



**GOVERNMENT OF ANDHRA PRADESH**

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**Quotation Notice**

**FOR**

**Procurement and supply of Scanner to Head Office, APMSIDC, Mangalagiri in  
Andhra Pradesh**

**Quotation No. : QT10/APMSIDC/2023-24, Dt: 15.03.2024.**

**Name of the Agency :**  
.....  
**and Address** .....

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**Implementing Agency:**  
**ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT  
CORPORATION**  
**(Formerly APMHIDC)**  
**(AN ENTERPRISE OF GOVT. OF A.P.)**  
**2<sup>nd</sup> Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri,**  
**Guntur District- 522503. Ph No: 8978644900**  
**[aphmhdc@gmail.com](mailto:aphmhdc@gmail.com) & [ed.apmsidc16@gmail.com](mailto:ed.apmsidc16@gmail.com)**

**Ph No: 8978644900**

Quotations are invited through sealed envelope cover for below mentioned items along with attached specifications on or before 22.03.2024 @ 03.00 PM and also requested to clearly mention Make & Model of the item.

**Venue & Date and Time :** O/o. APMSIDC, 2<sup>nd</sup> Floor, Plot No.09, Survey No. 49, IT Park, Mangalagiri, Guntur 522503. e-mail: [aphmhidc@gmail.com](mailto:aphmhidc@gmail.com) & [ed.apmsidc16@gmail.com](mailto:ed.apmsidc16@gmail.com)

**Delivery Period:** 30 Days from date of issue of Purchase of Order.

**Terms & Conditions:**

**Warranty Period:** 3 year

**Payment Terms:**

- a) 100% of the contract value of the supply part after necessary deduction will be paid to the supplier on submission of copy of invoice with original Delivery Challan as proof of supply to destinations duly certified by the Head of the Institution.

**Item Details:**

<b>Sl.No</b>	<b>Item Name</b>	<b>Qty</b>	<b>Specifications matched or not</b>	<b>Quoted Unit Price Rs.</b>	<b>Total Amount Rs.</b>
1	Scanner	1			

## **Technical specifications:**

ADF (Automatic Document Feeder) / Manual Feed, Duplex Scanning speed

Simplex: 70 ppm (200/300 dpi)

Duplex: 140 ipm (200/300 dpi)

ADF sheets-100 sheets (A4 80 g/m<sup>2</sup> or Letter 20 lb), Ethernet 10BASE-T, 100BASE-TX,  
1000BASE-T/USB 3.2 Gen1x1 / USB 2.0 / USB 1.1,

Long Page Scanning\*7 6,096 mm (240 inch)

Minimum 48 x 50 mm (1.9 x 2 inch)

Maximum\*6 215.9 x 355.6 mm (8.5 x 14 inch)

Warranty: 3 years

**ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT  
CORPORATION (APMSIDC)**

**GENERAL INFORMATION ABOUT THE SUPPLIER**

Name of the Supplier

Registered address of the  
firm

State:

District

Telephone. No.

Fax. No.

Email.

3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	

**Type of Firm ( Please  relevant box)**

4	Private Ltd.	<input type="checkbox"/>	Public Ltd.	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Society	<input type="checkbox"/>	Others, specify	<input type="checkbox"/>
	Registration No. & Date of Registration.					
Nature of Bussiness ( -lease <input type="checkbox"/> relevant box)						
5	Original Equipment Manufacturer		<input type="checkbox"/>	Authorized Dealer /Representative		<input type="checkbox"/>
	Direct Importer		<input type="checkbox"/>	Others, specify.		<input type="checkbox"/>