



**KARNATAKA ANTIBIOTICS &
PHARMACEUTICALS LIMITED**

(A Government of India Enterprise)

ENQUIRY REF No:	KAPL/ME/013/0241
DATE	21-05-2025
DUE DATE	26-05-2025 (13.00HRS)

Dear Sir,

Please submit your lowest and competitive offer in a SEALED ENVELOPE, DULY SUPERSCRIBING OUR ABOVE ENQUIRY REF. NO., DATE and DUE DATE on it/ OR MAIL, with other details of F.O.R terms, Taxes, Credit period, Delivery offered, Name of the Make, Detailed Specification etc., for below mentioned material/s

SL NO.	ITEM CODE	ITEM DESCRIPTION	UOM	QTY
01	MLAF002	LAF BLOWER MDL:DB24S4, 3.3A,240V MK:DYNAMIC MOTOR	NOS	2

- 1) Please ensure that your offer reaches us on or before Due Date by courier OR speed post Or you can also mail us to our email: puren@kaplindia.com
- 2) Please send your quotation mentioning item code

OTHER TERMS:

- | | |
|---------------------------------|-----------------------------------|
| 1. F.O.R TERMS | : DOOR DELIVERY |
| 2. GST % | : PLEASE SPECIFY |
| 3. PACKING & FORWARDING CHARGES | : NOT APPLICABLE |
| 4. CREDIT PERIOD | : 30 DAYS |
| 5. DELIVERY OFFERED | : |
| 6. ATTACHED PAGES | : 1 PAGES |
| 7. MAKE | : DYNAMIC MOTORS (INDIA) PVT LTD. |

NOTE: IN CASE YOU ARE NOT QUOTING PLEASE SEND THE REGRET LETTER.

Thanking you,

Yours faithfully,
For KARNATAKA ANTIBIOTICS
& PHARMACEUTICALS LIMITED


YUVARAJA M
DEPUTY MANAGER PURCHASE DEPT
MOB: 9945317873

MATERIAL REQUISITION

PR# 2026 F00058

Date : 02/04/28

Engg. Stores

Through : HOD - E&P

Machine Name and Details : Felling Cabinet LAF Blowers

Section :

Sl. No. : 390

Following are the details :

Sl. No.	Item Code No.	Item Description	UOM	Qty.	Required Date	P.R. No. & Date	Remarks
01	MLAF 002	Centrifugal LAF Blower, 1 ϕ , 240V AC, 760W, 1300rpm, 3.30A. Model :- DB24S4 S no :- B24223F1960 Make :- Dynamic Motors (India) Pvt Ltd.	Nos	02	As soon as possible		The blowers are required for DPP's felling cabinet.

1	(i) जो लागू हो, उस पर निशान लगाएं Tick whichever is/are applicable	(ii) भविष्य निधि/ Provident Fund ()	(iii) पेंशन/ Pension
2	मृतक सदस्य का नाम (बड़े शब्दों में): Name of the deceased member (in CAPITAL letters)	(a)	a)
3	(a) पिता का नाम / Father's Name : (b) पति/पत्नी का नाम / Spouse's Name :	b)	b)
4	मृतक सदस्य की वैवाहिक स्थिति / Marital status of deceased member		
5	a) मृतक सदस्य का आधार नंबर (यदि उपलब्ध हो) Aadhar Number of the deceased member (if available) b) मूलभूत / Universal Account Number (UAN) c) भविष्य निधि खाता संख्या (यदि मूलभूत उपलब्ध नहीं है) / PF Account Number (in case UAN not available)		
6	सेवा छोड़ने की तिथि/ Date of Leaving service		
7	a) Whether Scheme Certificate has been issued (Yes/No) क्या स्कीम प्रमाणपत्र जारी किया गया है (हां/नहीं) b) If Yes, Number of Scheme Certificate यदि हां, स्कीम प्रमाणपत्र की संख्या		
8	c) Scheme Certificate issuing office स्कीम प्रमाणपत्र जारी करने वाले कार्यालय का नाम व पता		
9	नॉन-कंट्रिब्यूटरी सेवा की अवधि (वर्ष/माह/दिन) / Period of Non-Contributory service (Year/Month/Days) - (To be filled by the employer)		
10	सदस्य की मृत्यु की तिथि/ Date of death of the member क्या सदस्य की मृत्यु सेवाकाल के दौरान हुई थी (हां/नहीं) Whether the member had died while in service (Yes / No)		
अधिव्यक्ति पेंशन तथा वीमा (ईडीएलआई) हेतु दाताकर्ता का विवरण / CLAIMANT दाताकर्ता अथवा स्कीम/नॉमिनेट/वर्तमान परिवार के सदस्य का विवरण *Particulars of the claimant/minor/nominee(s)/legal heir(s)/surviving for			
क्र.सं. S.N.	नाम/ Name	पति/पत्नी का नाम/ Spouse's Name	आधार नंबर Aadhar Nur

JE / E/AM /DM

कर्मचारी भविष्य निधि संगठन
EMPLOYEES' PROVIDENT FUND ORGANISATION
मृत्यु मामले में कम्प्लेंट दाता प्रपत्र
Composite Claim Form in Death Case
प्रपत्र -20 (अधिव्यक्ति भुगतान)/ प्रपत्र 10-डी (पेंशन)/प्रपत्र -5आ
[Form-20 (PF Payment)/Form-10-D (Pension)/Form-5A]