ENQUIRY REF. NO.

DATE

DUE DATE

Dear Sir.

Please submit your lowest and competitive offer in a COURIER/POST / ONLINE DULY SUPERSCRIBING OUR ABOVE ENQUIRY REF. NO. DATE AND DUE DATE on it, with other details.

ITEM CODE

ITEM DESCRIPTION

Ivermedin IP

QUANTITY REQUIRED

DELIVERY SCHEDULE

MAKE

RATE

F.O.R. TERMS

DOOR DELIVERY PREFERRED

GST

PACKING & FORWARDING CHARGES

TAXES

CREDIT PERIOD

90 DAYS REQUESTED

DELIVERY OFFERED

PRICE VALIDITY

Should Be Valid For 07 Working days from due date

NAME OF MANUFACTURER

Please Indicate the Name

OTHER DETAILS

Age of the material should not be more than three months on

the date of despatch.

NOTE

1. Incase of Sterile Raw Materials. Please provide MINIATURE

Sample for each canister along with the consignment. 2. Incase your not quoting please send a regret letter.

3. The Material Should have minimum shelf life of_

Please ensure that your offer reaches us on or before DUE DATE.

Thanking You.

Yours faithfully

for

KARNATAKA ANTIBIOTICS & PHARMACEUTICALS LIMITED.

THORISED SIGNATORY

Factory Address: No. 14, 2nd Phase, Peenya Industrial Area, Bangalore - 560 058. INDIA Ph : 28395186 / 87 / 88 Dir. : 28394669 Fax No. : 28396475, Email : purchase@kaplindia.com