एचएलएल लाइफ़केयर लिमिटेडHLL LIFECARE LIMITED (भारत सरकार का उद्यम)(A GOVT.OF INDIA ENTERPRISE)

पेरूरकडा पी.ओ.PEROORKADA. P.O,

तिरुवनन्तपुरम-६९५००५ THIRUVANANTHAPURAM-695 005 PHONE NO:0471 2435325; FAX NO:0471 2435013;

EMAIL: materialspft@lifecarehll.com

PUR/08/R1/PQ/CP/4-SMO/2016-17

CONTENTS OF PRICE BID FORMS

For

CARTON

- 1. SCHEDULE I RATE SCHEDULE FOR THIRUVANANTHAPURAM
- 2. SCHEDULE II RATE SCHEDULE FOR BELGAUM

एचएलएल लाइफ़केयर लिमिटेडHLL LIFECARE LIMITED (भारत सरकार का उद्यम)(A GOVT.OF INDIA ENTERPRISE)

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SCHEDULE - I Page 1 of 1

PRICE BID - RATE SCHEDULE FOR SUPPLY TO PEROORKADA FACTORY, THIRUVANANTHAPURAM, KERALA

NAME OF TENDERER: ITEM: CARTON

		Rate/1000 Numbers							
Specification (Please see Schedule - A for detailed Spec.)	Qty in Nos.	Basic Price (Rs)	E.D (Rs)	Cess on ED (Rs)	Tax (Rs)	Freigh t (Rs)	Insur ance (Rs)	Other s (Rs)	Total Delivere d Price (Rs)
Rakshak 4's	335000								
Rakshak 10's	50250								
Josh 6's Dotted	55850								

Minimum time required to start the supply after receipt of letter of indent/supply orders

Validity : (January 2017 to March 2017)

Certified that the rate quoted will hold good for the above period during which period no upward revision will be sought.

PLACE: NAME & SIGNATURE OF THE APPLICANT

DATE: (WITH OFFICE SEAL)

एचएलएल लाइफ़केयर लिमिटेडHLL LIFECARE LIMITED (भारत सरकार का उद्यम)(A GOVT.OF INDIA ENTERPRISE)

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PUR/08/R1/PQ/CP/4-SMO/2016-17

SCHEDULE - II Page 1 of 1

PRICE BID - RATE SCHEDULE FOR SUPPLY TO KANAGALA FACTORY, BELGAUM, KARNATAKA.

NAME OF TENDERER: ITEM: CARTON

Specification (Please see Schedule - A for detailed Spec.)	Qty in Nos.	Rate/1000 Numbers								
		Basic Price	E.D	Cess on ED	Tax	Freight	Insurance	Others	Total Delivered Price	
		(Rs)	(Rs)	(Rs)	(Rs)	(Rs)	(Rs)	(Rs)	(Rs)	
Rakshak 4's	335000									

Minimum time required to start the supply after receipt of letter of indent/supply orders :

Validity : (January 2017 to March 2017)

Certified that the rate quoted will hold good for the above period during which period no upward revision will be asked for.

PLACE: NAME & SIGNATURE OF THE APPLICANT

DATE: (WITH OFFICE SEAL)