



|                                                                              |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
|------------------------------------------------------------------------------|------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|----|----|--|------|-----|--|-----|--|-----|--|--|
| 3                                                                            | 8305040013 | GAS,CARR,HELIUM,47L<br><b>Long Text</b><br>GAS,CARRIER,COMPOSITION:HELIUM 99.999% ,CAPACITY:47 L CARBON STEEL CYLINDER; PRESSURE:135-145 KG/CM2                         |  |  | EA | 40 |  |      |     |  |     |  |     |  |  |
| 4                                                                            | 8305020023 | GAS,CARR,99.999% N2,10L<br><b>Long Text</b><br>"GAS,CARRIER,COMPOSITION:99.999% N2 ,CAPACITY:10 L,CYL TYPE: CARBON STEEL, PRESSURE: 135-145 KG/CM2"                     |  |  | EA | 40 |  |      |     |  |     |  |     |  |  |
| 5                                                                            | 8305070113 | GAS,CARR,AR 99.999 % ,47L<br><b>Long Text</b><br>GAS,CARRIER,COMPOSITION:ARGON 99.999 % ,CAPACITY:47 L,ARGON GAS 99.999% CARBON STEEL CYLINDER; PRESSURE:135-145 KG/CM2 |  |  | EA | 12 |  |      |     |  |     |  |     |  |  |
| COLUMN-WISE TOTAL AMOUNT:                                                    |            |                                                                                                                                                                         |  |  |    |    |  | ---- | --- |  | --- |  | --- |  |  |
| TOTAL AMOUNT (AFTER SUMMING UP COLUMN Q) IN FIGURE:                          |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| TOTAL AMOUNT (AFTER SUMMING UP COLUMN Q) IN WORDS:                           |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| Name of authorized person submitting the tender on behalf of the Bidder (s): |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| Designation of authorized person:                                            |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| Name of firm / Contractor:                                                   |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| Address of firm / Contractor:                                                |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |
| Date:                                                                        |            |                                                                                                                                                                         |  |  |    |    |  |      |     |  |     |  |     |  |  |

| SCHEDULE OF RATES (SOR) -UN-PRICED BID                |                                                                                                                                                                                                                                                                                                                  |     |     |                                                          |                |                       |                |
|-------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|-----|----------------------------------------------------------|----------------|-----------------------|----------------|
| (BIDDER TO MENTION AS "QUOTED" IN UN-PRICED SOR)      |                                                                                                                                                                                                                                                                                                                  |     |     |                                                          |                |                       |                |
| E-TENDER NO: BCPL/C&P/LE17S402AS/2000000227           |                                                                                                                                                                                                                                                                                                                  |     |     |                                                          |                |                       |                |
| REFILLING OF CARRIER GAS CYLINDERS FOR BCPL LEPETKATA |                                                                                                                                                                                                                                                                                                                  |     |     |                                                          |                |                       |                |
| PART-B: SERVICE PART                                  |                                                                                                                                                                                                                                                                                                                  |     |     |                                                          |                |                       |                |
| Item.<br>No.                                          | Service Description                                                                                                                                                                                                                                                                                              | UOM | QTY | Unit Rate                                                |                | Total Amount<br>(E*D) |                |
|                                                       |                                                                                                                                                                                                                                                                                                                  |     |     | [Including Installation, Testing & Commissioning<br>Job] |                |                       |                |
|                                                       |                                                                                                                                                                                                                                                                                                                  |     |     | (In numerical) Rs.                                       | (In words) Rs. | (In numerical) Rs.    | (In words) Rs. |
| A                                                     | B                                                                                                                                                                                                                                                                                                                | C   | D   | E                                                        | F              | G                     | H              |
| 1                                                     | Replacement of Valve Safety Guard<br><b>Long Text</b><br>Replacement of Valve Safety Guard in case of missing or damaged. ValveCap shall not be acceptable.                                                                                                                                                      | EA  | 100 |                                                          |                |                       |                |
| 2                                                     | Replacement of Cylinder Valve(Brass)<br><b>Long Text</b><br>Replacement of Cylinder Valve (Brass), if found damaged at the time of cylinder preparation/refilling/testing. New Valve shall conform to IS:3224 and to be approved by CCOE Nagpur. Necessary approved document, if any, shall be submitted to BCPL | EA  | 100 |                                                          |                |                       |                |
| 3                                                     | Replacement of Valve Gland nut<br><b>Long Text</b><br>Replacement of Valve Gland Nut, if found faulty/damaged.                                                                                                                                                                                                   | EA  | 100 |                                                          |                |                       |                |

|                                                                                     |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
|-------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----|-----|--|--|--|--|
| 4                                                                                   | Cylinder Hydraulic Testing<br><b>Long Text</b><br>Cylinder Hydrostatic Stretch Test (Hydraulic Test) in accordance with IS:5844, if found validity expired. Hydrostatic Stretch Test shall have validity for 5 years from the date of testing. | EA | 50  |  |  |  |  |
| 5                                                                                   | Cylinder Painting<br><b>Long Text</b><br>Cylinder Painting, if found required, as per Standard Color coding.                                                                                                                                   | EA | 250 |  |  |  |  |
| 6                                                                                   | Cylinder Valve Spindle Replacement<br><b>Long Text</b><br>Cylinder Valve Spindle Replacement, if found damaged/faulty.                                                                                                                         | EA | 50  |  |  |  |  |
| <b>Total Basic Amount exclusive of GST [CGST+SGST or IGST]:</b>                     |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Applicable GST [CGST+SGST or IGST] Rate in [___%]:</b>                           |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Total Amount inclusive of GST [CGST+SGST or IGST] IN FIGURES):</b>               |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Total Amount Inclusive of GST [CGST+SGST or IGST] (IN WORDS):</b>                |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>SAC CODE:</b>                                                                    |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Name of authorized person submitting the tender on behalf of the Bidder (s):</b> |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Designation of authorized person:</b>                                            |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Name of firm / Contractor:</b>                                                   |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Address of firm / Contractor:</b>                                                |                                                                                                                                                                                                                                                |    |     |  |  |  |  |
| <b>Date:</b>                                                                        |                                                                                                                                                                                                                                                |    |     |  |  |  |  |