



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

INVITATION TO QUOTE

Enquiry No **ENQ202301085930**
Date **25/10/2023**

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 **ENQ202301085930 SUR**
QUOTATION DUE ON **03/11/2023**
TO BE OPENED ON **04/11/2023**

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 | 9018 | ANAESTHESIA BREATHING CIRCUIT 9FIT SINGLE LIMB OPTICARE | 80.00 | NO | HWCC PHARMACY GR. FLR |
| 2 | | BURR LEGEND 8CM 2.3MM PENCIL/TAPERED F2/8TA23 | 60.00 | NO | HWCC PHARMACY GR. FLR |
| 3 | | BURR LEGEND 9CM 9MM 9AC90 ACORN | 20.00 | NO | HWCC PHARMACY GR. FLR |
| 4 | | SELDINGER ARTERIAL CANNULA 20G*5CM SAC-00520 ARROW | 100.00 | | HWCC PHARMACY GR. FLR |
| 5 | | IOBAN 2 56CM*45CM 6650 ANTIMICROBIAL INCISE DRAPE 3M | 100.00 | | HWCC PHARMACY GR. FLR |
| 6 | 30029020 | TROPONIN T TEST KIT ROUCHE | 120.00 | NO | 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> |
|-------------|-----------------|--|-----------------|------------|------------------|
| 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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