| | ANNEXURE | | | | |
|------------|---|----------|--------|----------|-------------|
| | QUOTATION FOR POST CONSTRUCTION ANTITERMITE TREATMEN | IT AT W | /ANKHE | DE STADI | UM PREMISES |
| Sr. No. | Description of Item | Unit | Qty | Rate | Amount |
| 1 | Provide & Application of post construction termite control treatment either by drilling or by Injection or by spraying method as require as per intensity of termite attack at various place after joint visit with PMC quarterly or as instructed by MCA. Service includes below:- | L.S. | 1 | | - |
| | Material use by applicator shall be environmental friendly and approved by concern authority / health authority. | | | | |
| | Methods of treatment shall be provide by applicator as per their speciality / product speciality. | | | | |
| | Termite infection need to be controlled 90% immediate after application and no reoccurrence. | | | | |
| | Frequently service require if termite observed in stadium premises. | - | | | |
| | Total Amount | | | | - |
| | GST | | | | - |
| | Total Amount including TAX | | | | - |
| | TERMS: | <u> </u> | 1 | l | <u> </u> |
| 1 | Contract Period to be 1 year and renewable depends on quality of Service. | | | | |
| 2 | Quarterly inspection / service shall be compulsory and status shall be certified by PMC. | | | | |
| 3 | Payment to be released quarterly on prorate basic as invoice claimed by agency after certified by PMC. | | | | |
| 4 | Only Authorised workers / certified workers to be allowed in the premises. | | | | |
| | (SEAL & SIGNATURE OF AGENCY) | | | | |