					Form	nat of Financial C	omparative Statement			
Department Name:-					Indentor Name:-				Item Type:-	
File Name:-					I		I	Dated:-		
S. NO.	ITEM DESCRIPTION	QTY	UOM	Name of the Firm		Name of the Firm				
				ITEM DESCRIPTION	RATE Rs	AMOUNT Rs	ITEM DESCRIPTION	RATE Rs	AMOUNT Rs	п
			•							
SUB TOTAL			SUB TOTAL		SUB TOTAL					
GST as applicable under Notification no. 45/2017 & 47/2017issued by Ministry of Finance and 973/2017 & 145/2018 (Govt. of Uttarakhand)										
INSTALLATION/ SERVICE/OTHER CHARGES										
DISCOUNT										
FREIGHT										
GRAND TOTAL IN INR			GRAND TOTAL IN INR			GRAND TOTAL IN INR				
ORDER TO THE LOWEST			L1			L2				
Terms & Conditi	ions:									I
	FOR									
GST										
VALIDITY										
	PBG									
DELIVERY										
	PAYMENT									
	WARRANTY-OEM/BIDDER									
WARRANTY-IITR										
AMC-OEM/BIDDER										
	AMC-IITR									
	INSTALLATION									
	PENALTY									
CUSTOMS DUTY ROAD PERMIT			Will be provided by testing			Will be provided by Institute.				
REMARKS				Will be provided by Institute.			win be provided by institute.			

It is recommended to place the Order to Lowest Firm:

M/s

No. of Quotations received :

No. of Quotation rejected :

No. of Valid Quotation :

	Typr of Tender:-								
SOURCE OF FUND & Grant No.									
Name of the Firm									
ITEM DESCRIPTION	RATE Rs	AMOUNT Rs							
SUB TOTAL									
GRAND TOTA									
L3									
Will be provided by Institute.									