



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 2 Ton For Cath Lab For UPS Room on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 0594 /24

Date of Published: 01 / 11 /24

NTN/SRB No. _____

Date of Opening: 04 / 11 /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.	A.C. 02 TON wit Copper Pipe 16 Ft & Wire	01 PCS		
Total Amount				

I, agree the condition mentioned below:

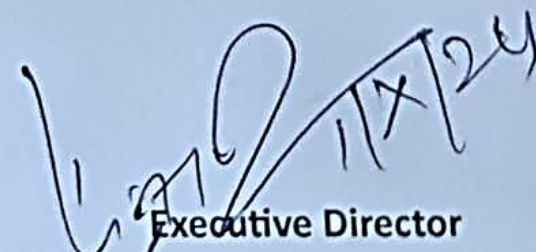
Receipt No. _____ Rs. 300/-

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 Disease

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 Intake/Out take Sheets on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 0598 /24

Date of Published: 01 / 11 /24

NTN/SRB No. _____

Date of Opening: 09 / 11 /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.

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Sr. #	Description or Specification	Quantity	Rate	Amount
01.	Intake/Out take Sheet Pads	300 Pads		
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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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 Plumbing Material on Quotation Basis.

M/s. _____

NTN/SRB No. _____

Quotation No. ED/KIHD/ **595** /24

Date of Published: **01 / 11 / 24**

Date of Opening: **09 / 11 / 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.

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Sr. #	Description Specification	or	Qua ntity	Rate	Amount	Sr. #	Description Specification	or	Quant ity	Rate	Amount
01.	Muslim Shower with tube		24 pcs			16.	Flexible Hockey Pipe (Flash Tank)		24 pcs		
02.	Tap (Nul) Plastic		48 pcs			17.	PVC T ½, ¾, 1 Each		Each 06 pcs		
03.	Tee Cock		36 pcs			18.	Steel Nail +, 2"		01 Packet		
04.	Plastic connection pipe 36"		24 Pcs			19.	Pull over for Commode		12 Each		
05.	PVC Solution (Quarter)		12 pcs			20.	Bold Kit for Commode Big size		12 pcs		
06.	PVC Elbow ½"		12 pcs			21.	West Pipe Complete Thick Type		20 pcs		
07.	PVC Elbow ¾"		12 pcs			22.	Stopper ½, ¾, 1" (Iron)		Each 03 pcs		
08.	PVC Elbow 1"		12 pcs			23.	Coke boll for Commod complete		12 pcs		
09.	Socket PVC 1/2		12 Pcs			24.	Flash Tank		06 pcs		
10.	Socket PVC 3/4"		12 pcs			25.	Seat Cover		12pcs		
11.	Socket PVC 1"		12 Pcs			26.	Valve 1" S.S. Type		03 Pcs		
12.	Union PVC ¾"		06 Pcs			27.	Valve ¾ Hydrocile		06 PCS		
13.	Union PVC ¾"		06 pcs			28.	bold Kit for Commode 6"		12 pcs		
14.	Stopper ½, ¾, 1" PVC		Each 12 pcs								
15.	Dage		12 Pcs								

Total

Amount in words: -

I, agree the condition mentioned below:

Signature of Contractor with Stamp

Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Note:

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[Handwritten signature and date 11/11/24]



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 Tube Light and Accessories on Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 0596 /24

Date of Published: 01 / 11 /24

NTN/SRB No. _____

Date of Opening: 09 / 11 /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.

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Sr. #	Description or Specification	Quantity	Rate	Amount
01.	Tube Light 40 w or 56w	50 Nos.		
02.	Wire 23/76 02 Core	01 Nos.		
03.	Screw 1"	02 Pkt		
04.	Screw 1 1/2	01 Pkt		
05.	Tap (Osaka)	10 Nos.		
06.	Wire Clip	03 Pkt		
07.	Wood Gitti (6mm) Big Size	10 Pkt		
Total Amount				

I, agree the condition mentioned below:

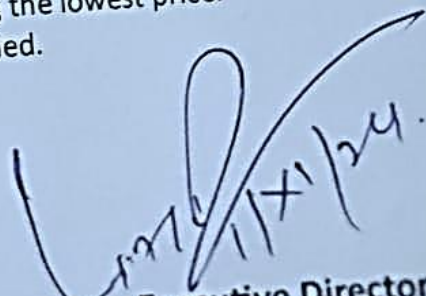
Receipt No. _____ Rs. 300/-

Date of Bank Deposited: _____

Signature of Contractor with Stamp

Note:

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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 UPS and battery & Trolley Quotation Basis.

M/s. _____

Quotation No. ED/KIHD/ 0593 /24

Date of Published: 01 / 11 /24

NTN/SRB No. _____

Date of Opening: 04 / 11 /24

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Sr. #	Description or Specification	Quantity	Rate	Amount
01.	New Box Pack Ups with Batteries Brand: APC Rating: 6 KVA Paes: Single Technology: Online Doble Conversion pure Sine Wave	01 Pc		
02.	Battery. (Internal) Rating: 12v / 5 ah Dry Sealed Maintenance Free Back Up Time: Standard	16 Pcs		
	Trolley for UPS & 3 core cable input/Output connector	01 Pc		
Total Amount				

I, agree the condition mentioned below:

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[Signature]
Executive Director

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