

Notice Inviting Quotations

Dated:13.06.23

The quotations are invited from all the interested ones to make supply of WAP, etc., in the Homi Bhabha Hostel of Punjabi University, Patiala as per the format provided along with.

Make it convenient to send your quotation preferably in the sealed envelope subscribing "Quotation for supply and installation of the WAP" by **20.06.2023 by 4.00 pm addressed to The Warden, Homi Bhabha Hostel, Punjabi University, Patiala**". **The quotations must reach in the office of the Dean Students Welfare, Punjabi University, Patiala.** Please mention the GST number of your organisation/ firm/ company in the quotation.

The prices should be inclusive of all taxes FOR Punjabi University Patiala. The payment will be made on bill payment basis on successful functioning of the WAP.

Dr. Kawaljeet Singh
Director, University Computer Centre
For
The Warden,
Homi Bhabha Hostel,
Punjabi University, Patiala

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To

Dated:

The Warden,
Homi Bhabha Hostel,
Punjabi University, Patiala

Subject: Quotation

Dear Sir/ Madam,

This is in reference to the purchase and installation/ setup of following items in Homi Bhabha Hostel on total project cost basis. Our rates are as below: -

S. No.	Equipment	Brand	Unit Price	Qty	Price
1	WAP, Dual Band, MiMo, PoE 300Mbps on frequency 2.4 GHz Band and 867 Mbps on 5 GHz Band, Type			01	

	wireless: ac/b/g/n, Stand Alone AP interface: 2*10/100/1000 Ethernet Ports one support PoE, Modes: PoE Mode 802.3af WAVE 2 Warranty : 3 years by OEM				
2.	10 meter (CAT 6) Patch Cord with RJ45 connectors	-N/A-		10 meters	
Total Project Cost					

Terms and Conditions:

1. Rates are Inclusive of all taxes & levies.
2. Payment on actual consumption of material on bill payment basis after successful commissioning and the working of WAP
3. The required PoE kit will be provided by the University Computer Centre, Punjabi University.
4. The power supply for the WAP installation will be made available by University, if required.
5. GST No. of the vendor:-

Yours truly,

(Signature)

Name of Authorized Signatory :

Name of Company :

Contact No. :

Seal/Stamp of the Company :