



Rajasthan Medical Services Corporation Limited, Jaipur
D-Block, Swasthya Bhawan, C-Scheme, Jaipur - 302005



Ph. No. 0141-2223887, Fax No. 0141-2228065

E-Mail - edepmrmssc-rj@nic.in

No. F-8(304) RMSC/EPM/M-3/17-18/5946

Dated: 20/12/17

QUOTATION FORM

Shri Bhawani Surgical
13-Hothroi Bawari
Ajmer Road, Jaipur

Dear Sir,

Please quote your rate for the immediate supply of articles given below as per attached list along with fully detailed specification and Make & Supply Period of the goods against each items etc. required for the use of this hospital/Institution. Your quotation with unit rate should reach this office on or before 21-12-2017 under sealed cover with sample.

S.No	Name Of Items	Indicative Quantity (in Nos.)	Name of Consignee
1.	Hot & Cold Dispenser with 20 ltr Capacity(Drinking Water)Table Model	1	प्रमुख चिकित्सा अधिकारी, राजसमंद, करौली, जालौर, सवाई माधोपुर, बाड़मेर, सिरोही एवं धौलपुर
2.	Hand Dryer	1	
3.	Manual Breast Pump	2	
4.	Multifunction Sterilization Machine	1	
5.	Electric Breast Pump (Domestic)	2	
6.	Stainless Steel Dressing Drum (9 Inch Height, 14 Diameter)	1	
7.	S.S Tray(24"*9")	2	
8.	Needle & Syringes Destroye- Electrical	1	

Terms & Conditions

- 1) The rates should be F.O.R. Mother Milk Bank in राजसमंद, करौली, जालौर, सवाई माधोपुर, बाड़मेर, सिरोही एवं धौलपुर including packing & forwarding charges.
- 2) GST will be charged.
- 3) No Insurance Charges will be paid extra, if any.
- 4) Make of the item may please mention.
- 6) Delivery of the above item will be within 21 days.

19.12.2017
Executive Director (EPM)
RMSCL, Jaipur

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E-Mail -edepmrmisc-rj@nic.in

No. F-8(304) RMSC/EPM/M-3/17-18/5947

Dated: 20/10/17

QUOTATION FORM

Unique Industries
 50 Van Vihar Colony
 Tonk Road
 Jaipur

Dear Sir,

Please quote your rate for the immediate supply of articles given below as per attached list along with fully detailed specification and Make & Supply Period of the goods against each items etc. required for the use of this hospital/Institution. Your quotation with unit rate should reach this office on or before 21-12-2017 under sealed cover with sample.

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2.	Hand Dryer	1	
3.	Manual Breast Pump	2	
4.	Multifunction Sterlization Machine	1	
5.	Electric Breast Pump (Domestic)	2	
6.	Stainless Steel Dressing Drum (9 Inch Height, 14 Diameter)	1	
7.	S.S Tray(24"*9")	2	
8.	Needle & Syringes Destroye- Electrical	1	

Terms & Conditions

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[Handwritten Signature]
 19.12.2017

Executive Director (EPM)
RMSCL, Jaipur

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No. F-8(304) RMSC/EPM/M-3/17-18 / 5948

Dated: 20/12/17

QUOTATION FORM

Ankit Pharma
Shop No. 1 Moti Nagar Scheme
Udaipur
email: ankitph@yahoo.com

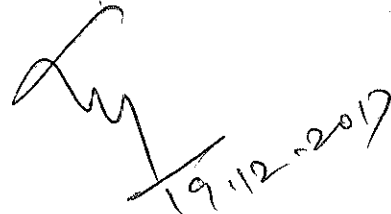
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2.	Hand Dryer	1	
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Terms & Conditions

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No. F-8(304) RMSC/EPM/M-3/17-18/5948

Dated: 20/12/17

QUOTATION FORM

Ankit Pharma
 Shop No. 1 Moti Nagar Scheme
 Udaipur
 email: ankitph@yahoo.com

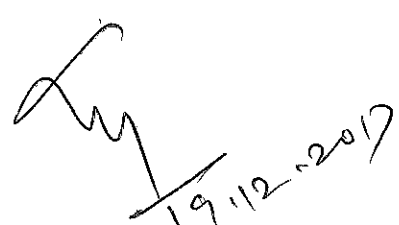
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2.	Hand Dryer	1	
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No. F-8(304) RMSC/EPM/M-3/17-18/5949

Dated: 20/12/17

QUOTATION FORM

Subham Surgical
 Plot no. 11 ImliWala Phatak
 Tonk Phatak
 Jaipur

Dear Sir,

Please quote your rate for the immediate supply of articles given below as per attached list along with fully detailed specification and Make & Supply Period of the goods against each items etc. required for the use of this hospital/Institution. Your quotation with unit rate should reach this office on or before 21-12-2017 under sealed cover with sample.

S.No	Name Of Items	Indicative Quantity (in Nos.)	Name of Consignee
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2.	Hand Dryer	1	
3.	Manual Breast Pump	2	
4.	Multifunction Sterilization Machine	1	
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 19.12.2017
 Executive Director (EPM)
 RMSCL, Jaipur



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No. F-8(304) RMSC/EPM/M-3/17-18/ 5962

Dated: 20/12/17

QUOTATION FORM

M/s Shri Ram Enterprises,
C 4 Second floor, Shri goving kripa complex
Near ICICI Bank, M.I. Road, Jaipur

Dear Sir,

Please quote your rate for the immediate supply of articles given below as per attached list along with fully detailed specification and Make & Supply Period of the goods against each items etc. required for the use of this hospital/Institution. Your quotation with unit rate should reach this office on or before 22-12-2017 under sealed cover with sample.

S.No	Name Of Items	Quantity Required In Each MMB	Name of Consignee
1	Glass Beaker -2L(For Measuring Milk)	2	प्रमुख चिकित्सा अधिकारी, राजसंमद, करौली, जालौर, सवाई माधोपुर, बाड़मेर, सिरोही एवं धौलपुर
2	Plastic Container with lid for 30 ml ,Bottle, 12 bottle in each container (50 Boxes for each site)	50	
3	Glass Beaker -400 ml	1	
4	Sterile Vial-5ml*300 Nos(For Blood Sample)	300	
5	Dettol or Savlon (1 Ltr)	1	
6	Soap (125 gm)	5	
7	Nipple Wipes -5 Packets (1 pocket of 25 piece)	5	
8	Glass Bottle 30 ml, 12 bottles for each box with two aluminium cap extra(for milk)	600	
9	Hand Wash Alcohol Based(Antibacterial) 500 ml	1	

Terms & Conditions

- 1) The rates should be F.O.R. Mother Milk Bank in राजसंमद, करौली, जालौर, सवाई माधोपुर, बाड़मेर, सिरोही एवं धौलपुर including packing & forwarding charges.
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No. F-8(304) RMSC/EPM/M-3/17-18 / 5964

Dated: 20/12/17

QUOTATION FORM

M/s Diksha Enterprises,
Katewa nagar,
New Sanganer Road, Jaipur

Dear Sir,

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No. F-8(304) RMSC/EPM/M-3/17-18/S965-

Dated: 20/12/17

QUOTATION FORM

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Plot no. 11 ImliWala Phatak
Tonk Phatak
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2	Plastic Container with lid for 30 ml ,Bottle.12 bottle in each container (50 Boxes for each site)	50	
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