

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

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## **INVITATION TO QUOTE**

Enquiry No **ENQ202301083324** Date **03/06/2023** 

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 followsENQUIRY NOENQ202301083324 SURQUOTATION DUE ON19/06/2023TO BE OPENED ON20/06/2023

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.

| Srno HSN Code | Item Description                     | <u>Quantity</u> <u>U</u> | OM Dept Name      |
|---------------|--------------------------------------|--------------------------|-------------------|
| 1             | MILLAR BLADE FOR LARYNGOSCOPE SIZE 3 | 6.00                     | DAY CARE WARD RRU |
|               |                                      |                          |                   |
| 2             | MILLAR BLADE FOR LARYNGOSCOPE SIZE 2 | 6.00                     | DAY CARE WARD RRU |
|               |                                      |                          |                   |
| 3             | LARYNGOSCOPE BLADES NO-1             | 6.00 NO                  | DAY CARE WARD RRU |
|               |                                      |                          |                   |
| 4             | LARYNGOSCOPE BLADES NO-0             | 6.00 NO                  | DAY CARE WARD RRU |
|               |                                      |                          |                   |

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 vourselves 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.

| <u>Srno</u> <u>HSN Code</u>   | Item Description  | <u>Quantity</u> | <u>UOM</u> | <u>Dept Name</u> |  |  |  |
|---|---|-----------------|------------|------------------|--|--|--|
| 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 pl  | ease contact user department on Tel No. : 27405000 Extn : |                 |            |                  |  |  |  |
| 10. Warrany 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 repl   | aced 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 qu   | uotation 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.