

Event. No. : **DISPROC/2023/ME/0035**

Event Name : **Manual Enquiry**

Event Start DateTime :

06-02-2023

Event End DateTime :

15-02-2023

HOMI BHABHA CANCER HOSPITAL & RESEARCH CENTRE

Plot No. 1, MediCity, EcoCity, Mullanpur, Mohali (PB) 140901

INVITATION TO QUOTE (DISPROC/2023/ME/0035)

Tel 0160-2810026 extn.2006/2005

Please superscribe the envelope as follows

Email : dispensarypc.m@hbchrcm.tmc.gov.in,
disprocurementcell@gmail.com

Quotation due on : 15/02/2023

To be opened on: 16/02/2023

**Dispensary Store Procurement Cell,
Main Bldg. B wing, Ground Floor.**

1. Please submit your quotation for the items described below. Detailed specifications can be obtained from the Dispensary / Purchase Department.

2. Your quotation should state the earliest date on which the delivery can be made and should be for free delivery at our hospital.

Sr No	Item description * GENERIC	Mullanpur Quantity	Sangrur Quantity
1	Cat. Thoracic Drainage 24 No.	60	12
2	Cat. Thoracic Drainage 32 No.	60	0

The terms and conditions for quoting for the enquiry are as below:-

- Only the manufacturer and their authorized distributors (supporting documents required) shall be eligible to quote for the enquiry.
- The rates are freezed for six months no upward revision shall be permitted.
- If any RC will be finalised at the TMH-Mumbai and the rates which stands/are lower shall be applicable from the date of inception of RC by TMH, Mumbai.
- The quantities mentioned will be ordered in staggered manner over the period of six months.
- The sealed quotations shall be submitted and the envelope shall be super-scribed with the enquiry no. and the closing date.
- Final quoted rate (including taxes) should not exceed MRP.
- The rates quoted shall be inclusive of all additional costs such as freight charges, packing charges and delivery charges.
- HBCHRC, Mullanpur & HBCH, Sangrur shall bear no additional cost other than the quoted rate.
- In case, the enquiry contains different size of same item, the vendor shall quote for all sizes.
- Vendor must mention their GST Registration Number on the quotation.
- For any queries regarding the specifications of the items enquired for, you may contact 160-2810026 Ext. : 2006 (Dispensary Procurement Cell)
- Vendors shall submit minimum 1 sample of each quoted item. Additional samples may be required if felt necessary by technical evaluation committee.
- Vendors will have to provide a declaration stating that the rates quoted are lowest rates quoted by the vendor to any hospital/institute in India in the last 1 year from the date of enquiry.
- Items shall be delivered by the supplier within 15 days from the date of Purchase Order.
- Part supply will not be accepted.
- The delivery site will be Dispensary Store deptt., HBCH&RC, Mullanpur-140901 and Dispensary Store, HBCH Sangrur-148001 & payment shall be made within 45 days from the delivery of goods in goods and acceptable conditions from the delivery address as mentioned in the Purchase Order.
- In case of authorised distributors, the authorised distributors will be required to submit a valid authorisation letter from the manufacturer that they are appointed as authorised vendor that they are supplied to HBCHRC, Mullanpur & HBCH, Sangrur.
- The items shall have at least 75% of the shelf life.
- The vendors shall be responsible to accept/replace any defective, non-moving and/or near expiry items and/or batch anaphylactic reaction.
- For instruments, a warranty of minimum 2 years shall be provided.
- The bidder shall submit the demo/sample material at their own cost for freight/courier for submitting & collecting back sample.
- Those bidder who are not registered at HBCHRC, Mullanpur and HBCH, Sangrur shall submit the details for vendor registration with their quotation in sealed envelope, which are as follows:-
 - BALANCE SHEET & P&L A/C. FOR LAST THREE YEARS
 - LATEST INCOME TAX DETAILS
 - COPY OF SALES TAX LICENSE IF REQUIRED
 - COPY OF FDA LICENSE IF REQUIRED
 - SSI REGISTRATION/MSME CERTIFICATE/SHOP & ESTABLISHMENT LICENSE
 - GST CERTIFICATE
 - PAN CARD
 - EXPERIENCE CERTIFICATE
 - NEFT FORM
 - COPY OF CANCEL CHEQUE
- The terms and conditions should be self declared by the bidder at time of submitted of quotations.
- Confirm rates quoted are the lowest compared to any other hospital/Institution and mention the validity of the rate.

GST NO. : 03AAATT3620R1ZB