

# TATA MEMORIAL CENTRE (Advanced Centre for Treatment, Research & Education in Cancer)

Sector 22 Kharghar Navi Mumbai 410210

## **INVITATION TO QUOTE**

Enquiry No

ENO202301083984

Date

13/07/2023

Please superscribe the envelope as follows

ENQUIRY NO EN QUOTATION DUE ON

ENQ202301083984 SUR ON 19/07/2023

TO BE OPENED ON

20/07/2023

Tel:91-22-27405155/27405000, EXTN:5155/5680

Tel:91-22-68735000 Fax:91-22-27405061

Email: surg.purchase@actrec.gov.in

- 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   | Quantity | <u>UOM</u> | Dept Name      |
|------|----------|--|----------|------------|----------------|
| 1    |          | ULTRASONIC SCALER TIP NO 01_SATELAC  | 5.00     | NO         | DENTAL SERVICE |
|      |          | Vendor can quote for any brand / make. Please SEND  SAMPLES Qty-1 ALONGWITH THE  QUOTATION IN SEALED ENVELOPE for the attached enquiry on or before the due date. Quotation without samples will be rejected except in case the item has been ordered from your firm during the last 6 months, samples need not be provided for those item> Please attach PO copy. The samples should be labelled with item description. The validity of the quotation should be 6 months? |          |            |                |
| 2    |          | ULTRASONIC SCALER TIP NO 10X_SATELAC   | 5.00     | NO         | DENTAL SERVICE |
|      |          | Vendor can quote for any brand / make. Please SEND  SAMPLES Qty-1 ALONGWITH THE QUOTATION IN SEALED ENVELOPE for the attached enquiry on or before the due date. Quotation without samples will be rejected except in case the item has been ordered from your firm during the last 6 months, samples need not be provided for those item> Please attach PO copy. The samples should be labelled with item description. The validity of the quotation should be 6 months7  |          |            |                |
| 3    |          | PLASTER OF PARIS KALDENT (PKT. OF 3KG)   | 5.00     | NOS        | DENTAL SERVICE |
|      |          | Vendor can quote for any brand / make. Please SEND  SAMPLES Qty-1 ALONGWITH THE  QUOTATION IN SEALED ENVELOPE for the attached enquiry on or before the due date. Quotation without samples will be rejected except in case the item has been ordered from your firm during the last 6 months, samples need not be provided for those item> Please attach PO copy. The samples should be labelled with item description. The validity of the quotation should be 6 months? |          |            |                |
| 4    |          | ULTRASONIC SCALER TIP NO 02_SATELAC  | 5.00     | NO         | DENTAL SERVICE |

### NOTE:

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**TMC GST NO.: 27AAATT3620R1Z1** 

| Srno | HSN Code | Item Description  | Quantity | <u>UOM</u> | Dept Name        |
|------|----------|---|----------|------------|------------------|
|      | <u> </u> |   |          |            |                  |
|      |          | Vendor can quote for any brand / make. Please SEND  |          |            |                  |
|      |          | SAMPLES Qty-1 ALONGWITH THE   |          |            |                  |
|      |          | QUOTATION IN SEALED ENVELOPE for the attached   |          |            |                  |
|      |          | enquiry on or before the due date. Quotation without samples  |          |            |                  |
|      |          | will be rejected except in case the item has been ordered from<br>your firm during the last 6 months, samples need not be |          |            |                  |
|      |          | provided for those item> Please attach PO copy. The samples   |          |            |                  |
|      |          | should be labelled with item description. The validity of the   |          |            |                  |
|      |          | quotation should be 6 months7   |          |            |                  |
| 5    |          | MOUTH MIRROR WITH HANDLE  | 25.00    | no         | DENTAL SERVICE   |
|      |          |   |          |            |                  |
|      |          | Vendor can quote for any brand / make. Please SEND  |          |            |                  |
|      |          | SAMPLES Qty-1 ALONGWITH THE   |          |            |                  |
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|      |          | should be labelled with item description. The validity of the   |          |            |                  |
|      |          | quotation should be 6 months7   |          |            |                  |
| 6    |          | DENTAL PROBE  | 30.00    | no         | DENTAL SERVICE   |
| Ü    |          | DENTALINODE   | 30.00    | 110        | DENTIL SERVICE   |
|      |          | Venden our mosts for our local death Disease CENID  |          |            |                  |
|      |          | Vendor can quote for any brand / make. Please SEND SAMPLES Qty-1 ALONGWITH THE  |          |            |                  |
|      |          | QUOTATION IN SEALED ENVELOPE for the attached   |          |            |                  |
|      |          | enquiry on or before the due date. Quotation without samples  |          |            |                  |
|      |          | will be rejected except in case the item has been ordered from  |          |            |                  |
|      |          | your firm during the last 6 months, samples need not be provided for those item> Please attach PO copy. The samples       |          |            |                  |
|      |          | should be labelled with item description. The validity of the   |          |            |                  |
|      |          | quotation should be 6 months7   |          |            |                  |
| 7    |          | DENTAL PLASTER CUTTER   | 2.00     |            | DENTAL SERVICE   |
| ,    |          | DENTALTEASTER COTTER  | 2.00     |            | DEIVITAE SERVICE |
|      |          | LOCAL   |          |            |                  |
|      |          | Vendor can quote for any brand / make. Please SEND  |          |            |                  |
|      |          | SAMPLES Qty-1 ALONGWITH THE<br>QUOTATION IN SEALED ENVELOPE for the attached  |          |            |                  |
|      |          | enquiry on or before the due date. Quotation without samples  |          |            |                  |
|      |          | will be rejected except in case the item has been ordered from  |          |            |                  |
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|      |          | provided for those item> Please attach PO copy. The samples   |          |            |                  |
|      |          | should be labelled with item description. The validity of the quotation should be 6 months7                               |          |            |                  |
|      |          | DENTAL SWIPPER  | 20.00    |            | DENITAL GERMOE   |
| 8    |          | DENTAL TWEEZER  | 30.00    | no         | DENTAL SERVICE   |
|      |          |   |          |            |                  |
|      |          | Vendor can quote for any brand / make. Please SEND  |          |            |                  |
|      |          | SAMPLES Qty-1 ALONGWITH THE QUOTATION IN SEALED ENVELOPE for the attached   |          |            |                  |
|      |          | enquiry on or before the due date. Quotation without samples  |          |            |                  |
|      |          | will be rejected except in case the item has been ordered from  |          |            |                  |
|      |          | your firm during the last 6 months, samples need not be   |          |            |                  |
|      |          | provided for those item> Please attach PO copy. The samples   |          |            |                  |
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|      |          | •   |          |            |                  |
| 9    |          | DENTAL LACRON CARVER  | 5.00     | NO         | DENTAL SERVICE   |

