

DAYANAND MEDICAL COLLEGE & HOSPITAL : LUDHIANA
TENDER PROFORMA

Manufacturer name Contact Person Mobile No. E-mail ID	Distributor name Contact Person Mobile No. E-mail ID
---	--

Offer by **Manufacturer/Importer/Distributor**

Product Details	Product Make Model Country of Origin Major users	Product Make Model Country of Origin Major users
------------------------	--	--

Price Details	Original Offer	Negotiated Offer	Original Offer	Negotiated Offer
Basic				
Less : Discount				
Balance				
Add : Excise Duty				
VAT / CST \ Custom Duty				
Custom Clearance				
Freight				
Octroi				
Installation charges				
Others				
Total Landed Cost				

Buy Back Offer

Free Items

OTHER TERMS

i) **Payment terms**

ii) **Delivery period**

DMCH STANDARD TERMS

i) **Performance Bank** **Agreed**
(10% of total order value valid till warranty period)

ii) **Warranty** **Agreed**
(Minimum 2 years)

iii) **AMC / CMC (After warranty period)** **AMC _____ CMC _____ + service tax**
(1% /5% max. + service tax)

ITEMS EXCLUDED IN CMC

Consumables/Spare parts	UOM	Basic Rate	Taxes	F.O.R Rate

Encl./Undertaking

List of items /accessories required to make the equipment functional
 Authorized Distributor certificate where supply is to be effected through distributor
 After sale service on DMCH site.

Name
 Signature

Date