

Event. No. : **DISPROC/2022/ME/0033-AB**

Event Name : **Manual Enquiry**

Event Start DateTime :

21-03-2023

Event End DateTime :

03-04-2023

HOMI BHABHA CANCER HOSPITAL & RESEARCH CENTRE

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

INVITATION TO QUOTE (DISPROC/2022/ME/0033-AB)

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 : 03/04/2023

To be opened on: 04/04/2023

**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	Enquiry No.
1	TOPOTECAN 2.5 MG INJ.	60	6	DISPROC/2022/ME/0033-AB

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

1. Only the manufacturer and their authorized distributors (supporting documents required) shall be eligible to quote for the enquiry.
2. The rates are freezed for six months no upward revision shall be permitted.
3. 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.
4. The quantities mentioned will be ordered in staggered manner over the period of six months.
5. The sealed quotations shall be submitted and the envelope shall be super-scribed with the enquiry no. and the closing date.
6. Final quoted rate (including taxes) should not exceed MRP.
7. The rates quoted shall be inclusive of all additional costs such as freight charges, packing charges and delivery charges.
8. HBCHRC, Mullanpur & HBCH, Sangrur shall bear no additional cost other than the quoted rate.
9. In case, the enquiry contains different size of same item, the vendor shall quote for all sizes.
10. Please consider the mentioned item on **Generic description** (No company specific)
11. Vendor must mention their GST Registration Number, **Eight digit HSN code** with **Tax Rate** clearly mention in quotation.
12. For any queries regarding the specifications of the items enquired for, you may contact 160-2810026 Ext. : 2006 (Dispensary Procurement Cell)
13. Vendors shall submit minimum 1 sample of each quoted item. Additional samples may be required if felt necessary by technical evaluation committee.
14. 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.
15. Items shall be delivered by the supplier within 15 days from the date of Purchase Order.
16. Part supply will not be accepted.
17. 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.
18. 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.
19. The items shall have at least 75% of the shelf life.
20. The vendors shall be responsible to accept/replace any defective, non-moving and/or near expiry items and/or batch anaphylactic reaction.
21. For instruments, a warranty of minimum 2 years shall be provided.
22. The bidder shall submit the demo/sample material at their own cost for freight/courier for submitting & collecting back sample.
23. 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:-
 - a) BALANCE SHEET & P&L A/C. FOR LAST THREE YEARS
 - b) LATEST INCOME TAX DETAILS
 - c) COPY OF SALES TAX LICENSE IF REQUIRED
 - d) COPY OF FDA LICENSE IF REQUIRED
 - e) SSI REGISTRATION/MSME CERTIFICATE/SHOP & ESTABLISHMENT LICENSE
 - f) GST CERTIFICATE
 - g) PAN CARD
 - h) EXPERIENCE CERTIFICATE
 - i) NEFT FORM
 - j) COPY OF CANCEL CHEQUE
24. The terms and conditions should be self declared by the bidder at time of submitted of quotations.
25. Confirm rates quoted are the lowest compared to any other hospital/Institution and mention the validity of the rate.

GST NO. : 03AAATT3620R1ZB