



**All India Institute of Medical Sciences,**  
**Jodhpur**

Dated: 13<sup>th</sup> May, 2019

**CORRIGENDUM**

Invitation of quotation

For

Portable Infrared Vein Viewer

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : Admin/Gen/15-16/2019-AIIMS.JDH

Inquiry Issue Date : 09<sup>th</sup> May, 2019

Last Date of Submission : 15<sup>th</sup> May, 2019 at 05:00 PM.

The following revisions / modifications is made –

**[On the letterhead of firm]**  
**ANNEXURE “2”**  
**PRICE BIDFORM**

To,  
Administrative Officer,  
AIIMS, Jodhpur.

Dear Sir,

1. I/We ..... Submitted the quotation for Enquiry No. “**QUOTATION FOR PORTABLE INFRARED VEIN VIEWER AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/15-16/2019-AIIMS.JDH**” DUE ON 15.05.2019 05.00 PM for Portable Infrared Vein Viewer at AIIMS Jodhpur”.
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.

S. No	Particular	Qty	Required Make	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	MRP
1.	Portable Infrared Vein Viewer	02 Nos					

**Note:-**

1. **The Bidder must quote only recommended Make & Model.**
2. **The Bidder must submit the GSTIN Registration and PAN Card self-attested copy with the quotation otherwise quotation will be REJECTED.**
3. The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.
4. Catalog must be attached with quotation for technical evaluation.
5. **The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**

Date \_\_\_\_\_

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

Place \_\_\_\_\_

Name of Firm/Company/Agency\_\_\_\_\_

GSTIN No.: \_\_\_\_\_

Bank Name:- \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

IFSC Code:- \_\_\_\_\_

Branch Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

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

Seal: \_\_\_\_\_