

**DEPARTMENT OF ENT  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANASARI NAGAR, NEW DELHI -110029**

Dated \_\_\_\_\_

**Institute Reference: Short Rate Enquiry No. 08/ENT/Projector bulb, model EX615, OPTOMA/2014-15**

**Subject: Short Rate Enquiry for purchasing bulb for LCD Projector, Model EX-615, Make: OPTOMA.**

Dear M/s

A short rate enquiry is hereby floated/ invited for purchasing the following item required by the Department of ENT, AIIMS, New Delhi.

S. No.	Item Name	Quantity
1	<b>LCD Projector bulb</b> Projector Make: OPTOMA Projector Model : EX-615	01 (One)

**TERMS & CONDITIONS:**

1. The quotations should be addressed to 'Professor & Head, Department of ENT, Room No. 3057, AIIMS, New Delhi-29' and sent by post/bearer by **15 September 2014 up to 5.00 P.M.** Quotations should be sealed in an envelope and the reference no. and item name clearly written on top of the envelop. (i.e. quotation for the item .....).
2. The firm must be registered and having TIN no./ registration no. (Please mentioned TIN/ registration no. on the technical bid) or else the quotation will be treated as cancelled.
3. The make and model of the article offered should invariably be quoted. Quotation should be typed/ written in ink. No overwriting or erased entries should be there in the quotation. **The rates should be valid for at least three months.**
4. VAT/Sales tax or any other kind of tax(s) must be separately mentioned against each item. In case no sales tax is chargeable, prices must be quoted as NET PRICE.
5. **THE FIRM HAS TO MAKE THE ARRANGEMENT TO INSTALLATION OF BULB. IF ANY CHARGE APPLICABLE FOR INSTALLATION PLEASE MENTIONED SEPARATELY IN THE INVOICE. THE ORDER WILL BE AWARDED ON LOWEST PRICE INCLUDING EVERYTHING.**
6. **THE FIRM MUST SUPPLY THE ITEM AT THE MENTIONED PLACE/LOCATION WITHIN 10 DAYS AFTER ISSUING THE SUPPLY ORDER.**
7. The payment will be made electronically viz RTGS/NEFT after delivery and satisfactory installation of the item. The following information should be also mentioned in the invoice:
  - Name of the beneficiary:
  - Account No. of the beneficiary:
  - IFCS code of the bank/branch:
8. The Professor & Head of the Department reserves the right to cancel/reject full or any part of the rate enquiry which generally do not fulfill the conditions stipulated in the rate enquiry.

**Dr. Rakesh Kumar**  
Additional Professor &  
Faculty in-charge Deptt. Store's

**Dr. S C Sharma**  
Professor & Head  
Deptt. Of ENT