



DEPARTMENT OF PLANT PATHOLOGY
DR.PANJABRAO DESHMUKH KRISHI VIDYAPEETH, AKOLA
P.O.KRISHINAGAR, AKOLA-444104 (M.S.) INDIA

HEAD
Dr.S.S.Mane
M.Sc. (Agri.) Ph.D. (Pl.Path.)IARI New Delhi, ARS

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No.HDPP/Store/ 798 /2023

Date: 9/2/23

QUOTATION NOTICE

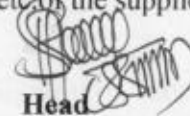
To,
1.....
2.....
3.....

Subject : Quotation for purchase of laboratory aid items/ equipments.....

Please arrange to send quotation for the purchase Uv transilluminator, Dual vertical Gel Electrophoresis and micropipette with variable volume at Department of Plant Pathology, Dr.PDKV, Akola with particulars and conditions as mentioned below. The details of the said items are given in enclosed list with form of quotation.
The particulars of the supply are mentioned below.

Terms and conditions of supply.

1. Particulars of the supply to be made (form attached).
2. The Quotation should be given in the printed format as per the form enclosed, along with the Authorization Certificate.
3. The quotation should be in the name of Head, Department of Plant Pathology, Dr.PDKV, Akola mentioned "Quotation for Uv transilluminator, Dual vertical Gel Electrophoresis and micropipette" on envelope.
4. The quotation should reach in this office on or before **20.02.2023**
5. The quotation will be accepted on all working days between 10.00 am to 5.30 pm.
6. The rates quoted will have to be inclusive of all taxes along with delivery charges at Head, Department of Plant Pathology, Dr.PDKV, Akola
7. The rates quoted will have to be accepted for a period of six months from the due date fixed for opening the quotation.
8. The right to accept whole or part of the quotation or reject is reserved with the undersigned without assigned reason thereon.
9. The material will have to be supplied as per specification within **15 days** from the date of acceptance of quotation.
10. In the event of failure to supply the material within the specified period, the undersigned will be authorized to cancel or extend the order of supply.
11. The quality required is subject to variation and no reason will be assigned for it.
12. Authorization letter is essentially needed.
13. The payment will be done through bank only after supply of material in good condition.
14. No advance payment will be made.
15. It is essential to mentioned the sales tax(GST TIN), registration.etc of the supplier firm.


Head

Department of Plant Pathology
Dr.P.D.K.V.Akol





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FORM OF QUOTATION

Quotation for the purchase of "Uv transilluminator, Dual vertical Gel Electrophoresis and micropipette with variable volume" for students research purpose through calling quotations as per the enquiry of the Department of Plant Pathology, Dr.PDKV, Akola.

S.N.	Particulars	Specification	Quantity
1.	UV Transilluminator	-can view florescent stained gel -gel viewing filter present -provision of UV protectant shield -compact size and light weight. -Can work on high and low light intensity. -Gel size 20x20cm.	01
2.	Dual vertical Gel Electrophoresis	-Gel size 13x13 cm - footprint 24x18x18 -running buffer volume 1200ml -Combs 3 no. (13,16,20 wells) -can run two gels simultaneously -durable acrylic construction -corrosion resistant platinum electrodes and silver plated banana plugs -with sealing system and sealing plate. -undetachable spacer. -detachable electrodes	01
3.	Micropipette Variable volume	-Fully autoclavable -soft tip ejection -easy adjustment volume range -tipcones could fit wide range of pipette tips. -spare parts, accessories and service readily available. -One year warranty.	05

The conditions in the quotation notice are accepted by me.

Place:

Date:

Signature of the Supplier
& Seal of the Firm