APPLICATION FORM FOR SUPPLY OF ANTI TUBERCULAR MEDICINES TO NANDANKANAN ZOOLOGICAL PARK FOR THE YEAR, 2021-22

| 1 | Rifampicin-450mg | | Rs. |
|--|--|-----------------------------|------------------------|
| Sl | Name of the medicine | Brand name of the medicine. | Price offered per tab. |
| 7.] | Price Quoted (including all ta | x and delivery charges) | |
| 6. | Details of EMD | 1 | |
| | 4 | | |
| 5. | Contact No. & email. | 1 2 | |
| 4. | Whether authorized by the co (Copy of authorization to be e | ompany : enclosed) | |
| 3. | Name of the Company | | |
| 2. | Address of the Agency | £ | |
| 1. | Name of the Agency | : | |
| | | : 11.30 AM of 22.02 | .2022 Photograph |
| st date of submission of quotation: 5.00 PM of 21.02.2022 te of opening of quotation : 11.30 AM of 22.02.2022 | | | Personal |
| | | | |

Signature of the Quotationer

Date:

TERMS AND CONDITIONS APPLICABLE FOR QUOTATION CALL OF ANTI-TUBERCULOSIS TABLETS/CAPSULES DURING 2021-22.

- Sealed quotations in plain paper are invited from intending authorized stockiest of reputed companies for supply of following anti-tuberculosis tablets/capsules to Nandankanan Zoological Park.
 - i) Anti-tuberculosis tablets/capsules one kit containing Rifampicin- $450 \, \text{mg}$, INH- $300 \, \text{mg}$ Tab/ Cap .
- 2. Indenting authorized firms are requested to quote their rates per unit (per tablets/capsules) for above mentioned tablets/capsules
- 3. The sealed quotations should be addressed to Deputy Director, Nandankanan Zoological Park, PO: Barang Dist: Khordha PIN-754005 and superscribed "QUOTATION FOR SUPPLY OF ANTI-TUBERCULOSIS TABLETS/CAPSULES TO NANDANKANAN" at the top left hand corner of the envelope and to be submitted by Regd. Post/Speed post/ Courier only, so as to reach the office of the undersigned by 5.00 PM of 21.02.2022.
- 4. The quotation will be opened at **11.30 A.M on 22.02.2022** in the office of the Deputy Director, Nandankanan Zoological Park in the presence of the sub-committee headed by the Deputy Director and the quotationer or their authorized representatives.

Quotation received beyond the schedule time will not be considered. Once opened, no quotationer will be allowed to be withdrawn till finalization of the quotation process.

- 5. The quotations should be accompanied with the following documents.
 - a. EMD for ₹.25,000/-(Rupees Twenty five thousand)only in shape of Demand Draft drawn in favour of Deputy Director, Nandankanan Zoological Park on any Nationalized Bank payable at Bhubaneswar.
 - b. Copy of the certificate regarding authorized stockiest of the company.

The quotation without aforesaid documents shall be liable for rejection.

- 6. The quotationer is required to quote the rate of tablets/capsules in figure and words. Over written figures will be treated as invalid. The rate quoted should be inclusive of all charges. The approved supplier should supply the medicine at his own cost at Nandankanan.
- 7. The quotationer shall furnish his/her name, parentage, complete postal address, contact Telephone No. & E-mail ID etc.
- 8. The successful quotationer should supply the medicines within 7 days of issue of order. In case of failure to supply the medicines within the stipulated time, the deposited EMD shall liable to be forfeited to Government and no claim what so ever shall be entertained thereafter.
- 9. The authority reserves all right to accept or reject the quotation without assigning any reason thereof.
- 10. EMD of unsuccessful quotationer would be returned after completion of the quotation process.

N.B: While quoting, the brand name of the tablets/capsules & company name should also be mentioned.

Deputy Director Nandankanan Zoological Park

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