Office of the Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot
Sadiq Road, Faridkot-151203 (Pb.) Indian
Ph. No. 01639-250098
Email- msggshospital@ggsmch.org

NO. MSO/Pur/2023/ 26819 Date:- 29/12/23

Sub:- Quotations for Printing of Log Books.

Sealed quotations are invited for printing of following items on the terms & conditions mentioned below:-

S. No.	Name of the item & Specifications	Qty
1.	**Log Books** **-Front & Back Hard Binding** **-Containing 200 Pages printed on both sides as per the page attached** **SAMPLE ENCLOSED**	20 Books

Terms & Conditions:

Payment : The payment of the material shall be released through RTGS/Cheque after satisfactory inspection report of the material by the Institution Inspection Committee.

F.O.R : GGS Medical Hospital, faridkot.

Rate : 1. Taxes (as applicable), if any, be mentioned separately in the quotation.

Quantity/Item : Quantity may increase or decrease.
- The material should be as per mentioned specifications only.

Penalty Clause : The supply should be made within stipulated time period failing in which 2% of late delivery charges will be incorporated on total amount for delay of 30 days and there after @4% for further delay.

Validity of Rates: 6 months

Delivery Period: within 30 days

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

Quotation should be submitted on the Letter Head of the company duly dated/signed and stamped.

You are therefore requested to quote your lowest rates of above items and submit Quotations addressed to "**The Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot (Punjab)**". Inscribing **"Quotation for Log Books"** " may please be inscribed on top of the envelope.

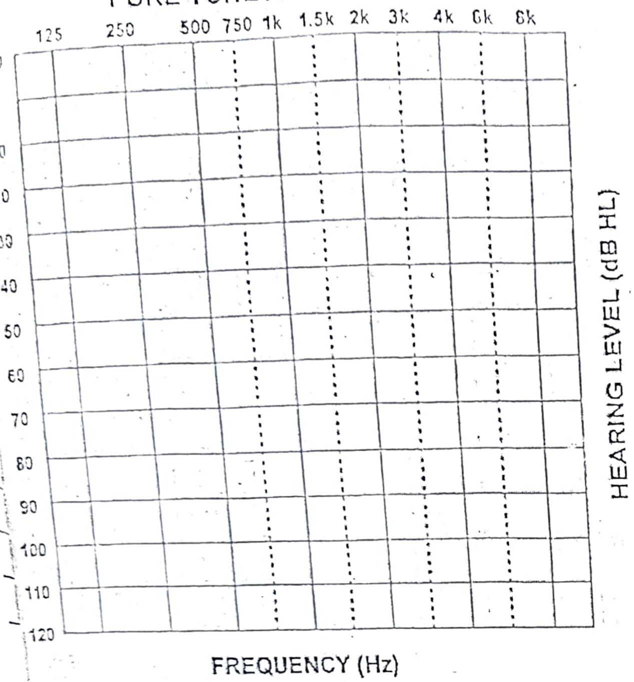
The Medical Superintendent reserves the right to reject the quotations without assigning any reason.

The sealed quotations should reach this office on or before 12/01/2024 by 5.00 PM through **Registered/Speed Post/Traceable Courier** only.

Medical Superintendent

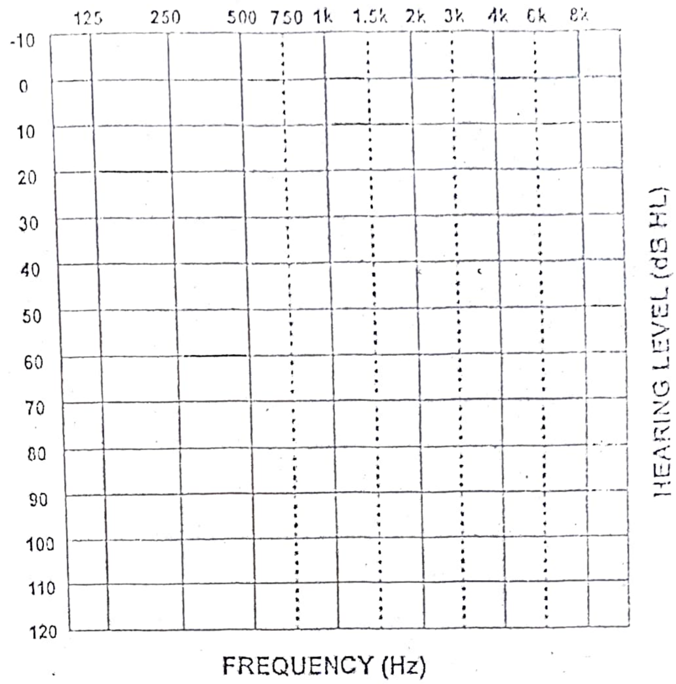
Patient Name: No:
Age/Sex: CRR No:
Rcpt No: Date:
Contact No:

