

**SHREE SAIBABA SANSTHAN TRUST, SHIRDI**  
**AP-SHIRDI, TAL-RAHATA, DIST-AHILYANAGAR, MAHARASHTRA.**  
Email - [hospital.edp@sai.org.in](mailto:hospital.edp@sai.org.in)

**Quotation for 925 Compatible Toner**

Sealed quotations are invited from authorized dealers for the purchase of the **925 Compatible Toner**.

The technical specifications of the Compatible Toner is as follows:

| Sn | Description of Toner              | Make          | Qty. |
|----|-----------------------------------|---------------|------|
| 1. | Product No - 925 Compatible Toner | Zebronics/AMI | 250  |

**Documents Required with Tender.**

1. Photocopy of PAN Card and GST registration.
2. Firm details as given in Annexure-A.

**Terms and Condition.**

1. Rates must be filled in the format specified in Annexure-B.
2. The rate should be inclusive of all taxes (refer to Annexure-B).
3. Incomplete quotations, conditional quotations, or those received after the deadline will be summarily rejected.
4. The supply of Compatible Toner must be completed within 7 days after receiving the purchase order.
5. Supplies material must be of good quality.
6. Payment conditions: 100% payment will be made after delivery and Inspection.

**Tender Submission:**

Quotation must be submitted in a sealed envelope as...

**Quotation for 925 Compatible Toner – EDP Dept., Shree Saibaba Hospital**

**Chief Executive Officer,  
Shree Saibaba Sansthan Trust, Shirdi  
Ap-Shirdi. Tal - Rahata.  
Dist- Aahilyanagar  
Pin code - 423109.**

1. Quotation must be submitted in a sealed envelope from Dt.- 30/06/2026 to Dt. - 07/07/2026 by 5:00 PM at the Sansthan's Inward Office.
2. The delivery of Toner is to be made at EDP Department of Shree Saibaba Hospital, Shirdi.

**ANNEXURE- A**

Personal & Bank Details for RTGS  
All fields are mandatory

| Sr No | Personal Detail            | Information |
|-------|----------------------------|-------------|
| 1     | Name of the Agency         |             |
| 2     | Address                    |             |
| 3     | Contact Person and Cell No |             |
| 4     | GST umber                  |             |
| 5     | Bank Details –             |             |
|       | Name of the Bank           |             |
|       | Bank City                  |             |
|       | Branch Name and Code       |             |
|       | Account Type               |             |
|       | Account Number             |             |
|       | IFSC CODE                  |             |
|       | MICR NO.                   |             |

**ANNEXURE- B**

**Format to fill up the rates of Toner.**

**To,  
Chief Executive Officer,  
Shree Saibaba Sansthan Trust,  
Shirdi.**

**Subject: Quotation for 925 Compatible Toner.**

We hereby submit our quotation for the supply of **Product No - 925 Compatible Toner** as Specified below:

| Description of Toner                                       | Qty.     | Rate Per Qty. | Amount    | GST in % | GST Amount | Total Net Amount |
|--|----------|---------------|-----------|----------|------------|------------------|
|  | A        | B             | C (A X B) | D        | E          | F (C+E)          |
| Product No - 925 Compatible Toner<br>Make – Zebronics /AMI | 250 Nos. |               |           |          |            |                  |
| Amount in Words :  |          |               |           |          |            |                  |

We have read and agreed to all the Terms and Conditions mentioned in the quotation notice.

Name of bidder firm:

Seal and Signature