

# **Bhagat Phool Singh Govt. Medical College for Women Khanpur Kalan, Sonipat**

Email: [bpsgmc.purchase@gmail.com](mailto:bpsgmc.purchase@gmail.com)

## **Invitation of e-quotation for**

**Consumables item— Double Blood Bag 450 ml with SAGM**

Inquiry No: Purchase/2026/

Inquiry Issue Date: 19.09.2026.

Last Date of Submission: 25.09.2026 (10:00 AM)

Rate quotation in **Scaled/Password protected** quotation are hereby invited from the valid firms and suppliers by the undersigned on behalf of the Director, BPSGMC Khanpur Kalan for Supply of Consumables as per Annexure-1 for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (**Password protected**) on or before 25.09.2026 at 10:00 AM & quotation opened on 25.09.2026 at 10:30 AM.

## **“QUOTATION FOR”**

**Consumables item--- Double Blood Bag 450 ml with SAGM**

**Closing Date—25.09.2026 Time 10:00 AM.**

### **1. Terms & Conditions:-**

a) The quotations received **Scaled/Password Protect online** after the deadline shall not be entertained under any circumstances whatsoever. In case of any delay this Institute will not be responsible.

**The online submission through password protected will also be restricted.**

b) Quotations must be in online prescribed Proforma on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.

c) Quotation must be submitted in the office of undersigned before deadline of submitting the quotation.

d) Rates must be quoted in **Indian Rupees** and as per the format specified taxes extra if any must be written separately.

e) Rates must be quoted **F.O.R** basis (including Freight charges)

f) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.

g) The rates quoted must be valid for 90 days minimum or as per State Govt. instruction issued from time to time, from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.

h) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.



- i) Any conditional quotation shall be rejected summarily.
- j) **Delivery Period** –As per supply order on issuing by this office. (Within 10 days after supply order received)
- k) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.
- l) **Payment Terms:** Payment will be only after satisfactorily complete delivery /commissioning of material and after inspection by Inspection Committee.
- m) BPSGMC, Khanpur Kalan Sonipat reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the BPSGMC, Khanpur Kalan Sonipat will be final in this regard.
- n) BPSGMC, Khanpur Kalan Sonipat reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the BPSGMC, Khanpur Kalan Sonipat will be final in this regard.
- o) The Scaled Quotation on the envelop due date & product name mandatory.

**Special Terms & Conditions:-**

1. Bidder must quote the product as per specification provided in Annexure 1.
2. The supplier may be asked to submit the sample of quoted make for technical evaluation, to the BPSGMC, Khanpur Kalan Sonipat, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
3. Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then BPSGMC, Khanpur Kalan, Sonipat has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.
4. **Jurisdiction:** The Jurisdiction will be district Sonipat only.
5. It is directed to IT Cell that requisition of above item may also be placed on website of BPS GMC Khanpur Kalan Sonipat for wide publicity to invite a competitive manner of purchase.

  
I/c Purchase Faculty (P)

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Annexure—I

| Sr. No. | Name of the items.                | Req.Qty. | Specificatrion                                                    | Remarks                                                                                                                |
|---------|-----------------------------------|----------|-------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------|
| 1.      | Double Blood Bag 450 ml with SAGM | 450 Bag  | Make:-Terumo Penpol, Fresenius Kabi, Sangx, Macro pharma, Donotot | 1. Qty may be increase or decrease.<br><br>Note:- Material must be supplied within 10 days after recived supply order. |

[On the letterhead of firm]

PRICE BIDFORM Annexure—II

To,

Director,  
BPSGMC (W),  
Khanpur Kalan, Sonipat

1. I/We ..... Submitted the quotation for EnquiryNo. "QUOTATION FOR SUPPLY.....AGAINST THE INQUIRY NO:Purchase/2026/.... due on dated.....at BPSGMC, Khapur Kalan, Sonapat.

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. The vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufacturers.

4. I/We hereby offer to supply at the following rates.

| Sr. No | Particular | Quantity | Quoted Make (If any) | Price/Unit Exclusive of Tax ( INR) | GST/CST/ST |
|--------|------------|----------|----------------------|------------------------------------|------------|
| 1.     |            |          |                      |                                    |            |
| 2.     |            |          |                      |                                    |            |

Date\_\_\_\_\_

Place\_\_\_\_\_

Phone\_\_\_\_\_

(Signature of Authorized Person)\_\_\_\_\_

(Name)\_\_\_\_\_