!! Sabaka Malik Aatma !!

Atma Malik Hospital

Kokamthan (Shirdi-Kopargaon Road), Tal: Kopargaon, Dist: Ahmednagar - 423601
Contact: 9090919196/9527847417- Email: atmamalikhospital@2022gmail.com

(TENDER - PATHOLOGY LAB)

1. **Tender Information**

The Vishwatmak Jangali Maharaj Ashram Trust, a charitable trust registered under Mumbai Public Charitable Trust Act (according to year 1950 Mumbai act no 29) 1950 registered at Nasik, with registration no E500/1987 invites, sealed tenders from eligible vendors for the supply of goods and materials required for pathology lab for the financial year 2026-27, as per the detailed list available at the Hospital offices and Trust website.

Or visit our website: [www.atmamalikhospital.org]

For any clarifications regarding this tender / tender process pl. feel free to contact:

1.1 Online Process Contact Points:

Sr. No.	Name	Mobile Number
1.	Mr. Roshan Nehe	9527847417
2.	Mr. Ramnath Raut	7020567173

1.2 Offline Process Contact Points:

Sr. No.	Name	Mobile Number
1	Mr. Roshan Nehe	9527847417
2	Mr. Ramnath Raut	7020567173

1.3 Hospital Details:

Hospital Name:- atma malik hospital

Address: Kokamthan, Taluka Kopargaon, District Ahmednagar, Maharashtra - 423601

Email: atmamalikhospital@2022gmail.com

Website: www.atmamalikhospital.org

Contact: Mr. Ramnath Raut - 7020567173 / Mr. Roshan Nehe - 9527847417

ATMA MALIK HOSPITAL * Reg.No. A:1315 * KOKAMTHAN-423601 *

This document is intended to facilitate smooth communication and clarification regarding the tender process. All queries will be addressed promptly by the designated team members.

2. **Tender Notice**

Subject:- Invitation for Submission of Tender for Supply of Goods

The Atmamalik hospital, Kokamthan invites sealed tenders in two-envelope format from eligible vendors/suppliers for the supply of goods as per the published tender notice. Interested parties are requested to carefully review and adhere to the terms and conditions outlined below while submitting their tenders.

Publication of Tender Notice:

- Various News papers
- Social Media: Official Trust Social Media Handles
- Website: [www.atmamalikhospital.org]
- Notice Boards: Displayed at the Hospital main office and Trust Office Notice Board locations

3. **SUPPLIER/TENDERER INFORMATION FORM**

A. General Information

Name of the Firm/Company: .....

Type of Firm (Proprietorship/Partnership/Private Limited/Public Limited/Others) :
.....

Correspondence Address : .....

Office Address : .....

Website (if any) :.....

B.Contact Information

Contact Person's Name : .....

Designation : .....

Mobile Number : .....

Office Phone Number : ..... **Fax Number:** .....

ATMA MALIK HOSPITAL Reg.No. A:1315 KOKAMTHAN-423601

Email Address : .....

C.Business Registration Details :-

Business Registration Certificate Number :-.....

Date of Registration :- / / 20

Place of Registration :- / / 20

PAN (Permanent Account Number) :- .....

GST Registration Number :- .....

Other Tax Numbers (if applicable) :- .....

D. Legal Information:-

Name(s) of Proprietor(s)/Partner(s)/Director(s):

1. .....

2. .....

Name of Power of Attorney Holder (if applicable):- .....

Aadhaar Card Number of Proprietor/Partner/Director :-.....

E. Financial Details :-

Bank Name :- .....

Branch Address :- .....

Bank Account Number:-.....

IFSC Code :-.....

F. Past Experience and Client Information: -

Number of Years in Business: .....

List of Major Clients/Projects Completed: (Bidder is expected to attach experience list of equivalent projects completed.)

a. .....

b. .....

Past Experience in Similar Projects: Yes/No
If yes, provide details: .....

