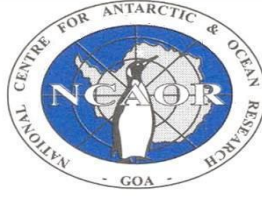


राष्ट्रीय अंटार्कटिक एवं  
समुद्री अनुसंधान केन्द्र  
पृथ्वी विज्ञान मंत्रालय  
(भारत सरकार)  
हेड लैण्ड सडा, वास्को डा गामा  
गोवा- ४०३ ८०४ भारत



**NATIONAL CENTRE FOR  
ANTARCTIC & OCEAN RESEARCH**

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**Email:warlu62@ncaor.gov.in**

**PROCUREMENT SECTION**

**FOREIGN ENQUIRY**

M/s.

Ref. No.: **LAB-2194**

Date: **13.10.2014**

Due Date: **28.10.2014**

Dear Sir,

You are requested to send your offer for the following items. Manufacturers, dealers, distributors/authorized agents are requested to quote for the following items as per the terms and conditions mentioned below.

SL. NO.	ITEM DESCRIPTION	Quantity
01.	Hamilton Gaslight Syringes from Hamilton (Specification as per annexure I)	as per annexure I

**Your offer should contain the following information:**

1. Please submit your quotation on CIF basis upto **IHC Cape Town** by Air should be indicated. The quotation should contain item wise prices, including total Ex-works price and cost of packing, forwarding, insurance and Air freight charges.
2. Delivery Period: Delivery date by which required is 1<sup>st</sup> Nov. 2014
3. Validity of quotation:
4. Quantity/Trade discounts, if any. :
5. Guarantee/Warranty of the product:
6. Taxes applicable (VAT if any):
7. Specify Brand/Make/Model of the item:
8. Enclose brochure/leaflet – Specification:
9. Mode of payment acceptable to you: Our normal payment terms by sight draft through our Bankers State Bank of India, Commercial Br., Vasco-Da-Gama, Goa-403 802 India or Irrevocable Letter of Credit (L/C). If you insist payment by Letter of Credit (L/C). Please provide detailed instructions.
10. The payment will be authorized after submission of a Bank Guarantee for 10% value of the order towards warranty guarantee. The performance Bank Guarantee should be furnished within 30 days from the date of placement of order from a any reputed bank (scheduled bank in India or foreign bank operating in India) valid till 60 days after the warranty period.

**NOTE: Please enclose a copy of valid certificate to substantiate as Authorized Dealer, Agent, Stockist or Trader, to consider your quotation**

**Also confirm “the rates quoted by you are reasonable and lowest charged and are not exceeding the lowest rates charged to any other clients”**

Director, NCAOR reserves the right to reject any quotation received without assigning any reasons.

**Yours faithfully,  
Sd/-**

**Executive (Procurement)**  
For and on behalf of Director, NCAOR

**Annexure I**

<b>SL. NO.</b>	<b>CODE</b>	<b>DESCRIPTION</b>	<b>PACKING</b>	<b>REQUIREMENT/ QUANTITY</b>
01.	80390	50 µL, Model 1705 RN SYR, Small Removable NDL, 22s ga, 2 in, point style	1	1
02.	81230	500 µL, Model 1750 RN SYR, Large Removable NDL, 22 ga, 2 in, point sty	1	1