

**PRICE BID FOR LOCAL PURCHASE OF DRUGS & SURGICAL ITEMS IN  
CHACHA NEHRU BAL CHIKITSALAYA**

**THE MAXIMUM DISCOUNT OFFERED ON MAXIMUM RETAIL PRICE IS**

-----% (-----%)

**VAT will be paid as applicable on the amount after discount.**

**(Signature of the tenderer)**

**Name**

**Designation**

**Address**

**Phone No. (O)**

**( R )**

**Mobile**

**Dated:**