

**King George's Medical University, Lucknow-226003**  
**Department of Clinical Hematology**  
Email- [clinicalhematology2@gmail.com](mailto:clinicalhematology2@gmail.com), website: [www.kgmu.org](http://www.kgmu.org)

No.....316...../2024

Date:.....15...../05/2024

**NOTICE**

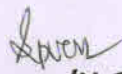
**Subject: Procurement of following item on proprietary/single quotation basis for Department of Clinical Hematology.** The KGMU, Lucknow intends to procure following item(s) manufactured as per mentioned against item names for Department of Clinical Hematology on Proprietary/single quotation basis from their authorized dealer/seller as per enclosed Technical Specifications.

| S.N. | Product Details | Principal Company   | Authorized Seller/ Company/Dealer   |
|------|-----------------|---|---|
| 1    | Diluent         | M/s Boule Medical AB,<br>Domnarvgatan<br>4 SE-163 53 SPANGA<br>Sweden | M/s POCT Services<br>298-281,<br>Transport Nagar,<br>Kanpur Road, Adjacent<br>Transport Nagar, Metro<br>Station, Lucknow-226023 |

The PROPRIETARY CERTIFICATE for above item(s) submitted by principal company or their Authorized Seller/Company/Dealer is attached. The above documents are being uploaded for open information to all manufacturers/suppliers to submit objection/representation, comments on the above proposal/proprietary nature of the equipment/item within 07 days to the **Finance Officer/HOD, KGMU, Lucknow** from the date mentioned above, failing which it will be presumed that any other supplier is having no comment to offer and the case will be decided on merits. The comments/objections/representations to be submitted on the following:-

I) whether the above equipment/item is manufactured by any other manufacturer other than as per mentioned principal company or their Authorized/Seller/Company/Dealer.

(II) Fulfil all the parameters as per technical specifications.

  
**In-charge/H.O.D.**  
**Department of Clinical Hematology**  
**KGMU, UP, Lucknow**