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Bankura Sammilani College

P.O. - KENDUADIHI • DIST - BANKURA - 722102

ESTD. - 1948

NAAC ACCREDITED B⁺⁺ (CGPA-2.97)

Ref. No. BSC/IN-09/25.....

Dated the. 12/02/2025.....

From : **Teacher -in-Charge**

Notice Inviting Quotations

Quotations are invited from the reputed agencies / suppliers for the purchase of some **laboratory equipments** for **Microbiology Department** of our college.

The specifications for the equipments have been mentioned in separate sheets.

Rate to be quoted as per our format (**Annexure – I & II**) attached. Annexure – I & II format is to be downloaded from college website or may be collected from college office.

The quotations are to be submitted in sealed envelopes and to be dropped in the tender box located adjacent the College Office.

The last date of submission of quotation is **28/02/2025**.



Swapan Mukhopadhyay 12/2/25
(Dr. Swapan Mukhopadhyay)
Signature of Teacher-in-Charge
Teacher-in-charge
Bankura Sammilani College
P.O.-Kenduadihi
Dist.-Bankura

E-mail : bankurasammilanicollege@gmail.com

Website : www.bankurasammilanicollege.net

Bankura Sammilani College
Department of Microbiology
List of Items

SI No.	Instrument	Specification	Purpose
1	Rotary shaker	Capacity 250 ml flasks 16 nos. with digital RPM counter and timer	Regular Practical



Swapan Mukhopadhyay, 12/11/21

(Dr. Swapan Mukhopadhyay)
Signature of Teacher-in-Charge

Teacher-in-charge
Bankura Sammilani College
P.O.-Kenduadihi
Dist.-Bankura

Notice Reference No.:-BSC/N-09/25

Date:-12/02/2025

Bankura Sammilani College

Annexure – I

Sl No.	Instrument	Specification	Purpose	Your Quoted Price with Tax
1	Rotary shaker	Capacity 250 ml flasks 16 nos. with digital RPM counter and timer	Regular Practical	

Date :

Signature of the Authorized
Person of the Agency

Notice Reference No.: -BSC/N-09/25

Date: -12/02/2025

Bankura Sammilani College

Annexure – II

Quotations for purchase of some Laboratory Equipments for Microbiology
Department of our college.

Name of the Agency :

Address :

Phone No. :

PAN No. :

GST No. :

Date :

**Signature of the Authorized
Person of the Agency**