

No Vehicle More Than 100 Cylinders will be Accepted.

Annexure-1

UNDERTAKING FOR FILLING OF MEDICAL OXYGEN CYLINDERS

DATE:

1. Name of Hospital / Medical Facility:
2. Address:
3. GST Number:
4. PAN No. (if GST No. not available):
5. TOTAL NO OF CYLINDERS (Minimum 10 Nos. Cylinder OR multiple of 10 Nos.):
MAXIMUM CYLINDERS PER TRUCK/ VEHICLE: 100 (Due to Safety/issues)
 - (a) No. of Cylinders of water capacity 47 Litre (6.0 Cu.m. Gas @ 130 Kg./Sq.Cm) : _____ Nos.
 - (b) No. of Cylinders of water capacity 11 Litre (1.5 Cu,m. Gas @ 130 Kg./Sq.Cm) : _____ Nos.
 - (c) No. of Cylinders of water capacity 80 Litre (10.0 Cu.m. Gas@ 130 Kg./Sq.Cm) : _____ Nos.
 - (d) No. of Cylinders of water capacity _____ Litre (_____ Cu. M. Gas @ 130 Kg/ Sq. cm): _____ Nos.
 - (e)
6. Value of Oxygen Gas per Cylinders: Oxygen Gas @ 25.71/Cu.M. (max.) and GST @12%
 - (a) For Cylinders water capacity 47 Liter (6.0 Cu.m. Gas @ 130 Kg./Sq.Cm) : : Rs. 154/- + 12% GST
 - (b) For Cylinders of water capacity 11 Liter (1.5 Cu,m. Gas @ 130 Kg./Sq.Cm) : Rs 38/- + 12% GST
7. List of all Cylinders (Capacity wise) with Cylinder Sl. No.:
May attached list with sign & seal along with this undertaking
8. Vehicle No. (Copy of RC enclosed) :
9. Driver Name:
10. Driver Driving License No. (Copy of DL enclosed):
11. Name of Contact Person carrying Cylinders:
12. Mobile No. of contact person at Sl.No. 11:
13. We hereby confirm that these Cylinders are PESO approved Medical Oxygen Cylinders & having Valid Medical Oxygen filing permission. We also confirm that these are Hydraulic Tested as per PESO Norms. We take full responsibility of the Cylinders above.
14. ALL THE FILLED CYLINDERS SHALL BE USED FOR MEDICAL REQUIREMENT ONLY.
15. Mode of Payment:
 - (i) By Cheque: Cheque No. _____ Dated _____ (by crossed cheque in favour of M/s Bharat Heavy Electricals Limited)
 - (ii) By e-Payment (attach receipt copy): Receipt No. _____ Dated _____
(e-Payment shall be preferred by BHEL and Mandate form as per Annexure-2)
 - (iii) By POS Machine.

We agree to take delivery against the challan issued by BHEL at the Oxygen Gas filling point and GST invoice if required shall be collected from BHEL Office on given date and time after giving prior intimation to BHEL.

Sign. & Seal of Hospital CMO (Authorization)

Contact No. of Hospital:

Email ID:

NOTE : Scan copy of above Format (duly filled in all respects) shall be sent to BHEL Nodal Officer by Email and Carry 02 Nos. Hard copy of this Format (one in original and one photo copy in addition).

BHEL Nodal Officer : Sh. P.K.Srivastava, AGM (HR), Mobile : 09411111570, Email : heep_oxygen@bhel.in