

DIRECTORATE OF HEALTH & FAMILY WELFARE, PUNJAB, CHANDIGARH**Schedule-A**

I/We hereby quote to supply the goods & materials specified in the under written schedule in the manner in which & within the time specified as set forth in the conditions of contract at paras _____ to _____ at the rate given in the schedule below. The conditions on paras _____ to _____ will be binding upon me/us in the event of acceptance of my/our tender. I/we hereby enclose herewith deposit receipt form a sum of Rs. 2,000/- as earnest money & should I/we fail to execute an agreement embodying the said conditions & deposit security/Bank Gurantee as laid down in the form within 10 days of the acceptance of my/our tender. I/we hereby agree that the above sum of security money shall be forfeited to Director, Health & Family Welfare, Punjab.

Sr. No.	Gen. Description Of stores	ISI/BIS Speci. No.	Tender Rate	Unit	Packing	Name Manufacture of the country of manufacture
1.	2.	3.	4.	5.	6.	7.

E. & O.E

All rates for lifting the material from the destination should be free transportation charges.

Dated the _____ date of _____

Signatures

Address _____