G. Declaration and Authorization:

I/We hereby declare that the information provided above is true and correct to the best of my/our knowledge. I/We agree to abide by all terms and conditions set forth by the tendering authority.

Authorized Signature : .....

Name of the Signatory : .....

Designation : .....

Date :- / /2026

Official Seal : .....

H. Authorization for Representation in Tender Process (To be declared by tenderer on their letter head)

Date: / /2026

To,

The President,

VishwatmakJangaliMaharaj Ashram Trust

Kokamthan, TalukaKopargaon,

District Ahmednagar, Maharashtra.

Subject: Authorization for Representation in Tender Process

Respected Sir,

We, **[Name of the Tenderer/Firm/Company]**, having our registered office at **[Complete Address]**, hereby authorize [Full Name of Authorized Person], to represent us in the tender process for Tender Number [Insert Tender Number].

Details of the Authorized Person:

1. **Name** : - ----------

2. **Designation/Position**: - ----------

[Job Title/Role in the Organization]

3. **Contact Number:** - ----------

[Mobile/Telephone Number]

4. **Email Address:** - ----------

5. **Identity Proof: [Type of ID Proof, e.g., Aadhaar Card/Passport/Driving License]**

ATMA MALIK HOSPITAL ★ KOKAMTHAN-423603 ★ Reg.No. AH 315

ID Proof Number: [ID Number] ----------

6. **Address of Authorized Person: [Complete Residential Address]**

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7. **Specimen Signature of Authorized Person: [Authorized Person's Signature]**

I. Scope and terms of Authorization:

The authorized person mentioned above is granted full authority to:

1. Participate in the tender process on behalf of tenderer.
2. Submit the tender documents / samples and related information.
3. Decide / change on the spot pricing and other details if required in the tender process.
4. Sign all relevant documents, agreements, and contracts.
5. Ensure compliance with all terms and conditions of the tender process.

This authorization is issued solely for the purpose of the above mentioned tender and its execution and is valid until the completion of the tender process and execution and related obligations.

In the event of any other person attending the tender opening without specific authorization shall not entertained and tender shall be disqualified however if tenderer accepts all terms and condition and allows opening of his bids by email in his absence for whatever reasons to "atmamalikhospital@2022gmail.com"addressed to Mr.SunilPokle,the same shall be considered for opening and final decision of opening of tender shall be communicated once the tender opening process is completed.

J. Declaration by the Tenderer:

We hereby confirm that the above terms are acceptable, information provided is true and accurate and any misrepresentation or false information will lead to disqualification from the tender process.

Signature of Tenderer with Stamp:

[Name of Tenderer] : ----------

[Designation] :----------

Signature of Authorized Person:

[Signature of Authorized Person] : ----------

[Name of Authorized Person] : ----------

[Identification of authorized person] Aadhar Card / Driving License

MALIK HOSPITAL Reg.No. AH 315 KAMTHAN-423601

4. Tender details

Items Required:-

Various Pathology lab Detailed item descriptions, quantities, and approximate cost estimates are available on the Trust website and notice boards and also enclosed herewith as "Annexure A" for specification and "Annexure B" for qty separately.

Details of Tender Submission:

1. Documents to be Submitted:

An affidavit/agreement confirming the readiness to supply goods as per tender terms and specifications, along with samples of the goods.

Financial turnover certificate and past 3 years balance sheet to establish eligibility.

2. Tender Submission Deadline:

Tender forms, duly filled, must be submitted in sealed envelopes or via the prescribed online process on or before [Insert Date and Time].