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| Cunc        | USN Codo | Itom Description  | Quantity        | ПОМ        | Dont Nama      |
|-------------|----------|---|-----------------|------------|----------------|
| <u>Srno</u> | HSN Code | Item Description  | <u>Quantity</u> | <u>UOM</u> | Dept Name      |
|             |          | Vendor can quote for any brand / make. Please SEND SAMPLES Qty-1 ALONGWITH THE  |                 |            |                |
|             |          | QUOTATION IN SEALED ENVELOPE for the attached   |                 |            |                |
|             |          | enquiry on or before the due date. Quotation without samples  |                 |            |                |
|             |          | will be rejected except in case the item has been ordered from  |                 |            |                |
|             |          | your firm during the last 6 months, samples need not be   |                 |            |                |
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|             |          | quotation should be 6 months7   |                 |            |                |
| 10          |          | ABSORBABLE SPONGE (GELOSTAT FA)   | 10.00           |            | DENTAL SERVICE |
|             |          | MIL LABORATORIES PVT LTD.   |                 |            |                |
|             |          | Vendor can quote for any brand / make. Please SEND  |                 |            |                |
|             |          | SAMPLES Qty-1 ALONGWITH THE   |                 |            |                |
|             |          | QUOTATION IN SEALED ENVELOPE for the attached   |                 |            |                |
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|             |          | will be rejected except in case the item has been ordered from<br>your firm during the last 6 months, samples need not be |                 |            |                |
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|             |          | should be labelled with item description. The validity of the   |                 |            |                |
|             |          | quotation should be 6 months7   |                 |            |                |
| 11          |          | SPOON EXCAVATOR   | 10.00           | nos        | DENTAL SERVICE |
|             |          |   |                 |            |                |
|             |          | W. J  |                 |            |                |
|             |          | Vendor can quote for any brand / make. Please SEND SAMPLES Qty-1 ALONGWITH THE  |                 |            |                |
|             |          | QUOTATION IN SEALED ENVELOPE for the attached   |                 |            |                |
|             |          | enquiry on or before the due date. Quotation without samples  |                 |            |                |
|             |          | will be rejected except in case the item has been ordered from  |                 |            |                |
|             |          | your firm during the last 6 months, samples need not be   |                 |            |                |
|             |          | provided for those item> Please attach PO copy. The samples   |                 |            |                |
|             |          | should be labelled with item description. The validity of the   |                 |            |                |
|             |          | quotation should be 6 months7   |                 |            |                |
| 12          |          | DENTAL PLASTER KINFE  | 4.00            |            | DENTAL SERVICE |
|             |          | LOCAL   |                 |            |                |
|             |          | Vendor can quote for any brand / make. Please SEND  |                 |            |                |
|             |          | SAMPLES Qty-1 ALONGWITH THE   |                 |            |                |
|             |          | QUOTATION IN SEALED ENVELOPE for the attached   |                 |            |                |
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|             |          | should be labelled with item description. The validity of the   |                 |            |                |
|             |          | quotation should be 6 months7   |                 |            |                |
| 13          |          | MIXING PADS (LARGE SIZE) 4X4 (USE FOR   | 50.00           | pads       | DENTAL SERVICE |
|             |          | MIXING ACRYLIC MATERIAL)  |                 |            |                |
|             |          | Vendor can quote for any brand / make. Please SEND  |                 |            |                |
|             |          | SAMPLES Qty-1 ALONGWITH THE   |                 |            |                |
|             |          | QUOTATION IN SEALED ENVELOPE for the attached   |                 |            |                |
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SrnoHSN CodeItem DescriptionQuantityUOMDept Name

- 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. 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 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 Surgical Purchase Department & return the form duly filled immediately.

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