PURE TONE AUDIOGRAM



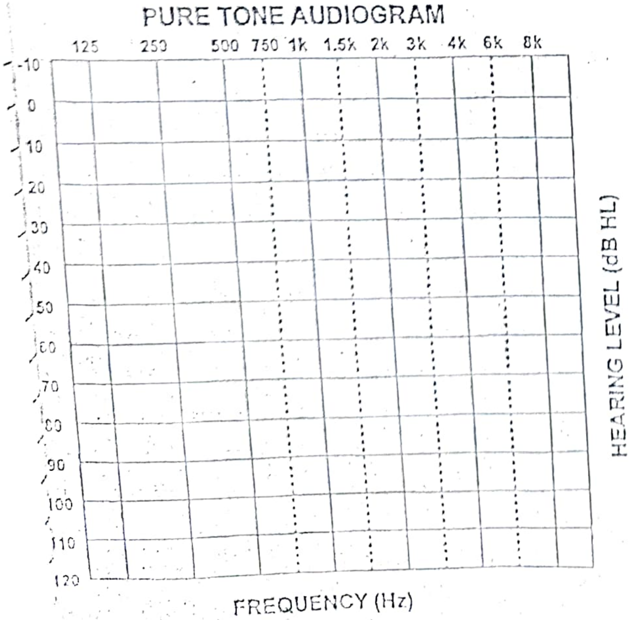
Patient Name: No:
Age/Sex: CRR No:
Rcpt No: Date:
Contact No:

PURE TONE AUDIOGRAM



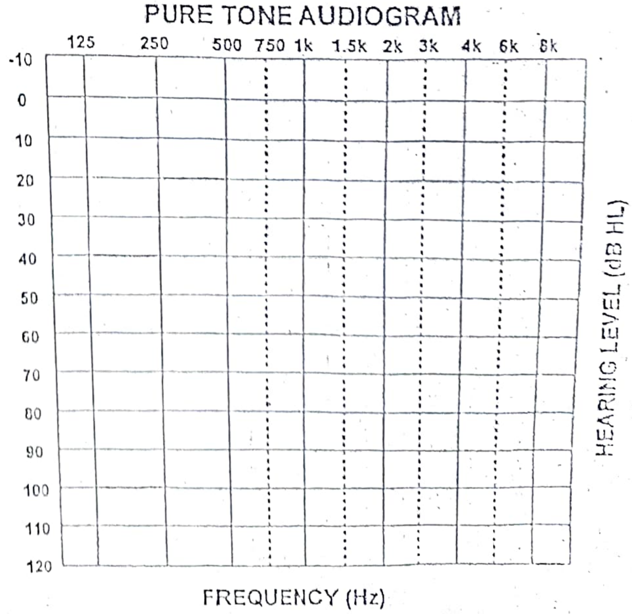
Patient Name: No:
Age/Sex: CRR No:
Rcpt No: Date:
Contact No:

PURE TONE AUDIOGRAM



Patient Name: No:
Age/Sex: CRR No:
Rcpt No: Date:
Contact No:

