AMDA HOSPITAL

Damak-2, Jhapa, Koshi Province, Nepal | Email: ah.damak@amda.org.np | Tel: +977-23-580186

APPLICATION & TENDER DOCUMENT FEE PAYMENT CONFIRMATION FORM

1. TENDER & SUPPLIER DETAILS

Tender Reference No.:	_____	**Application Date:**	[YYYY / MM / DD]
Supplier/Company Name:	_____ _____	**PAN / VAT Registration No.:**	_____
Company Reg. No. & Date:	_____	**Authorized Representative:**	_____
Designation:	_____	**Contact Mobile / Phone:**	_____
Email Address:	_____ _____	**District / Province:**	_____
Permanent Address:	Municipal/Ward No. ____, Location: _____		

2. TENDER CATEGORY APPLIED FOR (SELECT ONE MAIN CATEGORY)

[ ] Printing and Stationary Supplies
[ ] Medicines Supplies
[ ] Cloth / Clothing Supplies
[ ] Medical Oxygen Supplies
[ ] Laboratory, Surgical and X-Ray Supplies
[ ] Cleaning Supplies
[ ] Electric & Repair Supplies

3. TENDER FEE PAYMENT CONFIRMATION

Fee Amount (NPR):	Rs. _____	**Payment Mode:**	[ ] Bank Deposit [ ] Cash [ ] Online
Bank Name & Branch:	_____	**Voucher / Txn ID & Date:**	ID: _____ Date: _____

4. MANDATORY ATTACHMENTS & DECLARATION

Self-Attested Copies Required: [ ] Firm Registration [ ] PAN/VAT Certificate [ ] Tax Clearance (Latest) [ ] Bank Fee Deposit Slip

Declaration: I/We hereby request the issue of Tender Documents for the selected category at AMDA Hospital, Damak. I certify that all supplied details are accurate and the required non-refundable tender document fee has been deposited.

Authorized Bidder Signature: _____

Name: _____

Date: _____ [Stamp/Seal]

Designated Bank / Deposit A/C Details:

Account Name: AMDA Hospital Damak

Bank Name: _____ Bank Ltd.

A/C No.: _____

5. FOR OFFICIAL USE ONLY (AMDA HOSPITAL PROCUREMENT DEPT.)

Payment Verified: [ ] Yes [ ] No	Tender Doc Serial No.: _____	Issue Date: _____
Verified By (Name): _____	Receiver Signature: _____	Authorized Officer Sig: _____