

Doc 5A - Price Schedule – Delivery kits – 1 - Lot # 1

Date: _____

Tender ref: IDEA/MHM & Delivery kits/7447/09/2023

Please mention your bid / quote on this form along with your sign and stamp on each page or in the same manner on your letter head.

S No .	Items and Specification	Per Kit Items	Unit	Total Kits	Per kit Rate	Total Rate (to be filled by Vendor) inclusive of all applicable taxes, Transportation and loading unloading
1	Sterilized Surgical Blade # 10	1	No	700 kits		
2	Plastic Umbilical Cord Clamp	1	No	700 kits		
3	Catgut No 1	1	No	700 kits		
4	Disposable gloves (plastic)	1	Pack to 100 Pair	700 kits		
5	Baby Bed Protector Waterproof Plastic Sheet	1	Sheet	700 kits		
6	Anit bacterial soap (Dettol or Safeguard or Equivalent 100-110 gm)	3	No	700 kits		
7	Inj Syntocinon	10	No	700 kits		
8	Inj Dexamethasone	1	No	700 kits		
9	RLD Inf 500ml	1	No	700 kits		
10	I/v set	1	No	700 kits		
11	IV Cannula 22g	1	No	700 kits		
12	Misoprostol Tablet	4	No	700 kits		
13	Hand Towel	1	No	700 kits		
14	Disposable Syringe 5cc	5	No	700 kits		
15	Transamin 500	1	No	700 kits		
16	Sanitary pads with Underwear (Reusable)	3	No	700 kits		
17	surgical gauze 10cm x 10cm	10	Packet	700 kits		
18	Pamper 0 zero size	1	packer of 70 picecs	700 kits		
19	Wrapping Sheet for Newborn Babies	2	Sheets	700 kits		

Name of Bidder _____ Signature & Stamp of Bidder _____ Date _____

Contact Number _____ Email Address _____

Office Address _____