



REGISTERED POST

**UNIVERSITY OF RUHUNA
MATARA**

My No: RUH/SUP/C/2023/S8/012
The Manager

18.03.2024

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QUOTATION FOR SUPPLY OF CHEST FREEZER.

01. Please quote your current lowest price for the articles/services enumerated overleaf in duplicate.
02. The quotation should be valid for six months from the date of closing of bid.
03. Samples should be submitted whenever required along with quotation.
04. Sample submitted should be removed from this office within 07 days after informing.
05. Quotation should be prepared according to the given instructions.
06. This form should be duly returned even if you are unable to quote.
07. If you are registered for the VAT, the VAT registration number should be indicated on the Quotation. If you are not registered for VAT, the prices should be indicated without VAT and if So kindly requested to attach a copy of the certificate issued by the commissioner of Inland Revenue certifying that you have not been registered for VAT. If not your quotation will be Rejected.
08. Should be marked **“Quotations for Supply of Chest Freezer - RUH/SUP/C/2023/S8/012”** The top Left hand corner of the envelope and should be under sealed registered cover to Deputy Bursar(Supplies), University of Ruhuna, Wellamadama, Matara **On or before 02.00p.m 04.04.2024**
09. Advance payments shall not be made when placing order. Payment will be made after the goods are received to our stores and inspections.
10. All columns in this form shall be filled in ink. Any alterations shall be initialed by the bidder.

Deputy Bursar (Supplies)

No.	Description of materials /Goods	Specification	Qty	Bidder's offer Yes/No	Price per Unit (Rs.)				TOTAL	Trade Mark	Waranty	Sample requirements Yes/No	Date by which delivery can be completed
					Without VAT		VAT	TOTAL					
					Delivery at the Company	Delivery at the University							
01.	Chest Freezer	Specification is Attached (Annex 01)	01										
N.B Alternative offers shall not be considered. The Vendors are advised not to quote defferent options for the same item but furnish the options available most competitive among to the bidder.													

VAT Percentage %
 VAT No:-

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Name of Firm

(Rubber Stamp)

Signature

Date

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Contact Tele/ Fax No: -

E-mail Address , if any :-

Specification for Chest Freezer

Quantity 01

Specification	Minimum Requirement	Bidders Conformity		If "No" Indicate your offer
		Yes	No	
Make	Please Specify			
Model	Please Specify			
Country of Manufacture	Please Specify			
Net Capacity	690 – 750 L			
Freezer Type	Chest Freezer			
Temperature Range °C	Freezer; $\leq -18^{\circ}\text{C}$ Refrigerator $0 \leq$			
Refrigerant	R290 or R600A			
Interior Light	Please Specify			
Number of Doors	02 Numbers			
Freezing Compartments (Baskets)	02 Numbers			
Freezing Capacity	50kg/24h			
Defrosting Type	Manual or Frost Free- Please Specify			
Climate class	T			
Rated voltage & frequency	220V-240V/50Hz			
Unit Dimensions	Minimum- 1800*800*800 mm- Please Specify			
Lock Key	Should be available			
Energy Consumption	Please Specify			
Warranty Information	1 Year Comprehensive Warranty and 5 Year Warranty on Compressor			
Bidders Experience	Please Specify			
Manufacturers Experience	Please Specify			

Note: Please complete the "Conformity" column, without which references to catalogues and data sheets will not be considered in the bid evaluation.

