

CO: INFORMATION TECHNOLOGY DEPARTMENT

Ref: CO/ITD/998/R1/2021-22 19.08.2021

<u>Part-II</u> <u>Revised Commercial Bid (To be submitted after Online Reverse Auction)</u>

The Asst. General Manager CO: Information Technology Department Indian Bank 254-260 Avvai Shanmugham Salai Chennai 600 014.

Dear Sirs,

Sub: Request for Proposal for Supply, Installation and Maintenance of Necessary Hardware, Software & Support Services for Implementing 1000 Digital Signage.

Ref:	1. Your RFP No. RFP No. CO/ITD/998/R1/2021-22 dated 03.08.2021			
	2. Online Reverse Auction Dated			
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Further to the online reverse auction conducted on ______, we submit hereunder the price details as per the specifications given in Part-I.

S No.	Description	Qty	Unit Price*	Total Price*
1.	43" Digital Signage with 3 years warranty	900		
2.	55" Digital Signage with 3 years warranty	100		
3.	One time Installation and configuration including onsite support till completion of installation	1000		
4.	4 th Year AMC for 43" Digital Signage	900		
5.	5 th Year AMC for 43" Digital Signage	900		
6.	4 th Year AMC for 55" Digital Signage	100		
7.	5 th Year AMC for 55" Digital Signage	100		
8.	CMS License for central server at DC and DR site with 3 years warranty including one time installation/setup charges.	1		
9.	4 th year AMC cost for Server License - Enterprise Content management	1		





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	and Designer Software at DC and DR site			
10.	5 th year AMC cost for Server License - Enterprise Content management and Designer Software at DC and DR site	1		
11.	CMS client License for Digital Signage with 3 years warranty	1000		
12.	4 th year AMC cost for CMS client License	1000		
13.	5 th year AMC cost for CMS client License	1000		

Total Cost to be quoted in reverse auction = Rs.

* Price is inclusive of all charges but exclusive of taxes. TDS if any, will be deducted from the payment.

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Total Amount in words: Rupees							
We submit that we s	all abide by the details given above and terms and conditions giver	n in					
	For						
Office Seal							
	(Authorized Signatory)						
Place:	Name:						
Date:	Designation:						

Business Address & Contact No.:

Email ID:

