	PRICE B	ID DOCUMENTS f	or NIT No.		
SI No	Name of Work	Estimated Cost (Excluding Taxes)	Quoted %	% in word	Above / below/ At estimated cost
1	Painting of Hospital Bed, Locker, Partition, IV Stand, Oxygen Stand, Trolley, Tools in the Hospital Premises (male & female ward).	40080.00 (Excluding all taxes)			

Ideclare that my quoted rate over the total estimated cost is excluding the applicable tax for the work and is firm during pendency of contract. I have gone through the terms & conditions of contract and with full satisfaction, I am taking part in this NIT. It is further confirmed that none of the tenderers participated in this NIT is related to me or to my firm. It is also certified that the entire submitted document are genuine and valid.

Sign of contractor with seal and date

Address