



Sl. No.: .....

**JAMIA HAMDARD**  
(Deemed to be University)

**Hamdard Nagar, New Delhi-110 062**

Phone: 26059688, Telefax: 26059663 Ext.: 5326, Website: www.jamiahamdard.edu

**QUOTATION APPLICATION FORM**

Cost of Quotation Documents : Rs. 1000.00 (Nonrefundable)

Quotation form for : **“Surgical Microscope”**

Last date of Submission of Quotation : **05/11/2020 upto 3.00 p.m.**

Date of opening of Quotation : **05/11/2020 at 3.30 p.m.**

Quotation Document Fee : DD / Receipt No \_\_\_\_\_ Dated \_\_\_\_\_ for  
Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_)

**VENDOR DETAILS**

1. Name of Firm / Company : .....

2. Authorised person : .....

3. Address : .....

Telephone(s): .....

Fax: ..... Mobile.....

E-mail ..... :

4. Income Tax No. / PAN No. : .....

5. Sales Tax No. / TIN No. : .....

6. Experience Certificate : .....

(Attached photo copy)

7. Details of Earnest Money (EMD): DD / Banker Cheque No \_\_\_\_\_ Dated \_\_\_\_\_ for  
Rs. \_\_\_\_\_ (Rs. \_\_\_\_\_)

Bank \_\_\_\_\_

I/We agree to abide by the terms and conditions of the quotation as laid down under Tender No. **JH/PS/Quot-677/Oct-20.**

Signature .....

Name .....

Designation .....

Company Seal .....

Contact No.....