



**Kerala State Drugs and Pharmaceuticals Ltd**  
**(A Govt. of Kerala Enterprise)**  
**KALAVOOR, ALAPPUZHA**

Phone :0477-2258184 (Extn:207) ; Email :purchase@ksdp.in  
Web :http://www.ksdp.co.in

**KSDP/PS/EQ/2024-25/20000544/T-384**

**4-12-2024**

**Notice Re inviting Email Quotation for the supply of personal out pass- 100 books.**

Quotations are invited for the supply of undermentioned goods/ services as per the attached specifications on FOR destination basis at our factory site at Kalavoor,Alapuzha, Kerala state

SI No.	ITEM CODE & DESCRIPTION	UNIT	QUANTITY	EMD	TENDER FEES
1	70400101 Personal Out Pass Dimension =9.5cmX14 cm(L x B )	Book	100	♦ Not Applicable	♦ Not Applicable

Quotations should be submitted as per the Proforma given below on your letter head.

SI No.	Name of item	Make	Rate per unit (including freight, if any)	GST %	Offer validity	Remarks, if any
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**Due Date/Time : 7-Dec-24 / 1.00PM**

**Opening Date/Time: 7-Dec-24 / 2.00 PM**

**Offer validity\*: Minimum 7 days offer validity from the date of closure of bid submission. Quotation received with offer validity less than 7 days from the date of closure of bid submission will be entirely rejected.**

**Please send your lowest offers of the item to our e-mail ksdptender@gmail.com before 01.00 PM ,07.12.2024.**

**The Quotation should be submitted through a password protected excel sheet.**

**Please share your Password to our email ksdptender@gmail.com@01.30 PM, 07.12.2024.**

**NOTE: Image Of the product is attached.**

**TERMS & CONDITIONS**

- 1.Payment terms :- 30 days after the receipt of material along with documents and approval from user dept.**
- 2.Mode of payment:- E-PAYMENT**
- 3.Delivery Period:- Supply should be effected within 15 days on award of PO**

**HOD - Purchase**



**K. S. D. P. LIMITED**  
**KALAVOOR, ALAPPUZHA**

**OUT PASS**

Shri/Smt.....of.....

.....section is permitted to go out for OFFICIAL / PERSONAL  
PURPOSES at.....hours on.....

Date.....

(Signature of Section - in - Charge)

TIME OFFICE

SECURITY OFFICE

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