

GOVT. DENTAL COLLEGE & HOSPITAL, PATIALA.

ur/2026/ SS21-22

Dated: 17/8/26.

to

✓ College Website/Notice Board.

Sub:- Quotation.

Please quote your minimum rates for the articles mentioned below required for the Dental College and Hospital, Patiala so as to reach this office on or before 31/8/2026 at 2.00 PM. Please also mention clearly the item which you can supply immediately by your ready stock regarding the items not available with you. Please intimate the definite period which you would take to supply time period from the date of receipt of order. Quotations received after the date will not be considered. The quotation must be sealed with wax and send under registered cover and mark "OS QUOTATION FOR EMERGENCY REPAIR OF PHYSIODISPENSER FOR ORAL SURGERY DEPTT.

S No	Name	Quantity
1	Physio Dispenser Motor Repair.(Saeshin)	1 pc.

Note: Unsealed quotations will not be considered.

TERMS AND CONDITIONS

- The rates must be quoted F.O.R. Govt. Dental College & Hospital, Patiala.
- The conditional quotations will not be accepted.
- The printed matter on the quotations forms will be binding.
- Goods not approved will be returned at expenses of supply at their costs.
- Broken and disapproved goods will have to be replaced by the supplier at their own costs.
- GST paid extra, if applicable, provided at specified mentioned in the quotations.
- The quotations/rates will be valid for 12 months from the date of the tender open.
- The quantity can be increased or decreased.
- GST No. and Stamp of the firm is mandatory.
- Drug License of the firm is mandatory if applicable.

Principal,
Govt. Dental College and Hospital,

GOVT. DENTAL COLLEGE & HOSPITAL, PATIALA.

No. Pur/2026/ 5452-53

Dated: 12/8/26

To

✓ College Website/Notice Board.

Sub:- Quotation.

Please quote your minimum rates for the articles mentioned below required for the Dental College and Hospital, Patiala so as to reach this office on or before 25/8/2026 at 2.00 PM. Please also mention clearly the item which you can supply immediately by your ready stock regarding the items not available with you. Please intimate the definite period which you would take to supply time period from the date of receipt of order. Quotations received after the date will not be considered. The quotation must be sealed with wax and send under registered cover and mark "OS QUOTATION FOR EMERGENCY PURCHASE OF EQUIPMENTS FOR ORTHODONTIA DEPTT.

S No	Name	Quantity
1	Class B High Volume Table Top Autoclave 22 Ltrs. Capacity.	1 pc

Note: Unsealed quotations will not be considered.

TERMS AND CONDITIONS

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Principal,
Govt. Dental College and Hospital,

