

DAYANAND MEDICAL COLLEGE & HOSPITAL : LUDHIANA
TENDER PROFORMA

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

Offer by **Manufacturer/Importer/Distributor**

Product Details	Product	Product
	Make	Make
	Model	Model
	Country of Origin	Country of Origin
	Major users	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 <i>(10% of total order value valid till warranty period)</i>	Agreed
ii) Warranty <i>(Minimum 2 years)</i>	Agreed
iii) AMC / CMC (After warranty period) <i>(1% /5% max. + service tax)</i>	AMC _____ CMC _____ + 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

Date

Signature