

DECLARATION FORM

We.....having our office at
do declare that we have carefully read all the conditions of Tender for the supply of
..... and abide by all the conditions set forth therein by the Medical
Superintendent, ESIC Hospital , K.K.Nagar,Chennai 78.

We further declare that wepossesses valid licence bearing No
..... valid upto.....

DATE:

SIGNATURE:

SEAL:

NAME & ADDRESS: