



TATA MEMORIAL CENTRE
(Advanced Centre for Treatment, Research & Education in Cancer)
Sector 22 Kharghar Navi Mumbai 410210

INVITATION TO QUOTE

Enquiry No **ENQ202201079655**
Date **10/11/2022**

Tel :91-22-27405155/27405000 , EXTN:5155/5680
Tel :91-22-68735000
Fax :91-22-27405061
Email : surg.purchase@actrec.gov.in

Please superscribe the envelope as follows

ENQUIRY NO **ENQ202201079655 SUR**
QUOTATION DUE ON **21/11/2022**
TO BE OPENED ON **22/11/2022**

1. Please submit your quotation for the items described below. Detailed specifications can be obtained from the Surgical Purchase Department .
2. Your quotation should state the earliest date on which the delivery can be made and should be for free delivery at ACTREC.
3. Samples of items marked * should be submitted along with your quotation, duly labelled and sealed, failing which your quotation is liable to be cancelled.

<u>Srno</u>	<u>HSN Code</u>	<u>Item Description</u>	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>
1		COMPRESSION GARMENT FOR UPPER LIMB MEDIUM Specifications-A Material should be cotton B Flat knit C Minimum class II compression that is 23-32mm Hg D Shoulder anchoring strap should be available E Garment length should be from axilla to the metacarpophalangeal joints of hand F Garment should be strictly suitable for lymphoedema only, not for venous oedema like deep vein thrombosis or varicose vein. G Wrist circumference should be 18-21cm. H Should be available in regular length that is above 45cm.	10.00	NO	HWCC PHARMACY GR. FLR
2	61159990	COMPRESSION GARMENT FOR UPPER LIMB SMALL Specifications- A Material should be cotton B Flat knit C Minimum class II compression that is 23-32mm Hg D Shoulder anchoring strap should be available E Garment length should be from axilla to the metacarpophalangeal joints of hand F Garment should be strictly suitable for lymphoedema only, not for venous oedema like deep vein thrombosis or varicose vein. G Wrist circumference should be 15-18cm. H Should be available in regular length that is above 45cm.	10.00	NO	HWCC PHARMACY GR. FLR
3	90213900	BREAST PROSTHESIS SIZE 6	10.00	NOS	HWCC PHARMACY GR. FLR
4	90213900	BREAST PROSTHESIS SIZE 4	10.00	NOS	HWCC PHARMACY GR. FLR

NOTE :

As per Rule 149 of GFR-2017, Now it is mandatory for us to Procure Goods and Services which are available on GeM (Government e- Market) from GeM website (<http://gem.gov.in>). The said website is hosted by DGS&D. For this, first of all you have to get registered yourselves as seller on the GeM. You may also contact to Mr. S.K.Gupta- Dy Director, DGS&D on his tel. number 022-22034606 or on e-mail skgupta.dgsnd@nic.in for any further clarifications.

TMC GST NO. : 27AAATT3620R1Z1

<u>Srno</u>	<u>HSN Code</u>	<u>Item Description</u>	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>
		Specifications for all sizes of Breast prosthesis -Should be silicone gel filled Triangular shape only Should come with storage box Two piece good quality cotton Bras with pockets stitched (Mastectomy Bra) for prosthesis fitting and of same size of the prosthesis should be provided with the prosthesis			
5	90213900	BREAST PROSTHESIS SIZE 9	10.00	NOS	HWCC PHARMACY GR. FLR

1. Please indicate your GST/IGST/CGST Registration number/s on the quotation.
2. Vendors to submit their quotes in the format attached only and in sealed envelopes.
3. Rate, discount, applicable of GST/IGST/CGST, if any, must be stated.
4. GST/Tax concession form will not be issued.
5. Payment will be made within 45 days of supply / submission of bills and availability of GST credit. Applicable GST-TDS @ 2% shall be deducted as per the order of Government of India, Ministry of Finance, Department of revenue if applicable w.e.f 01.10.2018
6. Gross rate should not exceed MRP. Please give MRP of product in quotation.
7. Please Indicate the validity of quotation. The validation of quotation must be atleast 3 months from the due date of enqui
8. Quotation should indicate make/model,delivery period etc.
9. For detailed specification please contact user department on Tel No. : 27405000 Extn :
10. Warranty for equipment minimum 2 years. Quote rate for AMC/CMC after warranty.
- 11. Vendor to attach fresh authorization letter along with quotation and also indicate shelf life of product.**
12. Defective material to be replaced by the vendor immediately at no. cost to ACTREC.
13. Material delivery site is as mentioned in the item description.
- 14. Vendor should attach a fresh Authorisation letter from the Manufacturer, If the supplier is Dealer or Agent of the Firm.**
15. Upto Rs. 15000.00 signed quotation will be accepted by E-mail, fax or courier.
16. Above Rs. 15000.00 signed quotation will be accepted by hard copy only, received in sealed envelope.
17. Signed quotation / offer of any item which is proprietary in nature will be accepted by e-mail, fax or courier.

Jr. PURCHASE OFFICER

Note: We are in process of updating the vendor information for our records. You are requested to collect vendor information form from Surgical Purchase Department & return the form duly filled immediately.

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