**TENDER FORM (Tender Form Fees Rs.500/-(Non Refundable)**

**JANOTORIAL SERVICES FOR THE YEAR 2017-18**

**DISPOSAL OF HOSPITALWASTAGE**

**TENDER INQUIRY NO. 07/2017-18 DUE ON 14-02-2018**

**Time of issuance of Tender form upto 13-02-2018 at 02:00 P.M**

**Time of Submission of Tender on 14-02-2018 at 11.30 A.M**

**Time of Opening of Tender on 14-02-2018 at 12.00 Noon**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **S.NO** | **Description** | **Qty** | **Quoted Items** | **Rate in Figure** | **Rate in Word** |
| 01 | Sharps Bin for Ward | **20 No.** |  |  |  |
| 02 | Limon Bin/ Bags with trolley | **05 No.** |  |  |  |
| 03 | Bin for Normal Wastage | **20 No.** |  |  |  |
| 04 | Bin for Hospital wastage | **24 No.** |  |  |  |
| 05 | Waste Bin Metal | **05 No.** |  |  |  |
| 06 | Needle waste Bin | **05 No.** |  |  |  |
| 07 | Waste Bin Trolley Metal (Colored) | **24 No.** |  |  |  |

**NATIONAL TAX No:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ SIGNATURE …………………………………..**

**GST No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NAME OF CONTRACTOR ……….…………**

**C.N.I.C No: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ADDRESS …...…………………….…….……**

**(Photostat copies must be enclosed) Contact NO ………..…………….……………**

**I N S T R U C T I O N S**

1. **The tender should be accompanied with pay order / demand draft of 2.5% as security Deposit in the name of Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) Hyderabad.**
2. **The Income Tax / GST/SST will be deducted according to rules of Govt: of Sindh / Pakistan.**
3. **The tenderer will be responsible to deliver the tendered items on his own cost at SIOVS HYDERABAD.**
4. **In case of short/late supply it will be purchased from open Market and difference if any will be recovered from the Contractor.**
5. **Conditional/ Incomplete Tenders will not be accepted.**
6. **Sample of all dry items should be provided at the time of opening of tender otherwise tender will be rejected.**
7. **For alternate offer separate tender purchase receipt must be enclosed**
8. **The tenderer should be fulfilling all requirements as per Government rules**
9. **Minimum Two Hundred Thousands turn over with Bank Certificate**
10. **Minimum Three Years Experience in relevant field with documentary proof**
11. **Three Years Income Tax Return (Photo Copy Must Enclosed)**
12. **The Performance Security is 10% for One Year w.e.f the date of contract agreement in the name of Sindh Institute of Ophthalmology & Visual Sciences (SIOVS) Hyderabad.**

**Purchase & Store Officer,**

Sindh Institute of Ophthalmology

& Visual Sciences, Hyderabad