

INDIAN INSTITUTE OF MANAGEMENT SIRMAUR भारतीय प्रबंध संस्थान सिरमौर

Dhaula Kuan, Distt. Sirmaur Himachal Pradesh – 173031, India धौला कुआँ, जिला. सिरमौर हिमाचल प्रदेश - 173031, भारत

No. IIMS/PUR/Microwave Oven /20/24-25

Date: 27.11.2024

Request for Quotation

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

Subject: Call for e-quotations for procurement of Microwave Oven at IIM Sirmaur, H.P.

We solicit your password protected e-quotation for procurement of Microwave oven at IIM Sirmaur, H.P. as follows:

Sr. No	Description of Item	Unit	Quantity	Total Cost inclusive of GST and all (in INR)
1	Microwave Oven of capacity/ volume (litres) 28	Nos.	18	To be filled by the vendor on their letter head
charg	Grand Total Amount (Inclusive of taxe es)	s, FOR	& all other	To be filled by the vendo on their letter head

A. Instructions to the participants:

 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 procurement of Microwave Oven 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.

- Quotation received without password protected shall not be considered for further process.
- 3. Quotations should be submitted on or before 02:00 PM by 29.11.2024 (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 guotation.
- 5. The selected vendor has to supply the requirements as per specifications.

- Payment shall be made to the successful vendor after procurement of Microwave Oven 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 the ise			
Email Address	letter head			
Contact No				

Dr. K. Selvanathan

Dr.4K. Selvanathan Senior Consultant (Admin)

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Signature & Stamp of the Authorized Signatory