Event. No.: DISPROC/2023/ME/0049 Event Name : Manual Enquiry

24-02-2023 Event End DateTime: 09-03-2023 Event Start DateTime:

HOMI BHABHA CANCER HOSPITAL & RESEARCH CENTRE

Plot No. 1, MediCity, EcoCity, Mullanpur, Mohali (PB) 140901 INVITATION TO QUOTE (DISPROC/2023/ME/0049)

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: 09/03/2023 10/03/2023 To be opened on:

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
1	Mask Head with Push Pins S-Type, 5-Pins (2.4MM)	15
2	Mask Thorax-Breast with Push Pins Type, 6 to 8 Pins (30*45CM*2.4MM)	15
3	Mask Head & Shoulder with Push Pins S-Type, 9 Pins (2.4MM)	50
4	Mask Head SRS System with Push Pins S Type 6 Pins (3.2 MM)	5
5	Mask Pelvis with Groin Lock Push Pins Type 6 to 8 Pins (30*45CM*3.2MM)	25
6	Mask Pelvis with Groin Lock Push Pins Type 6 to 8 Pins (45*60CM*3 2MM)	10

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. 1.
- 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.
- The quantities mentioned will be ordered in staggered manner over the period of six months 4.
- The sealed quotations shall be submitted and the envelope shall be super-scribed with the enquiry no. and the closing date. 5.
- Final guoted rate (including taxes) should not exceed MRP. 6.
- 7. 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. 9
- 10. 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) 11.
- 12. 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.
- 14. Items shall be delivered by the supplier within 15 days from the date of Purchase Order.
- 15. Part supply will not be accepted.
- 16. 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 manufacturerer that they are 17. appointed as authorised vendor that they are supplied to HBCHRC, Mullanpur & HBCH, Sangrur.
- 18. The items shall have at least 75% of the shelf life.
- 19. The vendors shall be responsible to accept/replace any defective, non-moving and/or near expiry items and/or batch anaphylactic reaction.
- 20. For instruments, a warranty of minimum 2 years shall be provided.
- 21. The bidder shall submit the demo/sample material at their own cost for freight/courier for submitting & collecting back sample.
- 22. 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 b)
 - COPY OF SALES TAX LICENSE IF REQUIRED c)
 - COPY OF FDA LICENSE IF REQUIRED d)
 - SSI REGISTRATION/MSME CERTIFICATE/SHOP & ESTABLISHMENT LICENSE e)
 - GST CERTIFICATE f)
 - PAN CARD g)
 - **EXPERIENCE CERTIFICATE** h)
 - i) NEFT FORM
 - COPY OF CANCEL CHEQUE i)
- 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