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/2025-26/400248/T-120 **2-12-2025**

Notice Re Inviting Email Quotation for the Supply of Personal Out Pass – 30 Book & Goods Received Note – 10 Nos

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

Sl No.	ITEM CODE & DESCRIPTION	UNIT	QUANTITY	EMD	TENDER FEES
1	70400101 Personal Out Pass Dimension = 9.5cmX14cm(LXB)	Book	30	♦ Not Applicable	♦ Not Applicable
2	70400059 Goods received note - Length =27cm, breadth=21.5cm, 3 copies pink, yellow, green total number of pages 50.	NOS	10 NOS		

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

Sl No.	Name of item	Make	Rate per unit (including freight, if any)	GST %	Offer validity	Remarks, if any

Due Date/Time : 5-Dec-25 / 1PM **Opening Date/Time: 5-Dec-25 / 1.30PM**

Note: Please provide COA along with the quotation.
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 1 PM,05/12/2025.
The Quotation should be submitted through a password protected excel sheet.
Please share your Password to our emailksdptender@gmail.com@1.30 PM, 05.12.2025.

TERMS & CONDITIONS

1.Payment terms :- **30 days after the receipt of the material along with documents, subject to approval from user department.**

2.Mode of payment:- **E-Payment.**

3.Delivery Period:- **Supply should be effected within 15 days on award of PO**

4.Special instructions:- **Quotation number Should be Mention in the subject line**

HOD - Purchase

Kerala State Drugs & Pharmaceuticals ltd.,
ALAPPUZHA
CENTRAL STORES

GOODS RECEIVED NOTE

FORMULATION DIVISION

ACCOUNTS / STORES / PURCHASE / COSTING

Number						
Date						

P.O.No.....Date.....Suppliers Name .....

R.R./L.R./A.L. No.....Date.....Chalan No.....Date.....Partial / Final Invoice No.....Date.....

Sl. No. in P.O.	Description of Material	AU	QUANTITY					Rate		Value	
			Ordered	Suppliers Chalan	Actual Receipt	Rejected	Accepted	Rs.	Ps.	Rs.	Ps.

Goods Received by	Inspection Report	Posted by	Checked by		Rs.	Ps.	Bill No.
Date	Inspected by	Date	Date	Towards Bill			Date
Stores	Date	Stores	Supdt. Stores	Freight			Passed by
				Other Charges			
				Total			
				Accounts			

...ala State Drugs & Pharmaceuticals ltd..

...LAPPUZHA

CENTRAL STORES

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Goods Received by Date Stores	Inspection Report Inspected by Date	Posted by Date Stores	Checked by Date Supdt. Stores		Rs.	Ps.	Bill No. Date Passed by
				Towards Bill			
				Freight			
				Other Charges			
				Total			
				Accounts			

...ala State Drugs & Pharmaceuticals Ltd.,
...LAPPUZHA
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				Towards Bill		
				Freight		
				Other Charges		
				Total		
				Accounts		

Bill No.
Date
Passed by

...ala State Drugs & Pharmaceuticals ltd.,
ALAPPUZHA
CENTRAL STORES

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Goods Received by Date Stores	Inspection Report Inspected by Date	Posted by Date Stores	Checked by Date Supdt. Stores		Rs.	Ps.	Bill No. Date Passed by
				Towards Bill			
				Freight			
				Other Charges			
				Total			
				Accounts			

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