



# GOVERNEMENT COLLEGE OF PHARMACY

Kathora Naka, AMRAVATI 444 604

(0721) 2531690 (O)  
www.gcopamravati.ac.in

Fax. No. (0721) 2531242 2531827  
e-mail: gcopamt@gmail.com

No. GCOPA/Store/CCTV/2022-23/

504

Date:

08/06/22

## Subject: Quotation for supply of CCTV System on Rent.

Dear Sir,

I have to request you to kindly quote your lowest reasonable rates for the following item and send the quotation in the sealed cover, so as to reach the undersigned on or before **Dt. 14.06.2022, Date of Opening Dt.15.06.2022 .**

Sr. No.	Specifications	Quantity
01	<b>CCTV Camera System :</b>	
02	IR DOME HD MEGA PIXEL CAMERA : • 1MP / 720 P / With IR – CUT • TRANSMITTING DATA OVER 500 M IR RANGE : 20 MTR	06 Nos.
03	<b>DVR :</b> Support 32ch 1080N encoding; 1HDMI/VGA simultaneous video output ; HDD Support 2 SATA(Up to 8 TB); 11*10/100/1000 Mbps auto-sensing Ethernet port, RJ45 port etc;	01 No.
*	<b>With all material , cables, fitting and CCTV footage on demand etc.</b>	As per required

## TERMS AND CONDITIONS FOR QUOTATIONS

**Validity:** The rates offered should be valid up to 31<sup>st</sup> March of year from the date of opening of Quotations.

**Delivery:** Rates quoted will be considered FOR destination, in college Premises.

**Payment:** Payment will be made as and when the grant is available after receiving the goods in satisfactory conditions at the consignee's destination at cost of supplier.

**Taxes:** Rates quoted will be considered **inclusive of all taxes**, if not stated separately in the quotation. (Statement like taxes extra or as applicable will not be considered).

### General Note:-

- The supply shall be executed according to instruction by Institute.
- In lieu of any defect in material, the agency shall replace the material.
- For any quoted brand if Authority letter from the company in original stating that he is authorized to participate in the quotation and minimum three quotations are not available it will be rejected.
- Do not quote for the brand for which authority letter is not available.
- Proof of permission for sales/trading of the equipment/ item or of similar kind mentioned in the quotation document from competent authorities.



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- The Institute reserves the right to reject any or all quotations without assigning reason therefore.
- **The dispatch number of this office should necessarily be superscripted on the Envelope.**
- Supplier also give the details of CMP registration no. for on line payment.

## **Description of Registration to be filled up by Agency**

**(PAN card, VAT, Professional Tax, Service Tax)**

Sr. No.	Description of Registration	Registration No.	Validity Period	Copy attached	
				Yes	No
1.	<b>PAN card</b>				
2.	<b><u>GST Registration</u></b>				
3.	<b><u>Firm Registration</u></b>				
4.	<b><u>CMP Registration</u></b>				
5.	<b><u>Professional Tax</u></b>				
6.	<b><u>Service Tax</u></b>				

**Signature & Name of the authorized person  
of quoting agency with the seal of the firm**

**Date:**

*[Handwritten Signature]*  
Principal

Govt. College of Pharmacy,  
Amravati.

*[Handwritten Signature]*