

Advanced Cancer Institute

(Baba Farid University of Health Sciences, Faridkot)

B-15, Industrial Growth Centre,

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No.ACI/BTI/2023/ 19801

Dated.. 20/02/2024

Professor Incharge,
IT Cell
BFUHS, Faidkot (For uploading on university website)

Sub:- Quotations for Printing of X-Ray Envelops for ACI, Bathinda.

Sealed quotations are invited for printing 'X-Ray Envelops' which are required in this Institution with the given Terms & Conditions and specifications:-

Sr.No.	Name of the item	Specification	Quantity Required
1	Size of Folder (X-Ray Envelope)	<ul style="list-style-type: none">8.5x10.5 InchPaper Color:BrownSingle color printing on the front side of the EnvelopGSM:Minimum 100 GSM	2000
2.	Size of Folder (X-Ray Envelope)	<ul style="list-style-type: none">10.5x12.5 InchPaper Color: BrownSingle color printing on the front side of the EnvelopGSM: Minimum 130 GSM approx.	1000

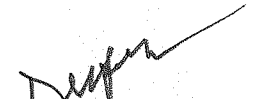
Terms & Conditions:

1. The bidders should have to follow all the Terms & Conditions.
2. The material/equipment should be of Good Quality.
3. The material should be as per mentioned specifications only.
4. Rates are inclusive or exclusive of GST should be clearly mentioned.
5. Supply should be FOR destination.
6. The quantity may increase or decrease according to the requirement.
7. Payment will be released through cheque/RTGS after satisfactory report from the concerned deptt./Stores.
8. Director, ACI, Bathinda reserves all rights to reject any Quotation/material without assigning any reason.

Note: Quotations received after due date will not be entertained and no communication in this regard will be done.

The bidder should submit the quotation in sealed envelope, super subscribing "Quotation for printing 'X-Ray Envelops'" in favour of **The Director, Advanced Cancer Institute, Bathinda.**

The Sealed quotations should reach in the Director Office on or before 04.03.2024 by 3.00 pm through **Registered/Speed post/Courier/by hand only.**


Director

DEPARTMENT OF RADIO DIAGNOSIS
ADVANCED CANCER INSTITUTE, BATHINDA
(A Constituent College of Baba Farid University of Health Sciences, Faridkot)
(B F U H S)

X-RAY REPORT

Name _____ Age & Sex _____

OPD/Ward _____ Date _____

Part Examined _____ No. of Films _____