

Inquiry Form

IIPHG(U)/2025-26/49

Date: 18.12.2025

To Indian Institute of Public Health Gandhinagar Opp. Air Force Headquarters, Near Lekavada Bus Stop, Gandhinagar, Gujarat	From: (Details of the agency providing quotation) Organization Name: Authorized Person Name: Complete Address: Contact No.:
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Sub.: Quotation for supply of Geriatric Care Kit:

Sr. No.	Particulars	Qty.	Rate	Amount
1	Unsterilized Nitrile Gloves (Powder Free): Material: Nitrile Size: Medium Special Feature: Allergy Free Packing: Each box may contain 50 gloves	40 Box		
2	Reusable Apron: Fabric: Poly rubber coated ultra-light weight Pattern: Tie type in back and adjustable buckle type belt in the neck with extra cushion Size: Free Sizes	40 Nos.		
3	Disposable Mask: Colour: Blue or Green Material: Nonwoven Fabric	40 Box		
4	Sanitizer (100 ml Bottle):	40 Nos.		
5	Digital Thermometer: 3-digit, degree celcius (degree fahrenheit) display in 0.1 degree increment, beeps when measurement is completed. Auto off function	40 Nos.		
6	Pulse Oximeter: Measuring Range: Blood Oxygen measurement range : 5%-99%, Pulse measurement range : 30 - 250 BPM Number of Batteries: 2 AAA batteries required LED Display, One-Touch Operation, Auto Power Off	40 Nos.		
7	First Aid Kit: (With Adhesive bandages in various sizes, scissors, sterile guaze pads and cotton, Antiseptic wipes or solution)	40 Nos.		
	Total			
	GST @ _____ %			
	Total with GST and delivery charges			

1. PAN & GST #:
2. Delivery Period: Within 03 to 04 days after receipt of Purchase order.
3. Validity of the quote:
4. Payment Term: 100% within 10 days of receipt of material and invoice.
5. Delivery to be made at Indian Institute of Public Health Gandhinagar, Opp. Air Force HQ., Near Lekavada Bus Stop, Gandhinagar, Gujarat.
6. Please sign and stamp on each page.
7. All quoted rates must be inclusive of applicable taxes, delivery charges and all associated costs.
8. For any queries regarding inquiry, please feel free to contact us at: +91 7433910705
9. Please submit your quotation in sealed cover at IIPHG Office address mentioned above on or before **21/12/2025**.

Stamp and Signature of Authorized person