged by the firm within 30 days after supply order. If delay than penalty of 2 % of the cost of order per week be applicable up to 3 weeks. The maximum up to 6 % of the total cost of order.
5. In case the order is placed and firm in not in position to execute the supplies, the material will be purchase from the local market.
6. Item should be stamped properly i.e. **MCD SUPPLY NOT FOR SALE.**
7. The firms are also required to submit the certificate on letter head that rates offered are not higher that the rates quoted in any other Govt. institution of NCT Delhi.
8. In case the opening date is declared a holiday, the quotation will opened on next working day at same place & same time.
9. Firms requested to submit the following documents duly signed and stamped along with quotation:-
  - a) Drug License of Bidder.
  - b) Black Listing Declaration of Bidder.
  - c) Previous experience in Govt. Deptt.
  - d) Test Report in form 39 from approved analytical Lab/ In house report with GLP/GMP of manufacturer.
  - e) The firms are requested to submit that offer complies with quotation specification.
  - f) Alternate rates in on quotation are not acceptable. If the quote provides more than one offer, their quotations will be treated as invalid.
  - g) Any contradiction to the above, terms and conditions, the bid is liable for rejection.
  - h) The quotation box is kept in Account Department 1<sup>st</sup> floor of Mrs. GLMH.



*[Handwritten Signature]*

CMO (Admin.)  
Mrs. G.L.Mty. Hospital

**Distribution:**

Copy to for kind information:

1. DHA/MCD
2. DOV/ Civic Center
3. MS/GLMH
4. MS Kasturba Hospital/HRH/KH/Director cum MS RBIPMT, MVID Hospital/SDN
5. DC/City SP Zone.
6. Addl. Director IT for upload
7. CMO (P)
8. HOD/Spl. Gyne.
9. A.O. /GLMH
10. Office Copy
11. Notice Board