3. Submission Address:

Atma Malik Hospital ,Kokamthan

Tehsil: Kopargaon, District: Ahmednagar, Maharashtra, PIN - 423601

Contact: MrRamnathRaut - 7020567173/ Mr. RoshanNehe–9527847417

4. Earnest Money Deposit (EMD):

Earnest Money Deposit (EMD) equivalent to 5% of the total tender value ₹ 20,000/- to be paid via Demand Draft (DD) in favor of the account detailed below:

Bank Name :- Bank of Maharashtra

Branch :-Kokamthan Branch

Account Name :-Atma Malik Hospital

Account Number :- 60494511061

IFSC Code :- MAHB0001611

The original receipt/challan for EMD must be attached to the tender documents. Copies or scanned versions will not be accepted. EMD for rejected tenders will be refunded within 30 days of rejection of tender.

5. Non-Refundable Fees:

Tender form fees: ₹ 500as mentioned in tender notice (Non-refundable).

Registration fee: ₹ 1000/- (Non-refundable).

Tender form fees and registration fee are payable via the prescribed online payment portal or in person.

ATMA MALIK HOSPITAL Reg.No. A:1315 KOKAMTHAN-423601

6. Tender Submission Format:

Envelope 1: "Price Tender Envelope 1" should contain the original tender form with the price list of goods. Prices shall be mentioned as basic price and GST separately.

Envelope 2: "Earnest Money Envelope 2" should contain the EMD receipt and all documents as prescribed in point no 8 on page 2 above.

Both envelopes must be labeled appropriately, sealed and submitted together.

Only if the documents in Envelope 2 are complete and verified then only Envelope 1 shall be opened for evaluation in the presence of tenderer.

7. Tender Terms and Conditions

Terms and Conditions:

1. It is mandatory to submit the samples of the subject goods along with tender documents. Sample goods submitted shall be properly marked / labeled for easy identification of tender no and supplier / tenderer.
2. It is the responsibility of the tenderer to ensure complete and accurate submission within the prescribed time frame.
3. The Trust reserves the right to accept or reject any tender without assigning any reason.
4. Late, incomplete, or improperly submitted tenders will not be considered.
5. Participation in the tender process confirms the acceptance of all terms and conditions by the tenderer.
6. Subject tender material shall be delivery to atmamalik hospital within time period stipulated in purchase order from the date of the purchase order.Hospital are given in "tender information institute details".
7. A penalty of 0.1% of the delayed material cost per day to max of 1.5% of delayed material cost shall be levied for delayed delivery.
8. Bills on origin must comply with GST and all applicable tax regulations.

Specific Terms and Conditions for Tender :-

8. **Scope of Tender :-**

8.1 Detailed requirements are listed in the annexure accompanying the tender form. Vendors must adhere strictly to these specifications.

8.2 Only original copies of the tender documents duly signed and stamped shall be accepted. Photocopies or incomplete submissions shall be rejected.

9. **Eligibility Criteria :-**

9.1 The same person or entity cannot submit multiple tenders under different firm names. This violations will result in disqualification of all related tenders.

10. Pricing and Rates :-

10.1 Prices quoted by the successful bidder will remain firm for the entire financial year and will not be subject to escalation under any circumstances.

10.2 Rates should be inclusive of basic cost, freight, packaging, forwarding, Insurance and all other charges if any but excluding GST. Only GST shall be reimbursed against proof of GST filing details by bidder/supplier.

11. Goods Quality and Delivery :-

11.1 All goods supplied must meet the approved quality standards and specifications. Defective or substandard goods will not be accepted and must be replaced at the supplier's expense.

11.2 Any excess supply beyond the specified quantity in purchase order will not be entertained and must be collected by the supplier within 7 days. If not collected by supplier within 7 days atmamalikhospital do not take any responsibility of such excess goods and payment of such excess goods can ot be claimed from Atma malik hospital .

11.3 Goods must be delivered with in time frame given in purchase order from the date of purchase order issuance. Failure to comply may result in procurement from alternate sources, and the additional cost will be borne by the defaulting tenderer.

12. Invoice and Payment :-

12.1 Payment will be made only for goods accepted by the atmamalik hospital. All invoices must be precise and match the details in the purchase order.

