

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

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<u>INVITATION TO QUOTE</u>

Enquiry No **ENQ202301084967** Date **08/09/2023**

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 NOENQ202301084967 SURQUOTATION DUE ON18/09/2023TO BE OPENED ON19/09/2023

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 C</u>	ode Item Description	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>
1	SHOULDER SUPPORT BRACE MEDIUM	5.00		HWCC PHARMACY GR. FLR
	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 PLEASE MAINTEAN SAME RATE OF TMH			

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/IC	GST/CGST Registration number/s on the quotation.							
2. Vendors to submit their quo	tes in the format attached only and in sealed envelopes.							
3. Rate, discount, applicable of	f GST/IGST/CGST, if any, must be stated.							
4. GST/Tax concession form will not be issued.								
-	in 45 days of supply / submission of bills and availability of GST creater of India, Ministry of Finance, Department of revenue if applicable	11	-TDS @ 2% sh	all be deducted				
6. Gross rate should not exceed	d MRP. Please give MRP of product in quotation.							
7. Please Indicate the validity	of quotation. The validation of quotation must be atleast 3 months fro	om the due date of e	enqui					
8. Quotation should indicate m	nake/model, delivery period etc.							
9. For detailed specification pl	ease contact user department on Tel No. : 27405000 Extn :							
10. Warrany for equipment mini	mum 2 years. Quote rate for AMC/CMC after warranty.							
11. Vendor to attach fresh auth	norization letter along with quotation and also indicate shelf life o	f product.						
12. Defective material to be repl	aced by the vendor immediately at no. cost to ACTREC.							
13. Material delivery site is as m	nentioned in the item description.							
14. Vendor should attach a free	sh Authorisation letter from the Manufacturer, If the supplier is l	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.