



MEDICAL SUPERINTENDENT  
TEACHING HOSPITAL DERA GHAZI KHAN  
PH.NO-064-9260224 FAX NO.064-9260225



**NOTICE**  
**CALL QUOTATION FORM REGISTERED TAX PAYER VENDORS FOR**  
**FOLLOWING ITEMS**

It is to inform you that quotation for the following items are hereby required from registered tax payer vendors.

Call Quotation Opening will be held on \_\_\_\_\_.

Sr.No	Name of Items	SPECIFICATION	Quantity
01	Anesthesia Consent Form	Size 8 ½ x 13 ½ 04Pages 80gm Imported Paper	80,000

Along with quotation it is mandatory to bring sample with quotation

An earliest response in this matter is required


Sd/-  
MEDICAL SUPERINTENDENT  
ALLAMA IQBAL TEACHING HOSPITAL  
DERA GHAZI KHAN

No/. 1133-35 / Teaching Hospital D.G.Khan Dated 29-7-24 .2024

Copy forward to:-

1. The Director Finance, Allama Iqbal Teaching Hospital, D.G. Khan.
2. The Purchase Officer, of this Hospital.
3. The Accountant Teaching Allama Iqbal Teaching Hospital, D.G. Khan.

For information of necessary action please

  
MEDICAL SUPERINTENDENT  
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