**Kerala Medical Services Corporation Ltd**

**PRICE BID FORM**

**KMSCL/EP/Q91/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**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **Name of the Bidder :**  **Offer details :** | | | | | | |
| **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** | **Tendered Quantity (in tests)**  **(D)** | **Total price including GST E =(C x D)**  **(`)** |
| 1 | Antigen Test kit for diagnosis of COVID-19 |  |  |  | 15,00,000 |  |

\* (*inclusive of freight, insurance, loading/ unloading and all other charges)*

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

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