

AMDA-Nepal
Siddhartha Children and Women Hospital
Butwal-07, Rupandehi

Quotation for Medical Gas Outlet and Accessories for Labour Room and Intermediate Paediatric ward

Bidders/Suppliers:

Suppliers Name:

Address:

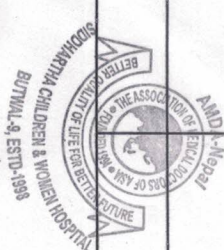
Contact Number:
PAN/VAT No.:

S.N.	Name of Items	Description/Specification	Unit	Quantity (A)	Estimated Unit Cost with VAT/Tax	Manufacturing Company	Country	Rate (B)	VAT (%) (If Applicable)	Total Rate (B+C)=E	Total Amount (A*E)
1	Copper Pipe Medical Grade	Supply delivery and installation of Medical Grade Copper pipe (Served as per the BS, EN:133348 code) with copper fitting plastic saddling with painting Solid drawn, seamless, deoxygenized, non arsenical, half hard, tempered and degreased.									
		Medical graded copper pipes, 12mm*07mm	Metre	1	1,017.00						
		Medical graded copper pipes, 15mm*07mm	Metre	1	1,356.00						
		Medical graded copper pipes, 22mm*0.9	Metre	1	2,034.00						
		Copper fitting, Elbow, Tee and plastic saddling-Per Drop	Per drop	1	1,073.50						
2	Medical Gas Outlet Points	Front loading BS Standard Oxygen Air Outlet-Metal Body/ISO/CE Certify	Set	1	6,893.00						
		Supply delivery and installation Ball valve with brass fitting. Non-contaminated gas supply and also prevent fire hazards.									
3	Isolation Valve	12mm Isolation ball valve with brass fittings	Set	1	2,090.50						

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	15mm Isolation ball valve with brass fittings	Set	1	2,655.50						
4	BPC Oxygen Flowmeter with Humidifier Bottle	BPC(0-15LPM) Brass body high quality oxygen flow meter with unbreakable humidifier bottle.	Set	1	26,55.50					
Total Amount										
Total Amount in words: Twenty thousand seven hundred ninety two rupees.										

Note:

- > Validity: Quotation shall remain valid for one month.
- > Price: Door delivery with installation price in Nepali currency.
- > Delivery Site: As specified in purchase order.
- > Taxes and Duties: All government taxes are included in the amount quoted above.
- > Payment: Payment will be accepted by A/C payee cheque after completed delivery of goods and Invoices.

Authorised person Name:

Position:

Signature:

Stamp of the company/firm:

Date:

Prepared by:

Date:

[Handwritten Signature]
2080/1/15

Checked By:

Date:

[Handwritten Signature]
2080/1/17

Approved by:

Date:

[Handwritten Signature]
2080/1/17

