



INDIAN INSTITUTE OF MANAGEMENT SIRMAUR

Dhaura Kuan, Distt. Sirmaur
Himachal Pradesh – 173031, India

धौला कुआँ, जिला. सिरमौर
हिमाचल प्रदेश - 173031, भारत

No. IIMS/PUR/Double Bed Mattress/04/25-26

Date: 18.06.2025

Request for Quotation

To,
Senior Consultant (Administration),
Indian Institute of Management Sirmaur
Dhaura Kuan, Sirmaur, 173031

Subject: Procurement of Double Bed Mattress at IIM Sirmaur, H.P.

We solicit your password protected e-quotation for Double Bed Mattress at IIM Sirmaur as follows:

Quotation Format (On letter Head Only)			
Sr. No.	Description of Item	Quantity	Total cost (Incl. of GST & all Rs.)
1	Double Bed Mattress with dimension: 1) 1905 mm (L) X 1740 mm (W) X 5 inch (H) 2) Should be of good quality.	12 Nos.	To be filled by the Vendor on their letter head
Grand Total Amount (Inclusive of taxes & all other charges)			To be filled by the vendor on their letter head.

A. Instructions to the participants:

1. The bidders have to send this RFQ after filing rates on their letter head in password protected pdf format only to IIM Sirmaur by emailing to purchaseoffice@iimsirmaur.ac.in with subject line:
Quotation for Double Bed Mattress at IIM Sirmaur, H.P.
Kindly ensure that the quotation is signed & stamped in the .pdf format (Password protected), and free from any virus or corrupted files.
2. Quotation received without password protected shall not be considered for further process.
3. Quotations should be submitted on or before **02:00 PM by 20.06.2025 (Friday)** and the password has to be shared between **02:30 PM to 03:00 PM** on the same date on purchaseoffice@iimsirmaur.ac.in email.
4. **The firm should attach their GSTIN & PAN copy along with the quotation.**
5. The selected vendor has to supply the requirements as per specifications.

6. Payment shall be made to the successful vendor after supply of Double Bed Mattress at IIM Sirmaur, H.P. and after successful delivery and inspection report submitted by the IIM Sirmaur.
7. **Note:** Kindly submit the password protected financial quotes on your letterhead only as per the attached RFQ (Request for Quotation) along with the mentioned details & documents, please.

Name of Firm _____

Address of the Firm To be filled

GSTIN by the vendor

PAN on their

Email Address letter

Contact No. _____


Dr. K. Selvanathan
Senior Consultant (Admin)

Signature & Stamp of the Authorized Signatory

