



CHENNAI PORT TRUST

Office of the Chief Medical Officer,
Chennai Port Trust Hospital,
Chennai – 600 001.

Telefax: 2538 3376

No.**MS2/117/18/H**

DT. **/01/2018**

From

The Chief Medical Officer,
Chennai Port Trust Hospital,
Chennai – 600 001.

Sir,

Sub: QUOTATION – Quotation for purchase of Haemodialysis Fluids for one year – Sealed quotations - called for – Reg.

Kindly send your quotation for the purchase of Haemodialysis Fluids for one year to the Chennai Port Trust Hospital in a single sealed cover superscribed as "Quotation for purchase of Haemodialysis Fluids for one year **under Enquiry No. MS2/117/18/H** and addressed to '**The Chief Medical Officer, Chennai Port Trust Hospital, Springhaven Road, Chennai – 600 001.**' as per enclosed format **on or before 19-02-2018 at 2.30pm** with required details as per formats (enclosed). The firms are requested to quote only the required pack size given in the format and furnish Aadhar linked bank details. The items will be purchased on as and when required basis.

Sd/-
Dy. Chief Medical Officer
CHENNAI PORT TRUST HOSPITAL

To
Firms

No.**MS2/117/18/H**

Chennai Port Trust Hospital

PURCHASE OF HAEMODIALYSIS FLUIDS

S. No.	Code No.	Name of the Medicine	Quoted as per specification & pack size
1	HD01	Concentrated Acidic Solution BP - AW Packing - 20 Litres	Yes / No
2	HD02	Bicarb Packet Sodium Bicarb IP 600gms & Sodium Chloride IP 235 gms IP-BW	Yes / No
3	HD03	Bleach 5 to 6% Packing - 20 Litres Can	Yes / No
4	HD05	Dextrose Monohydrate IP 740 gms	Yes / No



Authorised Signatory

**FIRM'S ASSURANCE ON COMMERCIAL ASPECTS FOR THE PURCHASE OF HAEMODIALYSIS FLUIDS
(File No. No. MS2/117/18/H)**

Firm Name – M/s.

S. No.	Trust's Terms	Firms Reply <i>(Accepted / Not Accepted)</i>
1.	The rate quoted as per Trust's requirement with one years validity till 30.06.2019	
2.	Acceptance of Trust's payment terms of 30 days from the date of acceptance of Invoice	
3.	The goods will be delivered to the Trust will be at free of cost.	
4.	The quoted price is not higher than the price quoted to any Government or Private or Public Organisation	
5.	The supplier should be in Chennai.	
6.	If any adverse reaction of a particular item is experienced during course of use, balance purchase will be cancelled and the unused quantity already purchased will be returned to the supplier, who will have to offer credit note for the same.	
7.	Acceptance for immediate supply of ordered quantity.	
8.	Items having expiry period of less than one year will not normally be accepted, if the item is not used before the expiry period, the same should be replaced free of cost or issue a credit note for the same.	
9.	5% of Security Deposit will be collected if the contract total value exceeds 2 lakhs.	
10.	Kindly mention the name of the C& F / Distributor / Stockist in which the Purchase Order to be raised.	M/s. _____ _____ _____ Pin _____ Phone : _____ Fax : _____



Authorised Signatory

No. MS2/117/18/H

Chennai Port Trust Hospital

PURCHASE OF HAEMODIALYSIS FLUIDS – PRICE BID

S. NO	ITEM CODE	NAME OF THE ITEMS	Quantity required for one year	FIRMS Pack size	Firms rate per pack(exclusive of GST)	GST	Firms rate per pack(inclusive of GST)
1	HD01	Concentrated Acidic Solution BP - AW Packing - 20 Litres	3000 Litres				
2	HD02	Bicarb Packet Sodium Bicarb IP 600gms & Sodium Chloride IP 235 gms IP-BW	1000 packets				
3	HD03	Bleach 5 to 6% Packing - 20 Litres Can	200 Litres				
4	HD05	Dextrose Monohydrate IP 740 gms	30 Packets				



Authorised Signatory