

Annexure – F

[Tender for supply of Medicines on Rate Contract]

Name of the Tenderer/Bidder:					
Tender No:					
Kindly furnish the Name of all companies quoted:					
DETAILS OF COMPANIES QUOTED					
Sr. No	Name of Company along with complete local address and e-mail ID	Name of local contact person of the companies	Cell number of Local Contact Person of company	e-Mail ID of Local Contact Person of company	Whether the authorization letter is enclosed in PDF format .
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Add more sheet if required

Signature of the Tenderers

MORMUGAO PORT TRUST

MEDICAL DEPARTMENT

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