



Sadiq Road, Faridkot-151203 (Pb.) Indian

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No. MSO/Pur/2023/ 6368

Date:- 22/3/23

IT Cell

BFUHS, Faidkot (For uploading on university website)

Sub:- Quotations for Printing the Audiogram Sheets.

Sealed quotations are invited for purchase of following items on the terms & conditions mentioned below:-

Sr.No.	Name of the item & Specifications	Quantity Required
1	A4 Size Paper Approx (Single Colour & Single Side Printing) Glue Binding /Pasting of 100 sheets per pad	50 pads

Terms & Conditions:

Payment : The payment of the material shall be released through RTGS/Cheque after satisfactory inspection report of the material by the Institution Inspection Committee.

F.O.R : General Store, GGSMH, Faridkot.

Rate : 1. Taxes (as applicable), if any, be mentioned separately in the quotation.
2. The rates of taxes, be charged as per prevailing Govt. Notified Schedule.

Quantity/Item : Quantity may increase or decrease.

Others : 1. The firm should have PAN No, GST No and Bank Account No.
2. The material should be as per mentioned specifications only.
3. The final decision of branded item would be reserved to consumer/concerned deptt.

Expiry : The material shall have maximum shelf life, where ever applicable.

Warranty/guaranty: Warranty/Guaranty of the item should be specified separately by the company if any.

Bank Details : Bank details/RTGS details shall clearly be mentioned.

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

Quotation should be submitted on the Letter Head of the company duly dated/signed and stamped.

You are therefore requested to quote your lowest rates of above items and submit Quotations addressed to "The Medical Superintendent, Guru Gobind Singh Medical Hospital, Faridkot (Punjab)". The words "Quotations for Printing the Audiogram Sheets" may please be inscribed on top of the envelope.

The Medical Superintendent reserves the right to reject the quotations without assigning any reason.

The sealed quotations should reach this office on or before 12/4/2023 by 5.00 PM through **Registered/Speed Post/Traceable Courier** only.


Medical Superintendent

GURU GOBIND SINGH MEDICAL COLLEGE AND HOSPITAL, FARIDKOT-151203

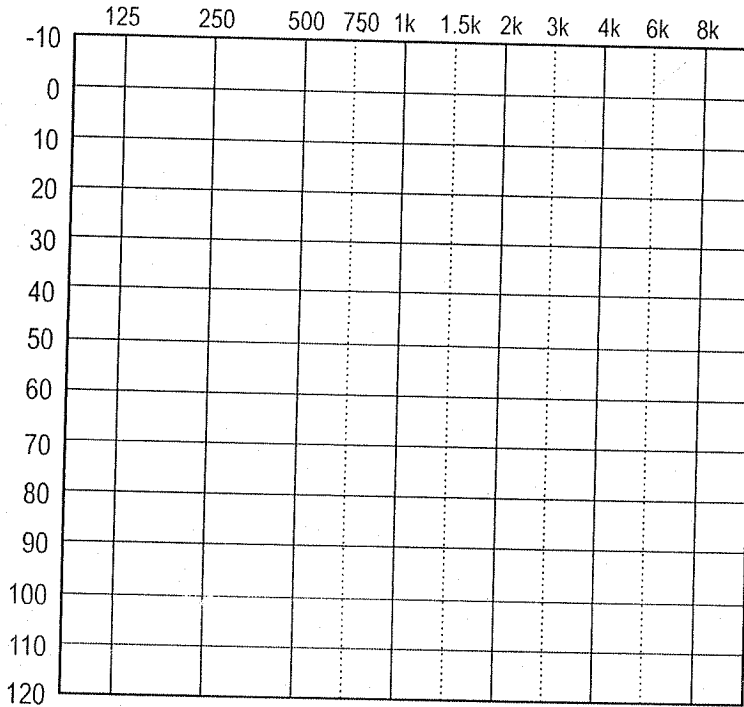
Department of E.N.T. Audiological Evaluation

Name: _____ Reg. No. _____
 Age/Sex: _____ PTA No. _____ Date: _____
 Audiometer used: _____ Pre/Post treatment _____

PURE TONE AUDIOGRAM

Key to Symbols

Response		EAR		
		LEFT	UNSPECIFIED	RIGHT
AIR CONDUCTION-EARPHONES	UNMASKED	X		O
	MASKED	□		△
BONE CONDUCTION-MASTOID	UNMASKED	>		<
	MASKED]		[
BONE CONDUCTION-FOREHEAD	UNMASKED		↓	
	MASKED	F		7
CONDUCTION-SOUND FIELD		*	+	#
No Response				
AIR CONDUCTION-EARPHONES		LEFT	UNSPECIFIED	RIGHT
		X		O
BONE CONDUCTION-MASTOID		>		<
]		[
BONE CONDUCTION-FOREHEAD			↓	
		F		7
CONDUCTION-SOUND FIELD		*	+	#



HEARING LEVEL (dB HL)

FREQUENCY (Hz)

Test			
Frequency	Rinne		Weber
	R	L	
500 Hz			
1 kHz			
2 kHz			
4 kHz			

SPEECH AUDIOMETRY

EAR	PTA (dB HL)
RIGHT	
LEFT	

SRT (dB HL)	WRS (%)	SPIN (%)	SDT (dB HL)	MCL (dB HL)	UCL (dB HL)

SPECIAL TEST

Test	Ear	500 Hz	1000 Hz	2000 Hz	4000 Hz
SISI	Right				
	Left				
Tone Decay	Right				
	Left				

TINNITUS EVALUATION

Ear	Matching Frequency	Matching Intensity	Type of Stimulus	Residual Inhibition
Right				
Left				

Interpretation :

Audiologist