



# KARACHI INSTITUTE OF HEART DISEASES

## KARACHI METROPOLITAN CORPORATION

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75050



Subject: R.F.Q. of supply miscellaneous items at Laboratory, KIHD on Quotation Basis.

M/s. \_\_\_\_\_

Quotation No. ED/KIHD/ 06/126

NTN/SRB No. \_\_\_\_\_

Date of Published: 24/01/126

Date of Opening: 28/01/126

Request for quotation procurement of following material/services for Karachi Institute of Heart Diseases, KMC. Income Tax will be deducted according to government rules.

Each quotation document can be collected from the Account Department, KIHD on submission of bank deposit receipt in favor of KIHD General Co. (A/c # HABB 0008787900473303) at HBL, payment of Rs. 300 (Non-Refundable). Same can also be download from KIHD website <https://www.kihd.edu.pk> would be paid at the time of submission of quotation.

Sealed envelope should reach in the office of the undersigned by at 12:30pm on date of opening.

The procuring agency reserve the right to ACCEPT or REJECT any or all offers as per SPPRA rules 2010 amended time to time.

| Sr. #        | Description or Specification | Area     | Rate | Amount |
|--------------|------------------------------|----------|------|--------|
| 01.          | Blood Group                  | 01 Kit   |      |        |
| 02.          | CRP Latex Kit                | 02 Kits  |      |        |
| 03.          | Distilled Water ampule       | 02 Boxes |      |        |
| 04.          | Test Tube (Glass) 10ml       | 12 Boxes |      |        |
| Total Amount |                              |          |      |        |

I, agree the condition mentioned below:

Receipt No. \_\_\_\_\_ Rs. 300/-

\_\_\_\_\_  
Signature of Contractor with Stamp

Date of Bank Deposited: \_\_\_\_\_

**Note:**

1. NTN and CNIC must be attached otherwise the quotation will be considered cancelled.
2. The total amount of the procurement will be accepted offering the lowest price.
3. Over-writing, cutting, erasing in the document should be avoided.
4. Conditional bids will not be considered.
5. Quotation on any other form will not be considered.

  
Executive Director  
Karachi Institute of Heart Diseases

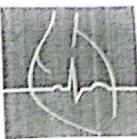
**Copy to:**

- Assistant Director Finance, KIHD
- Main Store, KIHD
- Notice Board



**KARACHI INSTITUTE OF HEART DISEASES**  
**KARACHI METROPOLITAN CORPORATION**

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



**Subject: R.F.Q. of A.C Chille Plant Maintenance Work on Quotation Basis.**

M/s. \_\_\_\_\_

Quotation No. ED/KIHD/ 067/26

NTN/SRB No. \_\_\_\_\_

Date of Published: 24/01/26

Date of Opening: 28/01/26

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| Sr. # | Description or Specification   | Quantity | Rate | Amount |
|-------|--|----------|------|--------|
| 01.   | SS Mechanical Seal   | 01 pc.   |      |        |
| 02.   | SS Shaft   | 01 pc.   |      |        |
| 03.   | Barring  | 02 pcs.  |      |        |
| 04.   | Fitting, Fabrication, Impeller Balancing Alignment, with Welding Include Leakage Testing | 01 Jab.  |      |        |

I, agree the condition mentioned below:

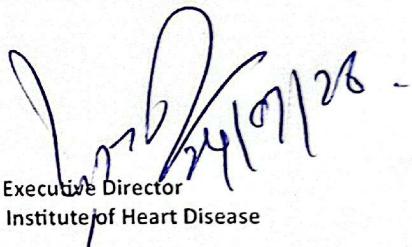
Receipt No. \_\_\_\_\_ Rs. 300/-

Date of Bank Deposited: \_\_\_\_\_

Signature of Contractor with Stamp

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 Karachi Institute of Heart Disease

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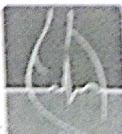
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# KARACHI INSTITUTE OF HEART DISEASES

## KARACHI METROPOLITAN CORPORATION

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



**Subject: R.F.Q. of Installation aluminum fixtures at HDU, KIHD on Quotation Basis.**

M/s. \_\_\_\_\_

Quotation No. ED/KIHD/ 066 /26

NTN/SRB No. \_\_\_\_\_

Date of Published: 24/01/26

Date of Opening: 28/01/26

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| Sr. #               | Description or Specification   | Quantity    | Rate | Amount |
|---------------------|--|-------------|------|--------|
| 01.                 | First part Installation of Aluminium Fixtures with accessories & glass(s)<br>(Total covered area 1500 Sq. Ft.) | 330 Sq. Ft. |      |        |
| <b>Total Amount</b> |  |             |      |        |

I, agree the condition mentioned below:

\_\_\_\_\_  
Signature of Contractor with Stamp

Receipt No. \_\_\_\_\_ Rs. 300/-

Date of Bank Deposited: \_\_\_\_\_

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Executive Director  
Karachi Institute of Heart Diseases



# KARACHI INSTITUTE OF HEART DISEASES

## KARACHI METROPOLITAN CORPORATION

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



**Subject: R.F.Q. of printing and supply Clinical Reporting Pad at KIHD on Quotation Basis.**

M/s. \_\_\_\_\_

Quotation No. ED/KIHD/ 065 /26

\_\_\_\_\_

Date of Published: 24/ 01 /26

NTN/SRB No. \_\_\_\_\_

Date of Opening: 28/ 01 /26

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| Sr. #               | Description or Specification       | Quantity | Rate | Amount |
|---------------------|------------------------------------|----------|------|--------|
| 01.                 | Clinical Reporting Pad (100 Pages) | 300 Pads |      |        |
| <b>Total Amount</b> |                                    |          |      |        |

I, agree the condition mentioned below:

Receipt No. \_\_\_\_\_ Rs. 300/-

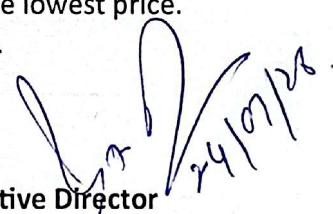
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Date of Bank Deposited: \_\_\_\_\_

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Executive Director  
Karachi Institute of Heart Diseases



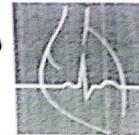
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**KARACHI INSTITUTE OF HEART DISEASES**  
**KARACHI METROPOLITAN CORPORATION**

ST-15, Block-16, Near UBL Sports Complex, Federal B. Area, Karachi-75950



**Subject: R.F.Q. of A.C 02 Ton for Sep Pharmacy Phase-I on Quotation Basis.**

M/s. \_\_\_\_\_

Quotation No. ED/KIHD/ **064** /26

NTN/SRB No. \_\_\_\_\_

Date of Published: **24 / 01** /26

Date of Opening: **28 / 01** /26

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| Sr. #               | Description or Specification | Quantity | Rate | Amount |
|---------------------|------------------------------|----------|------|--------|
| 01.                 | A.C. (02 Ton)                | 02 Pcs   |      |        |
| <b>Total Amount</b> |                              |          |      |        |

I, agree the condition mentioned below:

\_\_\_\_\_  
 Signature of Contractor with Stamp

Receipt No. \_\_\_\_\_ Rs. 300/-

Date of Bank Deposited: \_\_\_\_\_

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