# U.T.ADMINISTRATION OF DNH \& DAMAN AND DIU OFFICE OF THE MEDICAL SUPERINTENDENT GOVERNMENT HOSPITAL, MARWAD, DAMAN <br> EMAIL ID: ghddmn@gmail.com 

## No.GHD/DMN/REPAIR-PLASMA BATH /QUOTE/2023-24/1822

DATED: $\frac{06.10 .2023}{12}$
12
Sub: Quote inviting Notice for repairing of Plasma Thawing Bath (Brand- Labtop)....
Quotation is hereby invited by the office of the Medical Superintendent Government Hospital, Daman for the following

| $\begin{aligned} & \text { Sr. } \\ & \text { No. } \end{aligned}$ | Equipment Name | Required Parts | Required <br> Quantity | Rate for parts per Unit (Incl. GST) | Amount of parts (incl. GST) |
| :---: | :---: | :---: | :---: | :---: | :---: |
| 1 | Repairing of Plasma Thawing Bath (Brand- Labtop) | Circulation pump | 1 No | Rs. | Rs. |
| 2 |  | Temperature' controller | 1 Nó | Rs. | Rs. |
| 3 |  | SSR for Thawing bath | 1 No | Rs. | Rs. |
| 4 |  | Service Charges | 1 No | Rs. | Rs. |

## TERMS AND CONDITIONS:

1. The rate should be quoted inclusive of all taxes and transport charges.
2. The rate should be quoted only for the specified parts (as per list or requirement).
3. The bidder should visit and replace spare and repair Plasma Thawing Bath within 15 days after receiving supply order.
4. The sealed quotations should be super scribed by words "Quotations for the repairing of Plasma Thawing Bath used at Blood Bank, CHC, Moti Daman" and sealed quotations should to be sent to the office of Medical superintendent, Government Hospital, Marwad, Nani Daman.
5. The bidder should submit cops ol PAN card and GST certificate along with the quotation.
6. Quotations should reach in the uffice of Medical superintendent, Government Hospital, Marwad. Nani Daman before 26.10 .2023 at $3: 00 \mathrm{pm}$ and same will be opened on the same day at 4:30 pm if possible.
7. Payment will be made after replacement of spare for Plasma Thawing Bath and submission of satisfactory service report.
8. The undersigned has the right to accept or reject the quotation.

