

Date:

To,

**Sub –Quotation for Supply of Quality Assurance test service for Radiology
Equipment's**

Dear Sir,

Please send us sealed Quotation for **Quality Assurance test service for Radiology Equipment's** as mentioned in below chart from till date **15 / 09 / 2024** on following address.

Sr. No	Description	Total No Qty	Cost in Rs. / Unit	Total Amount in Rs. (incl. Tax)
01	Radiography & Fluoroscopy	02		
02	Radiography (Mobile)	05		
03	C-Arm	07		
04	Interventional Radiology-Cathlab	01		
05	Computed Tomography	01		
		Total Amount R/o (Incl. of all Taxes) in Rs.		

Kindly send Quotation including all taxes (e.g., GST, Packing & forwarding, Transportation, Courier charges etc.) for F.O.R. Shirdi, & GST Number should be mentioned on Quotation. The prices should be fix for next 5 Years.

Please note that, if taxes are not mentioned then rates quoted will be considered as including all taxes & F.O.R. Shirdi.

If any received material is defective or damaged product, it should be immediately return and exchange immediately within 48 hrs.

Thanking you with Blessings of Shri Saibaba.

**Medical Director
Shri Saibaba Sansthan Hospital, Shirdi**

Our Address-

Biomedical Engineering Dept.
 Shri Saibaba Hospital,
 Opp. Bus Stand, Shirdi`
 Tal. Rahata, Dist, A'Nagar.
 423109, Tel.No.02423-258652,
 Email ID:hospital.biomedical@sai.org.in