Please find the competitive price quote for **Hotel Services** as mentioned below as per your request:

<table>
<thead>
<tr>
<th>S#</th>
<th>Type of Rooms</th>
<th>Competitive Rate Offered to Plan International Nepal</th>
</tr>
</thead>
<tbody>
<tr>
<td>1.</td>
<td><strong>Standard Room</strong> - Single occupancy (with complementary breakfast)</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>2.</td>
<td><strong>Standard Room</strong> - Double occupancy (with complementary breakfast)</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>3.</td>
<td><strong>Deluxe Room</strong> - Single occupancy (with complementary breakfast)</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>4.</td>
<td><strong>Deluxe Room</strong> - Double occupancy (with complementary breakfast)</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>5.</td>
<td><strong>Residential Training/Meeting package full board - Single occupancy</strong> [Breakfast, Tea/Coffee &amp; Cookies, Lunch, Hi-Tea, Dinner and Accommodation]</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>6.</td>
<td><strong>Residential Training/Meeting package full board - Double occupancy</strong> [Breakfast, Tea/Coffee &amp; Cookies, Lunch, Hi-Tea, Dinner and Accommodation]</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>7.</td>
<td><strong>Residential Training/Meeting package full board - Single occupancy</strong> [Breakfast, Tea/Coffee &amp; Cookies, Lunch, Hi-Tea and Accommodation, without dinner]</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>8.</td>
<td><strong>Residential Training/Meeting package full board - Double occupancy</strong> [Breakfast, Tea/Coffee &amp; Cookies, Lunch, Hi-Tea and Accommodation, without dinner]</td>
<td>Per Night/Room</td>
</tr>
<tr>
<td>9.</td>
<td><strong>Non-Residential Training/Meeting</strong> in Package [Breakfast, Two times Tea/coffee &amp; Cookies, Lunch]</td>
<td>Per Person/Day</td>
</tr>
<tr>
<td>10.</td>
<td><strong>Non-Residential Training/Meeting</strong> in Package [Two times Tea/Coffee &amp; Cookies, Lunch]</td>
<td>Per Person/Day</td>
</tr>
<tr>
<td>11.</td>
<td><strong>Non-Residential Training/Meeting</strong> in Package for half day program [Breakfast, one times Tea/coffee &amp; Cookies, Lunch]</td>
<td>Per Person/Day</td>
</tr>
<tr>
<td>12.</td>
<td><strong>Non-Residential Training/Meeting</strong> in Package for half day program [One times Tea/coffee &amp; Cookies, Lunch]</td>
<td>Per Person</td>
</tr>
<tr>
<td>13.</td>
<td>Lunch box</td>
<td>Per Person</td>
</tr>
<tr>
<td>14.</td>
<td>Breakfast only</td>
<td>Per Person</td>
</tr>
<tr>
<td>15.</td>
<td>Hi-Tea</td>
<td>Per Person</td>
</tr>
<tr>
<td>16.</td>
<td>Lunch</td>
<td>Per Person</td>
</tr>
</tbody>
</table>

*All documents must be signed by authorized person with company seal.*
17. Dinner Per Person
18. Tea Per Person
19. Coffee Per Person
20. Mineral Water Bottle
21. Tea/coffee/cookies Per person

**Preference Note:**

(a) Location: Patan / Kupondole / Sanepa area with good security and enough parking facility (for easy access, logistics and time management)

(b) Internet- Free Wi-Fi facility with good connectivity within the hotel premises

(c) Conference Hall - Complementary Conference / Meeting hall

(a) Above price is valid from March, 2022 till February, 2023 - for One-year period (can be extended up to maximum period of three years upon mutual discussion)

(b) Vendor agree all the terms and conditions attached herewith.

(c) Quoted rates are inclusive of all government taxes.

(d) The rate mentioned is competitive as per market.

(e) If any conditions by vendor: (please use extra sheet if required) …………………………………………………

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**Signature of Authorized Person**

Name of Authorized Person: ................................................................. Signature: ........................................

Name of Firm/Company: ..................................................................................

Address: ................................................................................................. Cell #: ..........................................................

Contact# ................................................................................................ E-mail ID: ..................................................

Company Seal/Stamp

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*All documents must be signed by authorized person with company seal.*
Terms & Conditions for Submission of Quotation

1. All VAT/PAN registered, established, reputed and reliable firms which deals in the services/items as mentioned in the Quotation Form are eligible to bid.

2. The supplier should submit this sealed quotation by 5:00 pm of 7th March, 2022 to the address as mentioned below:
   [Quotation for ..........................................................]
   The Procurement Unit
   Plan International Nepal
   Maitri Marga, Bakhundole, Lalitpur-3

3. Price should be mentioned inclusive of VAT clearly without any correction of rate and amount.

4. Quotation documents should be signed by authorized person with company seal.

5. The copies of the following documents should be attached along with the Quotation Form.
   a. Firm registration/latest renewal document,
   b. VAT registered document,
   c. Tax Clearance Certificate, latest.

6. Plan Nepal reserves the right to accept or reject any/all submitted Quotation without assigning any reason.

7. Plan International Nepal, will be final authority for settlement of dispute if any.

8. Quotation Form must be submitted in the specified format as provided by Plan International Nepal.

9. Submission of this Quotation does not guarantee for selection of supplier.

10. The payments will be made within 1 month/as per Plan International standard policy.

11. Plan International Nepal may reject the goods found not genuine or as specified in quotation form. Plan International Nepal requires/prefers quality services/goods.

12. The bidder will be offered to supply the goods/services on the basis of the lowest bid amount in total, conformity of specification/quality and early delivery time.

13. The successful bidder will be black listed if denies/unable to supply goods/services on time.

Submitted by:

Name of Firm/Company: .................................................................................................................................

Address: ................................................................................................................................. Cell # ........................................................................................................................................

Name of Authorized Person: .......................................................................................................................... Signature: .................................................................................................

Company Seal/Stamp

All documents must be signed by authorized person with company seal.