12.2 All invoices ion origin shall accompany with Delivery Challan, Lorry Receipt and Packing slips.

12.3 TDS will be deducted as per applicable government rules.

13. Important Notes:

13.1 Tenderers are advised to carefully read and understand all terms and conditions before participating.

13.2 The atmamalik hospital management shall not entertain any disputes or claims regarding rejected tenders.

13.3 This tender notice is issued with the grace and blessings of Atmamalikmauli.

14. AFFIDAVIT

Sample Affidavit to be Submitted on Letter Head by Tenderer with the Tender Document

I/We, _____ (Name and full address), _____ (Name and full address of the company), hereby solemnly affirm and declare that:

1. Tenderer confirms that the subject tender material wherever necessary shall be purchaseas per pathology lab.
2. Compliance with Terms and ConditionsWe confirm that all the terms and conditions set forth in the tender process will be strictly adhered to.
3. Inspection and Responsibility : - We confirm that the supply of materials will be undertaken only after approval from the tendering authority. Any discrepancies found between the supplied materials and the approved samples shall be tenderers sole responsibility.

Signature of Tenderer with Stamp:

[Name of Tenderer] : ----------

[Designation] :----------

Signature: _____

Date: [/ /20]

15. Legal and Jurisdictional Clauses:

15.1 We accept that the atmamalik hospital reserves the right to accept or reject any tender without providing any reasons of whatsoever nature.

15.2 We confirm that any disputes arising from the tender process will be subject to the jurisdiction of Kopargaon Court only.

16 Additional Conditions:

ATMAMALIK HOSPITAL Reg.No. AH 315 KOPARGAON

16.1 We agree that any amendments or changes to the tender process will be communicated by the atmamalikhospital to the registered tenders on whatsapp no / email declared in the tender from by tenderer. The atmamalikhospital decision will be final and binding.

16.2 We agree to, successful tenderer shall be communicated separately for the allocation of specific tender / tenders along with all applicable terms and conditions of supply and then specific purchase orders and the same shall be mandatory on the tenderer failing which earnest money shall be confiscated.

We confirm that, although the details of tender are published in Marathi, Hindi and English language for bidders convenience the official, and legal language of dispute resolution, terms and conditions shall be English only and the meaning derived in any other language if conflicting shall be overruled by meaning derived in English language

Signature of Tenderer with Stamp:

[Name of Tenderer] : ----------

[Designation] :----------

Signature: _____

Date: [/ /20]

ATMA MALIK HOSPITAL Reg.No. AH 315 KOKAMTHAN-423601

17. Tender Submission and Opening Program

Tender Publication date :-31.07.2026

Tender submission date :- 10.08.2026

Sample submission date :- 10.08.2026

Tender opening date :-11.08.2026

18. TENDER ALLOCATION CONFIRMATION Cum ACCEPTANCE

Atma malik hospital confirms. That the tender no for pathology lab / Items ---------, has been awarded to . The requirement detailed purchase order shall be released in due course of time as per the terms and conditions of tender awarded.

Aurhorised Signatory

Atmamalik hospital kokamthan

I Mr / Ms authorized representative of M/s confirms that,the tender process has been conducted transparently and fairly. We agree to its terms and condition.

The Bidder shall supply the goods in compliance with the quality, quantity, and specifications outlined in the tender documents.

If we fail to deliver goods or rectify issues within the stipulated time period time to time, the Purchaser reserves the right to procure goods from an alternate supplier. Any additional costs incurred will be deducted from the dues from atmamalik hospital to us.

On any account if it is proved that we have submitted false information or engages in fraudulent activities, the Purchaser reserves the right to terminate the tender / Purchase Order and take legal action under Sections 191 and 200 of the Indian Penal Code

This agreement has been entered into by mutual consent of both parties without any coercion, undue influence, or misrepresentation. Both parties have reviewed and agreed to the terms outlined in this agreement.

The Bidder confirms that the tender process was conducted transparently and fairly. Both parties agreed its terms.

