To,
Administrative Officer,
AIIMS, Rishikesh.

Dear Sir,

1. I/We .......................................................... Submitted the quotation for Enquiry No. "QUOTATION FOR CARDIOLOGY AGAINST THE INQUIRY NO. FILE NO. 32/224/2016(RIS)" DUE ON 28.07.2016, 05.00 PM for Supply of following items at AIIMS Rishikesh".

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. I/We hereby offer to supply at the following rates.

<table>
<thead>
<tr>
<th>S.No</th>
<th>Item Name</th>
<th>Make</th>
<th>Qty/unit</th>
<th>Unit price</th>
<th>Tax %</th>
<th>Total amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td>Pigtail Catheter</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>2.</td>
<td>Trans Radial Band</td>
<td></td>
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</tbody>
</table>

Issue Date: 22 July, 2016
Inquiry No.: R/32/224/2016(RIS)
Last Date of Submission: 28 July, 2016 at 05:00 PM.

Date: __________
Place: __________

(Signature of Authorized Person):________

(Name)______________________________
Name of Firm/Company/Agency__________
Phone No.__________________________
Email:____________________________

AIIMS, Rishikesh
1. Please fill a separate form for each item

2. Please fill completely in triplicate. Incomplete writing may not be accepted.

<table>
<thead>
<tr>
<th>Name of items with full specifications &amp; required accessories</th>
<th>Quantity (in figures and words)</th>
<th>Cost (in figures and words)</th>
</tr>
</thead>
<tbody>
<tr>
<td>DIGITAL TAIL CATHERTER</td>
<td>50 (FIFTY)</td>
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</tbody>
</table>

**SPECIFICATIONS:**
- Sizes 5-7 Fr.
- Must be FDA approved
- Should be available in various lengths

**TRANS RADIAL BAND SPECIFICATION:**
- Special designed for radial artery hemostasis post percutaneous puncture
- Translucency material ensures clear visual control of hemostasis procedure
- Unilateral valve connected to balloon permits accurate pressure adjustment providing personalized hemostasis strategy
- Adjustable band length provides pre-use fit for patient comfort

3. For equipment, please provide the following information:

Detailed description of the actual use of the equipment

Is the equipment to be used for patient care or research:

If both, state % of time to be used for patient care: research