
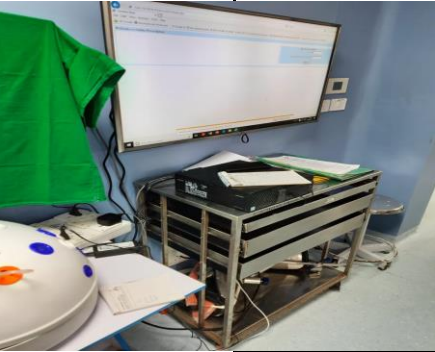


TATA MEMORIAL CENTRE							
ADVANCED CENTRE FOR TREATMENT RESEARCH AND EDUCATION IN CANCER (ACTREC).							
Technical Bid							
Tender No: ACTREC/PUR/2021-2022/44							
Name of Work/ Description of Item: CUSTOMISED HOSPITAL FURNITURE							
	Name / Title of the Bidder						
				Offer 1		Offer 2	
SI No	Material Description/Scope of Supply/BOQ (Images are for representation purposes only)	Qty	UOM	1) Mention Compliance Yes/No in Drop down	1) Mention part number/Catalogue /Make /Model /Brand of the item quoted. 2) Complince Narative 3) Deviations If any	1) Mention Compliance Yes/No in Drop down	1) Mention part number/Catalogue /Make /Model /Brand of the item quoted. 2) Complince Narative 3) Deviations If any
1	Rack Steel 5ft : Qty – 16 Nos. TECHNICAL REQUIREMENT: For keeping trays and OT consumables in each OT for storage purpose.	16					

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Sr. No.	SPECIFICATIONS						
1	Name of the Model:						
2	Model No.						
3	Making from 1" Square hollow bar of SS						
4	Top Platform shall be made from square bar and bottom platform shall have plain sheet.						
5	Trolley shall have four nos heavy duty castor wheel for movement of trolley and shall have wheel lock arrangement.						
6	Shall have C type handle for holding while moving trolley						
7	Grade of steel should be SS 304. 18 Gauge						
8	Must provide 2 Nos. (compatible) -PVC basket of size 23" Lx 15"W' x 12"H						
9	Dimension: To fit PVC basket of Size 23" Lx 15"W' x 12"H Top Platform size 23" Lx 15"W' x 9"H Trolley Dimension: 26" L x 26" H x 18" Depth(not include wheel height)						
10	Warranty: 2 Years						
4	Computer Trolley : Qty – 14 Nos. TECHNICAL REQUIREMENT: For keeping Computer of OT		14				
Sr. No.	SPECIFICATIONS						
1	Name of the Model:						
2	Model No.						
3	Computer trolley fully made of SS 304 steel (20 Gauge)						
4	Computer table trolley must have 3 nos drawers..						
5	Shall have bottom platform. Spacing between last drawer & bottom platform is approx.. 18" H						
6	Trolley shall have four nos heavy duty castor wheel for movement of trolley and shall have wheel lock arrangement.						
7	Dimension: Overall Size 30" L x 18" W x 33" H.						
8	Warranty: 2Years						
5	Material Movement trolley (Heavy duty): Qty 6 Nos.		6				

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TECHNICAL REQUIREMENT: For use in OT/ICU .							
Sr. No.	SPECIFICATIONS	30					
1	Name of the Model:						
2	Model No.						
3	SS Heavy duty Material Movement trolley.						
4	Platform size 45" x 18" . Plain sheet to be laid with support. Have back side plate of 18" x 8"						
5	Trolley shall have four nos heavy duty fiber castor wheel of suitable size for movement of trolley and shall have wheel lock arrangement.						
6	Grade of steel should be SS 304. (18 Gauge)						
7	Dimension: Dimension: 45" x 18" , handle Height shall be 35"						
8	Warranty: 2 Years						
6	Steel Cupboard: Qty - 30 Nos. TECHNICAL REQUIREMENT: Storage of saline, injection, needles, IV accessories and dressing materials in each OT.						
Sr. No.	SPECIFICATIONS						
1	Name of the Model:						
2	Model No.						
3	Wit transparent double door with lock and key.						
4	Strong wheel with lock to move the cupboard during washing the OT.						
5	Three side railing to be present top of the cupboard.						
6	In two side C shape handle to be present (it will be used for transporting purpose).						
7	Grade of steel should be 304						
8	Gauge of steel should be 20 GAUGE						
9	Dimension: dimension: 36" W x 30" H x 18"Depth (not included wheel height)						
10	Two rack equal distance between top and bottom rack						



