

# Advanced Cancer Institute

(Baba Farid University of Health Sciences, Faridkot)

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No.ACI/BTI/2023/ 19343

Dated...11/12/2023

Professor Incharge,

IT Cell

BFUHS, Faidkot (For uploading on university website)

**Sub:-** Quotations for Printing of Ayushman Indent Books for ACI, Bathinda.

Sealed quotations are invited for printing 'Ayushman Indent books' which are required in this Institution with the given Terms & Conditions and specifications:-

Sr.No.	Name of the item & Specifications	Quantity Required
1	1. Slip Pad (300 pages) 2. 100 x 3 i.e each page in Triplicate 3. Size: 7"x 10.5" — 18x22/5) 4. Paper 60 GSM 5. 1st Copy White 2 <sup>nd</sup> & 3 <sup>rd</sup> Copy Green Sr. No. & Binding	250 books

## Terms & Conditions:

1. The bidders should have to follow all the Terms & Conditions.
2. The material/equipment should be of Good Quality.
3. The material should be as per mentioned specifications only.
4. Rates are inclusive or exclusive of GST should be clearly mentioned.
5. Supply should be FOR destination.
6. The quantity may increase or decrease according to the requirement.
7. Guarantee/Warranty should be quoted.
8. Payment will be released through cheque/RTGS after satisfactory report from the concerned deptt./Stores.
9. Director, ACI, Bathinda reserves all rights to reject any Quotation/material without assigning any reason.

**Note:** Quotations received after due date will not be entertained and no communication in this regard will be done.

The bidder should submit the quotation in sealed envelope; super subscribing "Quotation for printing 'Ayushman Indent books'" in favour of The Director, Advanced Cancer Institute, Bathinda.

The Sealed quotations should reach in the Director Office on or before 22.12.2023 by 3.00 pm through Registered/Speed post/Courier/by hand only.

  
Director

**Advanced Cancer Institute, Bathinda**  
(BFUHS)

### Scheme **AB-SSBY**

Copy for Amrit Pharmacy

S. No. 50001

Patient CR/RT No.	AYS No.	Dated
Patient Name		
Ward/OPD.	IPD No.	Bed No.

Kindly provide following medicines & ...

Kindly provide following medicines & consumables to above mentioned patient/attendant which have been marked not available by hospital medical store Pharmacist and radiotherapy store Pharmacist. Kindly dispense cost effective generic medicines.

[illegible]

Verified that above mentioned Items are required for treatment of this patient as per the provision of the said scheme and respective entry has been made in patient IP files (If admitted).

Signature of Faculty Doctor with named stamp

Verified that above mentioned Items are not in ward stock.

Verified that Items at S. No. are not in stock.

Full sign of Nurse on duty

Verified that Items at S. No. are not in stock.

Non availability by RT store Pharmacist

Verified that Items at S. No. are not in stock.

**Non availability by OPD Store Pharmacist**

Non availability by Hospital Store Pharmacist



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(BFUHS)

### Scheme AB-SSBY

**Copy for Hospital/Ward Record**

S. No.

50001

Patient CR/RT No.	AYS No.	Dated
Patient Name		
Ward/OPD.	IPD No.	Bed No.
Kindly provide following medicines & consumables		

Kindly provide following medicines & consumables to above mentioned patient/attendant which have been marked not available by hospital medical store Pharmacist and radiotherapy store Pharmacist. Kindly dispense cost effective generic medicines.

[illegible]

Verified that above mentioned Items are required for treatment of this patient as per the provision of the said scheme and respective entry has been made in patient IP files (If admitted).

**Signature of Faculty Doctor with named stamp**

Verified that above mentioned Items are not in ward stock.

Verified that Items at S. No. are not in stock.

Full sign of Nurse on duty

Verified that items at S. No. are not in stock.

**Non availability by RT store Pharmacist**

Verified that Items at S. No. are not in stock.

**Non availability by OPD Store Pharmacist**

**Not available by Hospital Store Pharmacist**



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### Scheme AB-SSBY

Copy for Medical Store/Radiotherapy Store

**S. No.**

50001

Patient CR/RT No.	AYS No.	Dated
Patient Name		
Ward/OPD.	IPD No.	Bed No.

Kindly provide following medicines & consumables

Kindly provide following medicines & consumables to above mentioned patient/attendant which have been marked not available by hospital medical store Pharmacist and radiotherapy store Pharmacist. Kindly dispense cost effective generic medicines.

[illegible]

Verified that above mentioned items are required for treatment of this patient as per the provision of the said scheme and respective entry has been made in patient IP files (If admitted).

**Signature of Faculty Doctor with named stamp**

Verified that above mentioned Items are not in ward stock.

Verified that Items at S. No. are not in stock.

## Full sign of Nurse on duty

Verified that Items at S. No. are not in stock.

**Non availability by RT store Pharmacist**

Verified that Items at S. No. are not in stock.

**Non availability by OPD Store Pharmacist**

**Non availability by Hospital Store Pharmacist**