

# Hamdard Institute of Medical Sciences & Research And Associated HAH Centenary Hospital

Hamdard Nagar, New Delhi - 110062

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*Annexure- II*

## LIST OF FURNITURE ITEMS

SN	Name of Items	Basic Rate	GST %
1	Computer Table		
A	4' x 2' x 2' 6" with three drawer boxes		
B	3' x 2' x 2' 6" without drawer boxes		
2	Computer Chair (with Arms)		
3	Computer Chair (without Arms)		
4	Executive Table		
A	(2100 x 900 x 750 mm) 7' x 3' x 2' 6"		
B	(1800 x 900 x 750 mm) 6' x 3' x 2' 6"		
C	(1500 x 900 x 750 mm) 5' x 3' x 2' 6"		
5	Executive Chair		
6	Visitor Chair		
7	Cushioned Chair with Arms		
8	Office Table		
A	6' x 3' x 2' 6"		
B	5' x 3' x 2' 6"		
C	4' x 2' x 2' 6" (Only one side three drawers)		
9	Reading Chair Steel		
10	Office Chair (Canned Visitor Chair)		
A	With wooden handle fixed with screws		
B	Without arm rests		
11	Reading Table		
12	Steel Almirah (Big size)		
13	Steel Almirah (Small size)		
14	Book Shelves (Steel) size- 66" x 33" x 12"		
15	Book Shelves (Steel) size- 66" x 33" x 15"		

16	File Cabinet (Steel)		
17	Open Shelves Rack (Steel)		
18	Side Wooden Rack (1200 x 450 x 650 mm)		
19	Central Table		
A	4' x 2' x 1' 6"		
B	3' x 2' x 1' 6"		
20	Conference Table		
21	Hanging Book Shelves/Rack		
22	Wooden Stool		
23	Class Room Chair/ Lecture Theater		
24	Perforated Student Chair with writing Arms (Steel)		
25	Perforated Student Chair with writing Arms (Plastic)		
26	Notice Board without Door		
27	White Marker Board		
28	Library Table		
29	Lab Stool (Steel)		
30	Sofa Set (3 + 1 + 1)		
31	Dining Hall Chair (Steel)		
32	Single Bed for Student		
33	3 Seater SS Chair		

Terms and condition:

1. The rates should be based on F.O.R. destination.
2. The specifications of furniture items mentioned in the tender document, should be strictly followed.
3. In case of found any defect in furniture items, it will be replace immediately.
4. The payment will be made within 30 days after the satisfactory supply of furniture items at site.
5. The rates shall be valid for at least one year.

Date:

Place:

(Authorised Signatory with stamp)

Name :

Designation :

Contact No. :