



**KARNATAKA ANTIBIOTICS &
PHARMACEUTICALS LIMITED**

(A Government of India Enterprise)

ENQUIRY REF. No.	KAPL/ME/013/2530
DATE	05/03/2025
DUE DATE	12/03/2025(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

SI No	ItemCode	Item Description	Uom	Qty
01	MNP25DTT 6M	D-TOOL-6MMTHREE TIPS STD.CONCAVEPLAIN U/P,L/P&DIES	NOS	55

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 |
| 5. DELIVERY OFFERED | : PLEASE SPECIFY |
| 6. ATTACHED | : SPECIFICATION SHEET |

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
6mm standard concave – Three tips

1. User Specifications

Specification	Range
1.	6mm Standard Concave – Three tips
2.	Upper Punch Specification –U/P- plain (Three Tips) MOC- S7 (OHNS)
3.	Lower Punch Specification –L/P - Plain (Three Tips) MOC- S7 (OHNS)
4.	Dies Specification – plain MOC-HCHC D3
5.	Shape Standard Concave
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.