

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

Email: bpsgmc.purchase@gmail.com

**Sealed and E-quotations (Password Protected) for  
repair Anesthesia Workstation**

Inquiry No: Purchase/2025/9698

Inquiry Issue Date: 24.09.2025

Date of Submission: 15.10.2025 at 11: 00 AM

Sealed E-Quotations (Password Protected) are hereby invited by the undersigned on behalf of the Director, BPSGMC for Women, Khanpur Kalan, Sonapat for registration as per Annexure-1 for the Institute as per terms & conditions mentioned below.

The sealed and e-quotation quotations received reach in the office of the undersigned on or before 15.10.2025 at 11:00 AM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**1. Terms & Conditions:**

- l. The quotations received after this deadline & unsealed as well as without password protected shall not be entertained under any circumstances whatsoever. In case of any delay this Institute will not be responsible.
- m. Quotations must be in the enclosed prescribed Performa 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. Quotation must be submitted in the office of undersigned before deadline of submitting the quotation.
- n. Rates must be quoted in **Indian Rupees** and as per the format specified taxes extra if any must be written separately.
- o. Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- p. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- q. The rates quoted must be valid as per department and 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.
- r. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- s. Any conditional quotation shall be rejected summarily.
- t. **Payment Terms:** Payment will be only after satisfactorily completion of work /commissioning of material and after inspection by Inspection Committee.
- u. BPSGMC Khanpur Kalan, Sonapat reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the BPSGMC Khanpur Kalan, Sonapat will be final in this regard.
- v. BPSGMC Khanpur Kalan, Sonapat reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the BPSGMC, Sonapat will be final in this regard.

**2. Special Terms & Conditions:**

- C) Bidder must quote the product as per specification provided in Annexure 1.

- D) Inspection committee will check the work 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

  
Accounts Officer

Surender

24-9-2025

Encl.: Annexure 1 (Demand)

Annexure 2 (Format of price bid)

Annex

ure-1

Sr. No	Name of Machine/Equipment	Qty
01	Repair Anesthesia Workstation	

**ANNEXURE "2"**

**[On the letterhead of firm]**

**PRICE BIDFORM**

To,  
Director Officer,  
BPSGMC,

1. I/We ..... Submitted the quotation for Enquiry No. **"QUOTATIONFOR SUPPLY..... AGAINST THE INQUIRY NO: Purchase/19/.... due on dated.....at BPSGMC, Khapur Kalan, Sonipat.**
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. I/We hereby offer to supply at the following rates.

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

Date\_\_\_\_\_

Place\_\_\_\_\_

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

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

Phone No: