



**KARNATAKA ANTIBIOTICS &
PHARMACEUTICALS LIMITED**

(A Government of India Enterprise)

ENQUIRY REF. No.	KAPL/ME/013/2431
DATE	14/02/2025
DUE DATE	24/02/2025(13.00HRS)

Dear Sir,

Please submit your lowest and competitive offer in a SEALED ENVELOPE, DULY SUPERSCRIBING OUR ABOVE ENQUIRY REF. NO., DATE and DUE DATE on it. Mentioned other details of F.O.R terms, Taxes, Credit period, Delivery offered, Name of the Make, Detailed Specification etc., for the below Supply or Service

Sl No	Item Code	Item Description	Uom	Qty
01	M510980	19X8CAPSULESHAPED-UPPER&LOWER PUNCH WITH IE FOR D = Tool A) 19X8MM CAPSULE SHAPED-UPPER PUNCH WITH BREAK LINE= 50NOS B) 19X8MM CAPSULE SHAPED-LOWER PUNCH PLAIN SURFACE= 50NOS C) 19X8MM CAPSULE SHAPED-DIES= 50NOS	NOS	50

Please ensure that your offer reaches us on or before Due Date by courier OR Speed post or by Hand in sealed cover only to below office address:

M/s. Karnataka Antibiotics and Pharmaceuticals Limited Plot No.37, Arka The Business Centre, NTTF Main Road, Peenya Industrial Area 2nd Phase, Bengaluru-560058 Ph. No.080-23571590

OTHER TERMS:

1. F.O.R TERMS : DOOR DELIVERY
2. GST % : PLEASE SPECIFY
3. PACKING & FORWARDING CHARGES : NOT APPLICABLE
4. CREDIT PERIOD : 30 DAYS
7. ATTACHED : URS ATTACHED - 2 PAGES

NOTE:

01. IF YOU ARE NOT PARTICIPATING IN THE TENDER PLEASE SEND A REGRET LETTER.


02. VENDOR HAS TO QUOTE AS PER OUR TENDER IN YOUR COMPANY LETTER HEAD.

03. QUOTATION MUST BE SUBMITTED IN TWO SEALED COVERS (TECHNICAL & COMMERCIAL/PRICE BID) SEPARATELY AND IN ONE ENVELOPE OR ELSE YOUR PROPOSAL WILL NOT BE CONSIDERED.

IF YOU NEED ANY CLARIFICATION, PLEASE CONTACT US.

Thanking you,

Yours faithfully,
For KARNATAKA ANTIBIOTICS
& PHARMACEUTICALS LIMITED


YUVARAJA M
DEPUTY MANAGER PURCHASE DEPT
MOB:- 9945317873

Karnataka Antibiotics & Pharmaceuticals Limited

NON PARENTERALS DEPARTMENT

User Requirement Specifications

Equipment/system

Punches and Dies

Document#

NP/URS/PD/01



**USER REQUIREMENT
SPECIFICATIONS
FOR
PUNCHES AND DIES**

Karnataka Antibiotics & Pharmaceuticals Limited**NON PARENTERALS DEPARTMENT****User Requirement Specifications**

Equipment/system	Punches and Dies
Document#	NP/URS/PD/01

2. Objective

This document specifies the list of user requirements for Punches and dies.

3. Purpose

The purpose of the instrument is for Tablets compression at Non Parenteral Department.

4. Scope

The scope of the equipment is bound to this URS and any changes will be through revised and approved URS.

Description

19x8 mm capsule shaped punch

1. User Specifications

	Specification	Range
1.	19x8 mm capsule shaped punch	
2.	Upper Punch	Specification –U/P- Break line MOC- S7 (OHNS)
3.	Lower Punch	Specification –L/P - Plain MOC- S7 (OHNS)
4.	Dies	Specification – plain MOC-HCHC D3
5.	Shape	capsule
6.	Tooling	D Tooling
7.	Coating	Multi – CRN Coating For Upper and Lower Punch
8.	Include dust grove	
9.	Dust Caps	
10.	laser dot marking For Punches and Dies	
11.	MOC certificates	
12.	Punches Inspection report.	