

Sealed Tender Form for the Supply of
“CT Scan Machine”

in AMDA Hospital, Damak
(ID No. 010160/AMDA/CO/2081/82)

“Financial Proposal”



AMDA - Nepal

Central Office, Gokarneshwar-6, Jorpati, Kathmandu

Phone No.: 01 - 4910235 / 4911140

Fax No.: 01 – 4911141, E-mail: amda@amda.org.np

SUPPLIERS' PROFILE

Name of Company / Firm:

Company/Firm Registration No:

Address:

Name of Representative:

Phone No. : Fax No.:

E-mail:

Web site:

Type of Business: Retailer/Stockiest/Supplier/Manufacturer
Others (specify).....

Mailing Address:
.....
.....
.....
.....

VAT/PAN No:

I/We confirm the accuracy of the information given in the sealed tender document and fully responsible to supply the items as cited under the terms & condition described in information sheet/notice and bid document.

Signature:

Stamp:

Name of Proprietor:

Date:

AMDA Nepal

Financial Proposal for CT Scan Machine (010160/AMDA/CO/2081/82)

Bidders/Suppliers:

Name:

Address:

Contact Number :

PAN/VAT No :

Sn.	Description	Specification	Unit	Quantity (A)	Estimated Price (Inclusive of all government tax)	Unit Cost (B)	VAT (if applicable) (C)	Total Cost [D=B+C]	Remarks		
Computed Tomography (CT) Scan Machine (US FDA approved, 128 slice with at least 64 rows detector and complete set of accessories)											
1	Equipment:	Computed Tomography (CT) Scan Machine	Set	1	60,000,000						
2	Capacity/Specification:	128 slice with at least 64 rows detector									
3	Standard:	At least the US FDA certified									
4	Brand:	need to specify									
5	Model:	need to specify									
6	Installment Offer										
6.1	Initial payment ie first installment after the delivery and test completed Rs. 2,50,00,000/- and/or 50% of bid amount whichever is less										
6.2	Second Installment; 30% of remaining balance paid from initial amount (2082 Ashad)										
6.3	Third Installment; 30% of remaining balance paid from second installment amount (2083 Ashad)										
6.4	Forth Installment; 40% of remaining balance paid from third installment amount (2084 Ashad)										
Total Amount											
Total Amount in Words:											

*Pls attach AMC rate for at least the 5 years after the warranty period.

Submitted By:

Signature:

Date:

Stamp: