

## Section V

THE LANKA HOSPITALS CORPORATION PLC

TENDER NO LH/ICB/24/1160/ID/P190

Closing on 31st July 2024

NAME & ADDRESS OF BIDDER (Bidder should be the owner of the Product) -

NAME & ADDRESS OF Local Agent -

Item No as per request	Item	Unit Price in USD	Total Price in USD	VAT Amount (if Applicable)	Lead time	Warranty / Shelf life	Country of origin
1	Hospital Information System						
	AMC year 1	FOC					
	AMC year 2	FOC					
	AMC year 3						
	AMC year 4						
	AMC year 5						
	AMC year 6						
	AMC year 7						
	AMC year 8						
	AMC year 9						
	AMC year 10						

**Note: In addition to above you may submit your own price proposal according to the given scope of work**

Please do not include the VAT portion to any prices and use the particular column for the purposes

● Indicate Bid Bond No, value and Validity (Where applicable) :	
● Quotation Valid up to (Minimum of 180 Days) :	
● Availability of samples / Demo :	
● Payment Terms :	

We confirm that we have read and understood the terms, conditions and specifications covering this tender and submitted our offer accordingly.  
 In the event of goods being rejected due to un-acceptable quality, free of charge replacement of the rejected quantity or its value and additional 1% of the total value as surcharged will be supplied/ reimbursed. A penalty of 1% per week will be charged for any delay in delivery

Name of Bidder : \_\_\_\_\_

Signature of Bidder :

*(With Name and Designation of Signatory)*

Postal Address of Bidder
Contact Person :
Mobile Number :
Telephone No :
E-mail :
Fax No. :