Signatories

For the successful Bidder:

Name: [----------]

Designation: [Insert Designation]

Signature: _____

Date: [/ /20]

19. Purchase Order Format

Purchase Order Number:

Date : / /2026

To,

Supplier Name: ----------

Supplier Address: ----------

Contact Number: ----------

Order Details:----------

(Purchaser details)

Buyer Name _____

Branch Name / Location _____

Sr.No	Part No.	Description	UM	Qty.	Rates	Value
					Basic Total in Rs.	
					CGST in Rs.	
					SGST in Rs.	
					Total Value In Rs	

Total Value in Rs words (----------)

ATMA MALIK HOSPITAL Reg.No. AH 315 KOKAMTHAN-422601

TERMS AND CONDITIONS:

- **Firmness of rates and terms :**These rates and terms are valid and firm for the entire financial year 2026-27 i. e (01-07-2026 to 31-03-2027). No variation of any sort shall be applicable.
- **Delivery Reports :**The Bidder must provide a Delivery Report upon completion of delivery, which includes details of goods delivered, verified and certified by the authorized representative of the Purchaser.
- **Inspection and Acceptance :**The Purchaser reserves the right to inspect the goods upon delivery. Any discrepancies in quality or quantity will result in rejection of the goods. If rejected, the Bidder must replace or rectify the goods immediately at no additional cost.

Delivery Term: Within ---------- months date of PO..

GST	: Reimbursable --------% Extra. The invoice must comply with GST and other applicable tax regulations. No additional taxes will be paid beyond the agreed amount.
Price	: FOR site door delivery basis.
Packing & Forwarding	: Included in above prices
Transportation	: Transportation charges with loading and unloading of goods Included in above prices.
Transit Insurance	: To suppliers account
Payment Terms	: 100% with taxes and duties within 30 days from the date of receipt of material and correct commercial documents.

Liquidity Damages / penalty : 0.1% per day to max of 1.5% of basic value of undelivered portion

Dispatch Instructions	: To be dispatched to atmamalik hospital office of subject PO.
Our Maharashtra GST NO	: 27AAATV1688B2ZF

Other terms and conditions

1. **Billing Requirements:**The invoice must be in a legal format, complying with GST regulations and all applicable tax laws. Invoice should be accompanied with Lorry Receipt, Packing List and Delivery Challan.

   The bill must include details of GST, PAN, and other relevant tax information.

2. **Payment Terms:**Payments will be made via bank transfer to the account details provided by the supplier.

3. **Inspection and Acceptance:**

ATMA MALIK HOSPITAL Reg.No. AH 315 KOKAMTHAN-423601

3.1 All goods supplied will be subject to inspection upon delivery.

3.2 If any defects, damages, or quality issues are found, the supplier will be required to replace the defective goods at no additional cost within 7 days of notification.

3.3 Goods shall be packed properly and shall be marked with gross and net weight on the face if package.

4. Force Majeure:

In the event of unforeseen circumstances such as natural disasters, acts of God, or other events beyond human control, which prevent timely delivery, the supplier must notify the atmamalikhospital in writing immediately. The Atma malik hospital reserves the right to extend the delivery period at its discretion. However it is expected that tenderer shall take efforts for the supply of goods via alternate method / sub suppliers / route to fulfill his responsibilities.

5. Legal Jurisdiction:

Any disputes arising under this purchase order shall fall within the jurisdiction of Kopargaon Court.

