



**KARNATAKA ANTIBIOTICS &  
PHARMACEUTICALS LIMITED**

(A Government of India Enterprise)

ENQUIRY REF. No.	KAPL/ME/013/2560
DATE	07.03.2025
DUE DATE	14/03/2025 (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/ OR MAIL, with other details of F.O.R terms, Taxes, Credit period, Delivery offered, Name of the Make, Detailed Specification etc., for below mentioned material/s

SL. NO.	ITEM CODE	ITEM DESCRIPTION	UOM	QTY.
01	MOSD55STB	14.5X11.5MM OVAL SHAPE DEEP CONCAVE B/L UP, LP & DIES	NOS	60

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 2<sup>nd</sup> 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             | :                |
| 6. ATTACHED PAGES               | : 02 PAGES       |

NOTE:

- 1).IF YOU ARE NOT PARTICIPATING IN THE TENDER PLEASE SEND A REGRET LETTER .
- 2).VENDER HAS TO QUOTE AS PER OUR TENDER IN YOUR COMPANY LETTER HEAD.
- 3).QUOTATION MUST BE SUBMITTED IN TWO SEALED COVERS (TECHNICAL&COMMERCIAL /PRICE BID)SEPARATELY AND IN ONE ENVELOP 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

## ENGINEERING DEPARTMENT

### User Requirement Specifications

Equipment/system	Punch and Dies		
Identification	OSD/PD/01	Document	OSD/PD/00
Effective Date	05.02.2025	Revision	00



#### JOB REQUIREMENT:

1. OBJECTIVE:

The document specification the list of user requirements for Punch and Dies.

2. Purpose

The purpose of the instrument is for tablets compression at OSD section

3. Scope

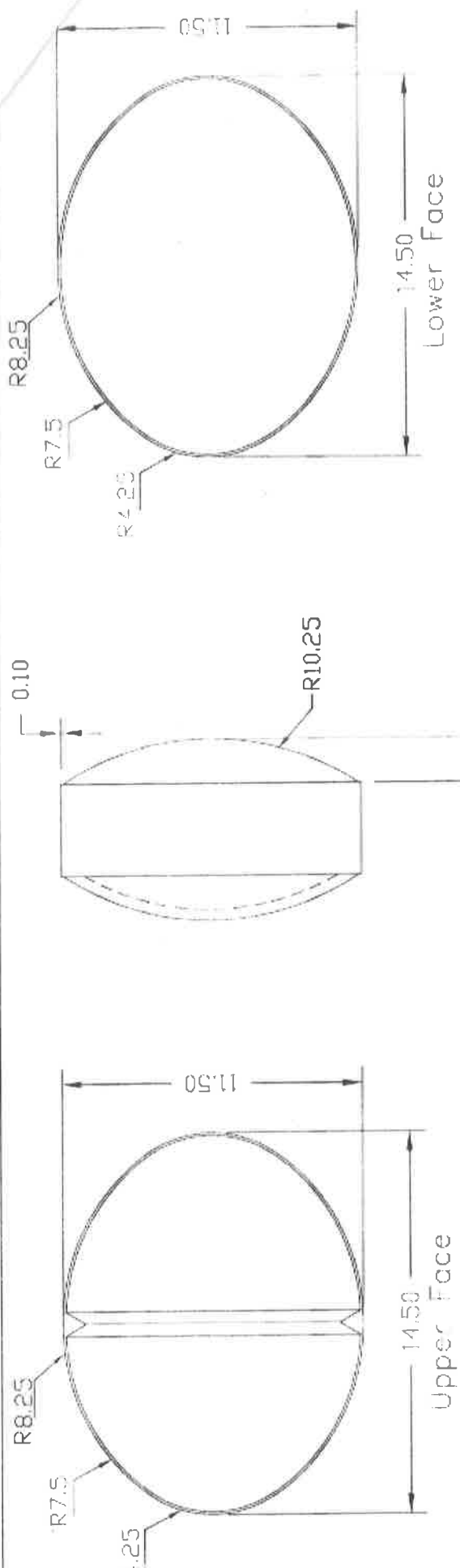
The scope of the equipment or Item is bound to this URS and any changes will be through revised and approved URS.

