



ज़ाकिर हुसैन दिल्ली कॉलेज (सांध्य)
Zakir Husain Delhi College (Evening)

दिल्ली विश्वविद्यालय (University of Delhi)

जवाहरलाल नेहरू मार्ग, नई दिल्ली - ११०००२ Jawaharlal Nehru Marg, New Delhi - 110002

Phone: 011-23231899

Website: <https://zhdce.ac.in/>

E-mail: zhpge.college@gmail.com



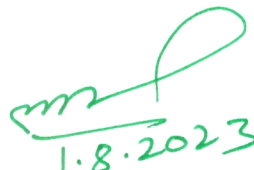
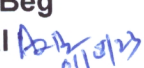
Date: 01.08.2023

Invitation of quotations for refilling of Fire Extinguisher in **Zakir Husain Delhi College (Evening)**.

Sealed quotations are invited by the undersigned for refilling of fire extinguishers as per the terms and conditions mentioned below. The filled quotations along with all the documents must reach in the office of the undersigned on or before 14.08.2023 at 8.00 P.M. The envelope containing the quotation would be sealed and super scribed "Quotation for refilling of fire extinguisher".

Terms and Conditions:

1. The quotations received after the deadline and unsealed shall not be entertained under any circumstances whatsoever.
2. Quotation must be in the enclosed prescribed proforma on the letterhead of the firm duly signed by the authorized signatory.
3. Rates must be quoted including freight charges, installation and taxes.
4. RTGS/NEFT details need to be furnished by the supplier with the quotation on the letterhead of the firm.
5. The firm shall have valid VAT/Sales Tax Number and IT PAN.
6. The firm should not be black listed.


1.8.2023
Prof. Masroor Ahmad Beg
Professor-Principal 



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On the letterhead of the Firm

The Principal,
Zakir Husain Delhi College (Evening),
Jawahar Lal Nehru Marg,
New Delhi -110002.

Dear Sir,

I/We _____ am/are submitting the quotation for refilling of
extinguishers at the rates given below:-

S.No.	Description	Rates for one extinguisher	Taxes if applicable	Total
1.	Refilling of W/Co2 type fire extinguisher of 9 Ltrs.			
2.	Refilling of W/Co2 type fire extinguisher of 4.5 Kgs.			
3.	Refilling of ABC type fire extinguisher of 5 Kgs.			
4.	Refilling of Modular ABC type fire extinguishers of Kgs.			

Date: _____

Place: _____

(Signature of authorized Person)

Name _____

Mobile No. _____

Email: _____