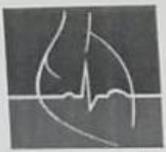




KARACHI INSTITUTE OF HEART DISEASES

KARACHI METROPOLITAN CORPORATION

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



Subject: R.F.Q. of Papper Rims A4 on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 182/25

Date of Published: 24/03/25

NTN/SRB No. _____

Date of Opening: 29/03/25

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 reserves the right to ACCEPT or REJECT any or all offers as per SPPRA rules 2010 amended time to time.

| Sr. # | Description or Specification | Quantity | Rate | Amount |
|---------------------|---------------------------------------|----------|------|--------|
| 01. | Papper Rims A4 70 GMS (As Per Sample) | 300 Rims | | |
| Total Amount | | | | |

I, agree the condition mentioned below:

Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Signature of Contractor with Stamp

Note:

01. NTN and CNIC must be attached otherwise the quotation will be considered cancelled.
02. The total amount of the procurement will be accepted offering the lowest price.
03. Over-writing, cutting, erasing in the document should be avoided.
04. Conditional bids will not be considered.
05. 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 Chiller Plant Maintenance on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 210 /25

Date of Published: 10/04/25

NTN/SRB No. _____

Date of Opening: 12/04/25

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 reserves the right to ACCEPT or REJECT any or all offers as per SPPRA rules 2010 amended time to time.

| Sr. # | Description or Specification | Quantity | Rate | Amount |
|---------------------|--|-----------|------|--------|
| 01. | Silicon big cone | 04 bottle | | |
| 02. | WD 40(big) | 04 Nos | | |
| 03. | M' Ree Appear | 06 Nos | | |
| 04. | Diesel | 05 Litter | | |
| 05. | Vacuum Pump Oil | 06 Nos | | |
| 06. | Nitrogen Gas Cylinder | 02 Nos | | |
| 07. | Epoxy Paint with Tinner and Hardner (Complete set) | 01 Nos | | |
| 08. | Rubber Seal 2.5 x 2.5 Feet | 02 Nos | | |
| Total Amount | | | | |

I, agree the condition mentioned below:

Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Signature of Contractor with Stamp

Note:

01. NTN and CNIC must be attached otherwise the quotation will be considered cancelled.
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05. Quotation on any other form will not be considered

[Handwritten Signature]
10/04/25

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. Medicines & Disposables at KIHD on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 211 /24

NTN/SRB No. _____

Date of Published: 10 / 04 /24

Date of Opening: 12 / 04 /24

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 | Quantity | Rate | Amount |
|---------------------|-----------------------------------|--------------|------|--------|
| 01. | Tab. Angised | 2000 Nos. | | |
| 02. | Tab. Disprin 300mg | 5000 Nos. | | |
| 03. | Tab. Clopidogrel | 4000 Nos. | | |
| 04. | Inj. Solu Cortef | 100 Nos. | | |
| 05. | Inj. Avil | 100 Nos. | | |
| 06. | Inj. Soda Bicarbonate | 10 Nos. | | |
| 07. | Inj. Atropine | 1000 Nos. | | |
| 08. | Inj. Adrenaline | 1000 Nos. | | |
| 09. | Inj. Dopamine | 50 Nos. | | |
| 10. | Inj. Kinz | 500 Nos. | | |
| 11. | Inj. KCL | 50 Nos. | | |
| 12. | Inj. 25% Dextrose | 50 Nos. | | |
| 13. | Inj. Lopressor | 100 Nos. | | |
| 14. | Inj. Isoptin | 50 Nos. | | |
| 15. | Inj. Cordarone | 20 Nos. | | |
| 16. | Inj. N Saline 100/500ml | 1000 Nos. | | |
| 17. | Inj. Heparin | 100 Nos. | | |
| 18. | Inj. Insulin | 30 Nos. | | |
| 19. | Disp. ETT Tube | 50 Nos. | | |
| 20. | Disp. Mouth Gage | 50 Nos. | | |
| 21. | Disp. Cannula 22g with stopper | 1000 Nos. | | |
| 22. | Disp. Syring 5cc | 2000 Nos. | | |
| 23. | Disp. Syring 10cc | 500 Nos. | | |
| 24. | Disp. Folly's Catheter 15, 16, 17 | 25 Nos. Each | | |
| 25. | Disp. Urine Bag | 75 Nos. | | |
| 26. | Cotton Bandage 6" | 100 Nos. | | |
| 27. | Nitro Spray | 20 Nos. | | |
| 28. | NG Tube | 30 Nos. | | |
| Total Amount | | | | |

I, agree the condition mentioned below:

Signature of Contractor with Stamp

Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Note:

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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 Supply Necessary Basic Tools for Bio-Medical, KIHD on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 183/25

Date of Published: 26/03/25

NTN/SRB No. _____

Date of Opening: 29/03/25

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.

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| Sr. # | Description or Specification | Qty. | Rate | Amount |
|---------------------|--|---------|------|--------|
| 01. | Digital Multi-Meter Uni-T UT 105+/UT 107+/UT33D | 01 Pc. | | |
| 02. | Soldering Iron 60 Watts | 02 Pcs. | | |
| 03. | Heater (Soldering Iron) 60 Watts | 03 Pcs. | | |
| 04. | Plus Philip Screw Driver 04 Piece | 01 Set | | |
| 05. | Minus Flathead Screw Driver 04 Piece | 01 Set | | |
| 06. | Multi Precision Screw Driver Set - | 01 Set | | |
| 07. | Allen Key Set - | 01 Set | | |
| 08. | Star Key Set - | 01 Set | | |
| 09. | Sanding Files - | 01 Set | | |
| 10. | Mini Flush Cutting 45 Degree Angle - | 02 Pcs. | | |
| 11. | Adjustable Screw Wrench 12 Inches - | 01 Set | | |
| 12. | "T" Spanner Set - | 01 Set | | |
| 13. | Nose Plier - | 02 Set | | |
| 14. | Combination Plier - | 02 Pcs. | | |
| 15. | Cutter Plier - | 01 Pc. | | |
| Total Amount | | | | |

I, agree the condition mentioned below:

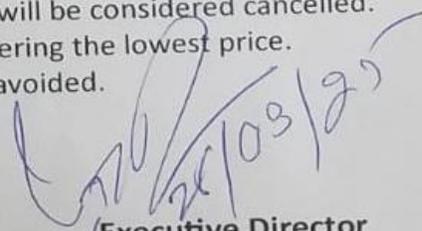
Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Signature of Contractor with Stamp

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