4. **Warranty :-**
   - Supplier shall warrant that the equipment supplied shall be of good quality. free from any defect of whatsoever nature and it shall comply with the applicable standard, be capable of delivering the services intended for.
   - Supplier shall warrant the equipments / items supplied under this purchase order for the period of 1 year.
   - Supplier shall be responsible for making good any defect in or damage to any part of the equipment/item supplied under this purchase order, which may appear or occur during the warranty period. The Supplier shall make good the defect or damage as soon as possible and at his own cost.
   - If any defects are not remedied within a reasonable time, the Purchaser may proceed to do the work at the Supplier's risk and cost, but without prejudice to any other rights, which the Purchaser may have against the Supplier in respect of such defects.
5. **Penalties for Fraud or Misinformation**
   If the Bidder provides false information or engages in fraudulent activities, the Purchaser reserves the right to terminate the agreement and take legal action under Sections 191 and 200 of the Indian Penal Code.
6. **Supplier Acknowledgment:**
7. **Dispute Resolution** : Any disputes arising from this agreement shall first be resolved through mutual discussions. If unresolved, the dispute will be subject to the jurisdiction of the Kopargaon Court, and its decision will be final and binding.
8. **Taxation Compliance** : The purchaser reserve the right to deduct TDS, If applicable in accordance with income tax laws

We, [Insert Supplier Name], hereby accept the terms and conditions stated in this purchase order and agree to supply the goods as per the specified timeframe and conditions.

"The supplier confirms and undertakes to the atmamalik hospital that no commission, brokerage, incentive or any payment has been/will be paid directly to any one (including employee/servant of the atmamalik hospital or to any other person at their requests/direction) either in India or abroad towards securing the contract for supply to the company. The price quoted and charged by supplier to the trust is on the basis aforesaid."

ATMA MALIK HOSPITAL Reg.No. AH 315 KOPARGAON-423601

Supplier's Signature:

[Supplier's Name] :----------

[Supplier's Designation] : ----------

[Supplier's Contact Details] :- ----------

Stamp:

Authorized By:

[Name of Authorizing Officer]

Designation: President/Authorized Representative

Signature:

Patr -1 To be Included In Envlope NO -1

Price List

Atma Malik Hospital Kokamthan

Year - 2026-2027

Pathology Lab Material List

Sr.No	Material Name	Company	Oty /Packing		Rate	Amount
1	Cell Pack	Sysmax	20 ltr 1 Box	40 Box		
2	Lyzer	Sysmax	500 ml 1 Box	75 Box		
3	Sodium Hypo		5 ltr	10 Liter		
4	Distilled Water		5 ltr	20 Liter		
5	Printer Paper		1 Nos	50 Nos		
6	Esr Tube		1 Nos	500 Nos		
7	Test Tube		1 Nos	500 Nos		
8	Urine Container (30 ML)		1 Nos	2000 Nos		
9	Plain Bulb (Colt Activator)		100 Nos	200 Box		
10	Edta Bulb (Vaccum)		100 Nos	200 Box		
11	Pt/Inr Bulb (BCT)	Aacharya Enterpriese	100 Nos	15 Box		
12	Yellow Tips		1000 Nos	15 Box		
13	Blue Tips		500 Nos	15 Box		
14	Pipette		01 Nos	05 Nos		
15	Culture Bottles		01 Nos	200 Nos		
16	Slides		50 Nos	10 Box		
17	Cover Slipes		100 Nos	10 Box		
18	Capillary Tubes		25 Nos	05 Box		
19	Whatminn Filter Pap		50 Nos	05 Box		
20	Occult Blood Kit	B/O Lab	10 Ml 1Kit	05 Kit		
21	Forcep		01 Nos	05 Nos		
22	Electroyte Pack	Erma	1 Pack	13 Pack		
23	T3 Kit	Fine Care	25 Test	15 Box		