PURE TONE AUDIOGRAM



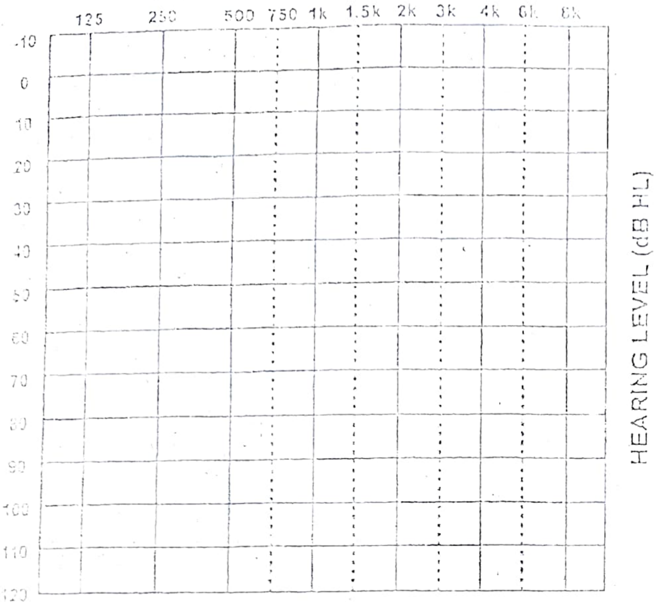
Patient Name: No:

Age/Sex: CRR No:

Rcpt No: Date:

Contact No:

PURE TONE AUDIOGRAM



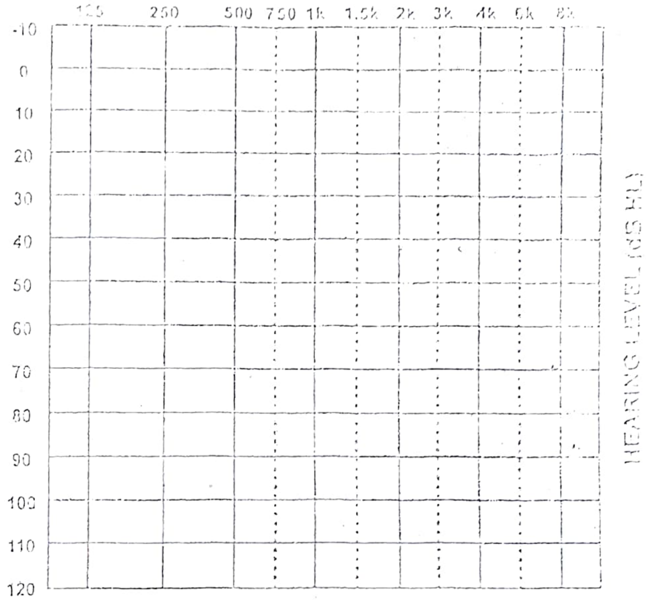
Patient Name: No:

Age/Sex: CRR No:

Rcpt No: Date:

Contact No:

PURE TONE AUDIOGRAM



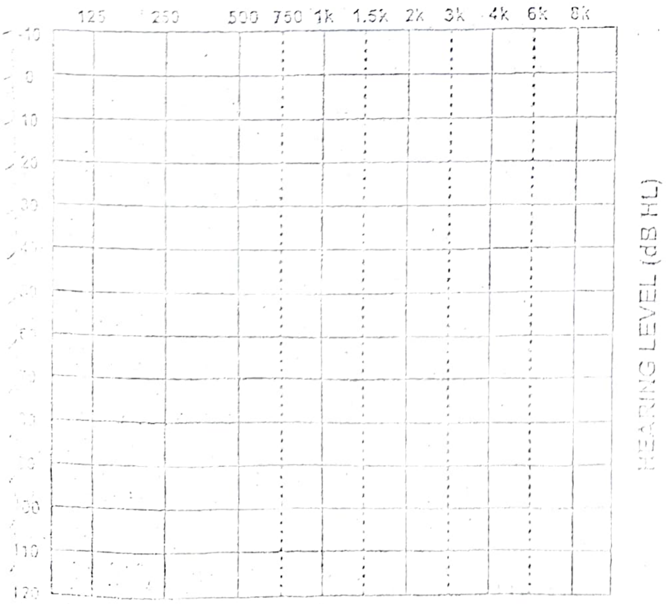
Patient Name: No:

Age/Sex: CRR No:

Rcpt No: Date:

Contact No:

PURE TONE AUDIOGRAM



Patient Name: No:

Age/Sex: CRR No:

Rcpt No: Date:

Contact No:

PURE TONE AUDIOGRAM