



(भारत सरकार का उपक्रम) / (A Government of India Enterprise)

Item. No.	Material Code	Material Description	Offered Make	HSN Code of Material	UOM	QTY	Per Unit Price		Per Unit Freight upto BCPL Site at Lepetkata Applicable on (H) only		Per Unit GST (CGST & SGST/UTGST or IGST)		Per Unit Tax Input credit on GST (CGST & SGST/UTGST or IGST) as applicable		Per Unit FOT Site BCPL Lepetkata Basis (P=H+K+M)	Total FOT site BCPL Lepetkata Basis Amount Q=(P*G)
							Ex-works [Including packing & forwarding, duties & excluding freight]				Mark (N) on the applicable one. Applicable on (H+K) only					
							(In numerical) Rs.	(In words) Rs.	%	Rs.	%	Rs.	%	Rs.	Rs.	Rs.
A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P	Q
1	8301100211	Supply of AAQMS analyzer system														
2	8301100221	Weather station for monitoring of WS, WD, Rh, Temperature, Rainfall			EA	1										
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:																



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Item. No.	Service Description	UOM	QTY	Unit Rate		Total Amount (E*D)	
				(In numerical) Rs.	(In words) Rs.	(In numerical) Rs.	(In words) Rs.
A	B	C	D	E	F	G	H
1	Installation & Commissioning	LOT	01				
2	3 years of CAMC charges after expiry of warranty period as mentioned in SCC with spares including quarterly once visit & yearly once calibration against standard gases.	Months	36				
Total Basic Amount exclusive of GST[CGST+SGST or IGST]:							
Applicable GST [CGST+SGST or IGST] Rate in [__ %]:							
Total Amount inclusive of GST [CGST+SGST or IGST] IN FIGURES):							
Total Amount Inclusive of GST [CGST+SGST or IGST] (IN WORDS):							
SAC CODE:							
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:							