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11	Provide glass in the door as per shown in picture							
12	Warranty: 2 Years							
7	ECG trolley with Drawers – Qty No. 18 Nos.		18					
	TECHNICAL REQUIREMENT:							
Sr. No.	SPECIFICATIONS							
1	Name of the Model:							
2	Model No.							
3	Should have 2 nos drawer 9" height drawer. Spacing between drawers is Approx. 8".							
4	Shall have Top platform size 18" x 18" Platform shall have 3 side railing of 3".							
5	Shall have one side handle for movement of trolley.							
6	Trolley shall have four nos heavy duty castor wheel for movement of trolley and shall have wheel lock arrangement.							
7	Grade of steel should be SS 304. (20 Gauge)							
8	Shall have bottom platform							
9	Dimension: 20" L x 18" W x 32" H							
10	Warranty: 2 Years							
	Delivery Period 6 weeks from the date of Purchase Order							
	VENDOR CAPABILITY FORM							
1	Name / Title of the Bidder							
2	Due Date of the submission of the tender.							
3	Receipt No. for EMD Amount and Date							
4	Name of the Item / Work							
5	Full Address (recent)							
	E-Mail (recent)							
	Tel. No & Mobile No. (recent)							
	Fax (recent)							

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6	Name of the person authorized to deal / undertake business for and on behalf of the bidder						
	Tel. No & Mobile No. (Recent)						
	Fax (Recent)						
	E-Mail (Recent)						
7	Legal entity of the bidder whether Firm / Society / Company / Other entity						
	a. Registration No.						
	b. Authority with whom registered						
	c. Licence No. granted by for						
8	Authorized Area of operation in India						
9	Name of the Principal Organization / Company for and on behalf working in India						
10	Origin of the Principal Organization / Company						
	Tel. No. & Mobile No.						
	Fax						
11	Name & Address of the Bankers of the bidders.						
12	Authority / Delegation / Licence No. & Date granted by the principal to the representative bidder						
13	PAN No.						
	TAN No.						
14	GST No						
15	Import / Export Code No.						
	License No. for import						
16	No. of staff employed						
	a. Scientific						
	b. Technical						
	c. Administrative						
	d. Finance						
17	Support / Services facility						
18	Experience of the bidder in dealing with the tendered item.						
19	Whether supply of any item / service to TMC in past; if yes indicate the Purchase Order No. & Date						
	NEFT FORM						
1)	Name / Title of the Bidder						
2)	Vendor Address & Other Particulars						

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a)	PAN NO.						
b)	GST NO.						
d)	Mobile No.						
e)	Email ID						
3)	Account Holder's Name (Title of the Account)						
4)	Bank Account No.						
5)	Bank Name, Branch & Address						
6)	9-Digit MICR code of the bank						
7)	Account type (SB/CURRENT)						
8)	IFSC Code (attach xerox copy of cheque)						
I hereby declare that the particulars given above are correct and complet. If the transaction is delayed or not effected at all for reasons of incomplete information, I would not hold the user institution responsible. I agree to discharge the responsibilities as a participant under the scheme.							
	Signature of the Vendor with seal.						
Certified that the particulars furnished above are correct as per our records.							
	Signature of the authorised official from the bank.						
Bank stamp :							
Date :							
Note : Xerox copy of cheque may be attached,without which the form will not be accepted.							