**Kerala Medical Services Corporation Ltd**

**PRICE BID FORM**

**KMSCL/EP/Q89/COVID/2020-21**

To

 **The Managing Director**,

 (Tender Inviting Authority)

 Kerala Medical Services Corporation Ltd

 Thycaud .P.O.

 Thiruvananthapuram -695 014

 Kerala

Sir,

 Having examined and read the quotation document for the supply of …………………………………….…………….., we hereby offer our best price for the items mentioned herein as follows.

1. **BEST PRICE OFFERED**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **S/n** | **Item Name** | **Unit price per test\*** **(A) (`)** | **GST in rupees for per test****(`) (B)** | **Total unit cost per test including GST C=A+B** |
| 1 | Per test rate for deploying mobile laboratory for RT LAMP COVID-19 test as per quotation conditions without sample collection |  |  |  |
| 2 | Per test rate for sample collection of RT LAMP test |  |  |  |
|  | TOTAL\*\* |  |

\* (*inclusive of charges except GST)*

*\*\*Taken for evaluation / bid ranking*

|  |  |  |
| --- | --- | --- |
| Date :  | Office seal  | Signature of the bidder/ Authorized signatory |