

Technical Details

Annexure-I

1. Name of the Organization _____
2. Address _____
3. E.mail _____ 4. Contact no. _____
5. Status of Organization _____
6. Registration No. _____ 7. Date of Incorporation _____
8. PAN No. _____ 9. GST No. _____
10. Annual Turnover, (Enclose ITR)
11. Details of Plant & Machinery /Equipment's
12. Manpower Position. _____
13. Tender fee: _____ DD No. _____ Date: _____ Rs. _____
14. Bank Name: _____

Signature with Seal of Tenderer.

Name:

Designation:

Mobile No:

Note:

i) The Samples of paper shall be attached with quotation.

ii) The sample of printing of the items are available in the Hospital at General stores, B-3 Basement HIMSR Main Building and can be seen by interested parties on all working days between 3 p.m. to 4 p.m.

iii) Cost of Tender is Rs.1000/ (non-refundable) which shall be paid by Demand Draft in favour of HAH CENTENARY HOSPITAL, payable at New Delhi.

iv) HAH Centenary Hospital reserves the right to amend or withdraw any of the terms and condition contained in the tender document or to reject any or all tenders without giving any notice or assign any reason, Payment within 45 days after delivery.