

**BRIHANMUMBAI MAHANAGARPALIKA**  
**B.Y.L. NAIR CH. HOSPITAL**  
**Pathology Department**  
No. Path/442 Date: 24.07.2024

To,  
M/s. \_\_\_\_\_ (Registered MCGM Vendor only)

Subject: Emergency Procurement of Thromboplastin (1X5 ml vials)

Sir,  
Sealed quotations are invited for Thromboplastin (1X5 ml vials) at the office of Dean,  
B.Y.L. Nair Hospital, Mumbai Central, Mumbai-400008 in the below mentioned format

Name of the Item :  
Rate :  
Vendor Code :  
Vendor Name :  
Name of the Proprietor :  
Contact No. :  
Company Stamp & Valid Signature:

Terms and conditions

1. Purchase order: will be raised against the lowest quotation only.
2. Delivery: within 48 hours on receipt of Purchase Order
3. Quotation for multiple items should be submitted in single envelope with separate letterhead and Company Outward No.
4. Emergency purchase will be up to cost of Rs.40,000/- (including GST) only.
5. The envelope should be addressed to The Dean, B.Y.L. Nair Ch. Hospital, and also mention the Subject "Quotation for Emergency purchase of \_\_\_\_\_ (Name of the item)
6. Submission of Quotation period

Period for submission of Quotation in sealed envelope	25.07.2024
Last date & time of submission of Quotation in sealed envelope	29.07.2024 3:00 pm

*Drashmani*  
24/7/24  
Prof & Head  
Pathology Department

*Shree*  
Dean  
B.Y.L. Nair Ch. Hospital

DEAN  
B.Y.L. NAIR CH. HOSPITAL

**BRIHANMUMBAI MUNICIPAL CORPORATION**

**TNMC & BYL NAIR HOSPITAL**

<b>Sr. No.</b>	<b>Name of items</b>	<b>SPECIFICATION</b>	<b>Last Price</b>	<b>REQUIRED QUANTITY</b>
<b>1</b>	Thromboplastin	UNIPLASTIN 5ml reagent used for Prothrombin time analysis	361.90/- + 5% GST	100-150 vials (upto Rs.40,000/-)

*VSCard*  
*24/7/24*

**In-charge**

**Hematology**

**Dept of Pathology**