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. 32/226/2016(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>PTEE Caoted Diagnostic Guide Wire.</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date__________
Place__________

(Signature of Authorized Person):__________
(Name):__________________________________
Name of Firm/Company/Agency:______________
Phone No.:______________________________
Email:__________________________________

All India Institute of Medical Sciences,
Rishikesh
Vrichahra Road, Rishikesh, Uttarakhand-249201.
Telephone: 0133-2462913, email: rakeshkumar.aaiims@gmail.com
www.aiimrisikesh.edu.in

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>
</tr>
</thead>
<tbody>
<tr>
<td>PTFE COATED DIAGNOSTIC GUIDE WIRE - REGULAR &amp; EXCHANGE LENGTH, REGULAR STIFFNESS.</td>
<td></td>
</tr>
<tr>
<td>SPECIFICATIONS: - Should be available in 0.025, 0.032, 0.035, 0.038 inches size - Should be between 145-180 cm (Regular length) &amp; 240-300 cm (Exchange length) - Should be available as straight and J shape tip - Should be available in variable lengths as flexible/floppy end - Should be available in variable J tip sizes - Should be available in fixed as well as movable core - MUST be FDA approved</td>
<td></td>
</tr>
<tr>
<td>100 (hundred)</td>
<td></td>
</tr>
</tbody>
</table>

3. For equipment, please provide the following:

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