



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

INVITATION TO QUOTE

Enquiry No **ENQ202301083996**
Date **13/07/2023**

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 follows

| | |
|------------------|----------------------------|
| ENQUIRY NO | ENQ202301083996 SUR |
| QUOTATION DUE ON | 24/07/2023 |
| TO BE OPENED ON | 25/07/2023 |

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.

| <u>Srno</u> | <u>HSN Code</u> | <u>Item Description</u> | <u>Quantity</u> | <u>UOM</u> | <u>Dept Name</u> |
|-------------|-----------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|-----------------------|
| 1 | | GAUZE ROLL 4 FOLD(THROAT PACK) SIZE 2.5CM X 2MTR AGELN SURGICAL AND HEALTHCARE PVT LTD 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 | 200.00 | | C.S.S.D. (SUPPORTIVE) |

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> |
|-------------|-----------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|------------|------------------|
| 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 : | 5089, | | |
| 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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