

**Brihanmumbai Municipal Corporation**  
**Topiwala National Medical College & BYL Nair Hospital**  
**Mumbai 400008**

Date:

To,  
Dean  
BYL Nair Ch. Hospital  
Mumbai-400 008

**Subject:** Purchase of Auditory Evoked Potential (AEP) Equipment with OAE & ASSR for the Department of Audiology & Speech Therapy.

I/We \_\_\_\_\_

Address \_\_\_\_\_

As per the Expression Of Interest advertised by B. Y. L. Nair Hospital, Mumbai regarding the purchase of Auditory Evoked Potential (AEP) Equipment with OAE & ASSR. We will comply with all the rules and conditions of MCGM regarding the procurement process and are willing to supply the equipment with 3 years of Warranty and 7years CMC.

Enclosed below are the details of company:

1. Name of the Company:
2. Address & Contact No.
3. GST No.
4. Company PAN No.
5. Name of Equipment:
6. Name of the Manufacturing company:
7. Company Bank Details:
  - a. Bank Name:
  - b. Account No:
  - c. IFSC Code:
  - d. Branch Address:

I/We have carefully gone through the instruction provided in the Application form and the relevant documents to be uploaded in both packet and are ready to participate in this process. Also, terms and conditions mentioned therein & are all acceptable & agreeable to me/us.

**Name of the Company:**

**Authorized Person Name & Contact details:**

**Full Signature of the tenderer:**

**with Official Seal**