24	T4 Kit	Fine Care	25 Test	15 Box		
25	Tsh Kit	Fine Care	25 Test	20 Box		
26	HBA1C Kit	Fine Care	25 Test	15 Box		
27	D-Dimer - Kit	Fine Care	25 Test	05 Box		
28	Vit D - Kit	Fine Care	25 Test	20 Box		
29	ABG Card	Abbott	25 Test	50 Box		
30	PSA Kit	Fine Care	25 Test	05 Box		
31	HIV	J-Mitra	01 kit	2500 Kit		
32	HBSAG	J-Mitra	01 kit	2500 Kit		
33	HCV	J-Mitra	01 kit	2500 Kit		
34	Trop -T	J-Mitra	5 Kit	50 Box		
35	Malaria	J-Mitra	50 Test	05 Box		
36	Dengue	J-Mitra	01 kit	500 Kit		
37	UPT	J-Mitra	01 kit	250 Kit		
38	VDRI	J-Mitra	01 kit	200 Kit		
39	Chickenguenia	J-Mitra	01 kit	200 Kit		
40	Leptospira	J-Mitra	01 kit	25 Kit		
41	Urine - Pro + G/P Strip		100 Strip	20 Box		
42	Urine -Kelt + G/K Strip		100 Strip	20 Box		
43	Calcium	Prcton / Pathozyn	(50 Test)	10 Box		
44	Glucose	Erba	2x200 Ml	15 Box		
45	Mangnesium	Pathozyme	50 Test	05 Box		
46	Cholinesterase	Pathozyme	24 ml 1 Box	05 Box		
47	Ammonia 2x5ml	Proton	2x5ml 1Box	12 Box		
48	Aptt	Diagnose APTT	2 ml 1 Box	05 Box		
49	Aso	Tulip	1 Ml 1 Box	05 Box		
50	Blood Group Kit	Tulip	3x12ML 01 kit	20 Kit		
51	Blood Urea	Erba	4x6 M 1 Box	10 Box		
52	Crp	Proton	50 ml 1 Box	20 Box		
53	Cholesterol	Erba	30 ml 1Box	12 Box		
54	Cpk -Total	Erba	2x8ml 1Box	03 Box		
55	Ck -Mb	Erba	2x10 Ml Box	15 Box		
56	Mountoux	Arkray	5 Ml 1 Box	05 Box		

ATMA MALIK HOSPITAL * Reg. No. AH 315 * KOKAMTHAN-423601

57	HDL	Erba	2x60 Ml 1 Box	05 Box		
58	Sr. Billirubin	Erba	4x60 ml 1Box	15 Box		
59	SGOT	Erba	4x24 ml 1Box	15 Box		
60	SGPT	Erba	4x24 ml 1Box	15 Box		
61	Phosphate Alk	Erba	5X30 ML 1Box	05 Box		
62	Sr.Protein	Erba	5X50 ML 1Box	05 Box		
63	Albumin	Erba	5X50 ML 1Box	05 Box		
64	Lipase	Erba	12 Ml 1Box	05 Box		
65	Triglyceride	Erba	5x10ML 1Box	10 Box		
66	Thrombo 1.0	Diagnose - Thrombo	5ml 1 Box	15 Box		
67	RA	Tulip	25 Test	05 Box		
68	Amylase	Erba/Proton	25 Test	05 Box		
69	Sr.Creatinine	Erba	4x60 ML 1Box	20 Box		
70	Sr.Phosporous	Erba	50 T	05 Box		
71	Uric Acid	Erba	5x10ML 1Box	10 Box		
72	Weli - Felix	Cromoatest	5 Ml 1 Box	25 Box		
73	Widal	Beacon	20 ml 1Box	25 Box		
74	Eleuroyte Deparcteini Zer	Erma	12x15 ML 1Box	05 Box		
75	Test Tube Rack		01 Nos	05 Nos		
76	B-HCG	Fine Care	25 Test	06 Box		
77	Trop - I	Fine Care	25 Test	05 Box		
78	Ferrittin	Fine Care	25 Test	10 Box		
				TOATL :-		

व्यवस्थापक
आत्मा मालिक हॉस्पिटल
कोकमठाण

युनिट हेड
आत्मा मालिक हॉस्पिटल
कोकमठाण

विश्वस्त अध्यक्ष
विश्वात्मंक जंगली महाराज
आश्रम ट्रस्ट,आत्मा मालिक
हॉस्पिटल कोकमठाण