4. TECHNICAL SPECIFICATIONS:

DESCRIPTION: 14.5 X 11.5 MM OVAL SHAPE DEEP CONCAVE B/L UP, LP & DIES

5. User Specification

	<u>Specification</u>	<u>Range</u>
1	14.5 X 11.5 MM OVAL SHAPE DEEP CONCAVE B/L UP, LP & DIES	
2	Upper Punch	14.46 x 11.46 mm MOC – S7
3	Lower Punch	14.47 x 11.47 mm MOC – S7
4	Dies	14.50 x 11.50 mm HCHC D3
5	Shape	OVAL SHAPE
6	Tooling	B Tooling
7	Coating	Multi CNC coating for upper and lower punch
8	MOC certificates	Required
9	Punches Inspection report	Required
10	Laser dot marking for punch and dies	Required
11	Dust Cap	Required
12	Include dust grove	Required



170 Actual Depth  
176 Nominal Depth

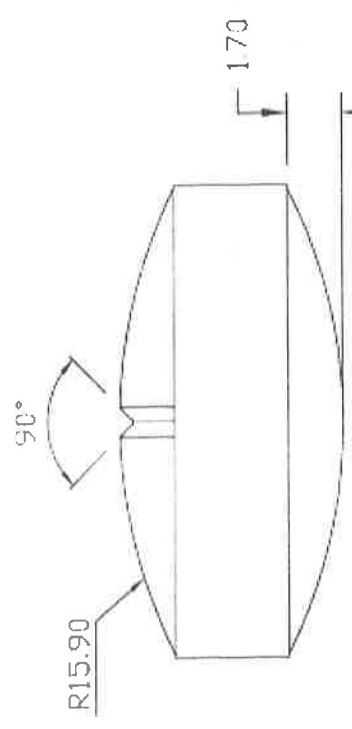


TABLE: - 14.50x11.50mm, Oval Shape, Deep Concave, Breakline, Plain

INNER PUNCH TIP SIZE	14.46x11.46mm	+0.01	-0.01	M.O.C.
OUTER PUNCH TIP SIZE	14.47x11.47mm	+0.00	-0.01	PUNCH: S7 STEEL
INTERNAL DIAMETER	14.50x11.50mm	+0.02	-0.00	DIE: HCHC D3

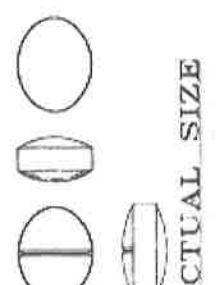
DRAWING REFERENCE

Mail	Verbal	Tab.	Drg	Pun.

CUTTER DETAILS

Material	90°	A	A
W	0.00	W	W
D	0.41	D	D
R	0.10	R	R1

CLIENT'S REMARK	
KINDLY FURNISH THE DETAILED BELOW	
MAKE OF MACHINE (MPG)	
TYPE OF MACHINE (STN)	
TYPE OF TOOLING (PUNCH) 'B'	
TYPE OF TOOLING (DIE) 'B'	
REQUIRED QTY.:-AS PER REQUIREMENT	
NOTE :- ALL DIMENSION ARE MM	
CLIENT :- M/s. Karnataka Antibiotics & Pharmaceuticals LTD	
PRODUCT:- DOLO 650 TABLET	APP. : IF ANY OTHER
DRG.NO. :- BTT/KAPL/2242/2024-25	SCALE : 5:1
DATE :- 05/02/2025	DRAWN : D.P
MAX COM.FOR.:-	CHECKD : P.P
	SIGN & DATE



ACTUAL SIZE