

QUOTATION FOR SUPPLY OF MEDICAL GASES IN CHACHA NEHRU

BAL CHIKITSALAYA, GEETA COLONY, DELHI-31.

PREQUALIFICATION BID

Affix duly
attested
P.P.size
photograph of
the tenderer

1. Name, address of Firm/ Agency and Telephone No. _____

2.Registration number of the Firm/ Agency _____

3.Name, Designation, Address and Telephone No. _____

Of Authorized person of Firm/Agency to deal with _____

4.Please specify as to whether tenderer is a sole

a. _____ b. _____

Proprietor/partnership Firm Name, address/

And Telephone No. of Director/ partners

Should be specified.

5.Details of experience of supply of gases including liquid Medical oxygen

along with satisfactory report issued

by the agencies where such work was

undertaken earlier (with full details Of the Agency(s)

to whom such Contracts awarded).Copies of the

Satisfactory reports should be attached. In case

number of Agencies is much then separate sheet

may be used for Indicating experience etc.

6.PAN of Income Tax Deptt.

7. Copy of filling permission issued by _____
Chief Controller of Explosives, Nagpur.

8. Copy of Certificate issued by Bureau of Indian _____
Standards regarding inspection of cylinders

9. Any other information.

16. I/We hereby agreed to abide by all the terms and conditions as laid down in General
Term & conditions and terms and conditions given in annexure II and III

17. Declaration of the contractor.

This is to certify that I / We before signing this tender have read and fully understood all the
terms and conditions and instruction contained herein and undertake myself / ourselves abide
by the said terms and conditions.

Name:

Designation:

Address:

Phone No.(O):

DATED: