



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

INVITATION TO QUOTE

Enquiry No **ENQ202401095585**
Date **31/12/2024**

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	ENQ202401095585 SUR
QUOTATION DUE ON	13/01/2025
TO BE OPENED ON	14/01/2025

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	90189032	LEUCODEPLETION FILTERS FOR FILTERATION OF RED CELL 1 UNIT OF RED CELLS -STAGGERED ORDER - 900 qty. immediate & 900 qty. As and when required.	1,800.00	nos	SURGICAL STORES

-VENDOR CAN QUOTE ANY BRAND.

NOTE: - If hard copy of the quotation is not within due date your quotation will not be considered.

Please see our website for other enquiries:
<https://www.actrec.gov.in/enquiry>

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>
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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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TMC GST NO. : 27AAATT3620R1Z1

TECHNICAL COMPLIANCE FORM

Ref: Tender No:

TATA MEMORIAL CENTRE

ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER

TECHNICAL SPECIFICATION OF :-

Labside Leukodepletion Filter for Packed Red Blood Cells

Sr. No.	Name of the Vendor :	COMPLIANC	Remarks
A	Technical Specifications / Scope of supply		
B	Name of the Manufacturer :		
C	Country of Origin:		
D	Model Name / Model No. of the Equipment (If the equipment is a combination of more than one equipment then list down the model no. pertaining to each):		
E	Year of Introduction Internationally		
F	Year of Introduction in India		
G	Please quote the latest state of the art model which meets the tender specifications. The offer should be complete in all respect for the intended use.		
H	Technical Specifications/Scope of supply		
1	Filter should be made up of melt-blown, non-woven, surface treated polyester material		
2	Filter should have neutral charge coated fiber surface		
3	Filter should be flexible, transparent housing with laser printed batch number		
4	The leukodepletion of filtration efficiency should be averaging less than 0.5×10^5 residual leukocytes		
5	The Red Cell Concentrate Recovery post leukodepletion should be $\geq 90\%$.		
6	The filtration time should be consistently averaging less than 12 mins		
7	Filtration loss should not be more than 35 ml		
8	Filter should have blood catcher for air removal ensuring system integrity after use		
9	Filters should have shelf life of 24 months		
10	Filter should perform Leukocyte depletion of 1 unit of red cell concentrate		
11	The filter should be of Single use		
12	The filter should have spike for bag connection		
13	Filter should be DEHP-PVC tube compatible with sterile connection		
14	Filter should be soft, squared filter-direct priming		
15	Filter should have printed tube for sampling		
16	Filter Label should be tamper proof PVC material, symbol label design according to ISO norm		
17	The filter should provide complete traceability		

TATA MEMORIAL CENTRE
ADVANCED CENTRE FOR TREATMENT, RESEARCH &
EDUCATION IN CANCER (ACTREC)
SURGICAL PURCHASE

Terms & Conditions for quoting for the enquiry

1. Only the manufacturers and their authorized distributors (supporting documents required) shall be eligible to quote for the enquiry.
2. The rates quoted in the enquiry shall be valid for a period of 6 months and no upward revision shall be permitted.
3. Rates quoted at TMH, Parel should be maintained at our Centre also.
4. The order quantity may be distributed over a period of 6 months in more than one purchase orders as per the requirement.
5. The quotations shall be submitted in the attached format and in sealed envelope only with duly signed and stamped.
6. The quoted rate (including taxes) should not exceed MRP.
7. The rates quoted shall be inclusive of all additional costs and ACTREC shall bear no additional cost other than the quoted rate.
8. In case, the enquiry contains different sizes of same item, the vendor shall quote for all sizes.
9. Vendor must mention their GST Registration Number on the quotation.
10. For any queries regarding the specifications of the items enquired for, you may contact 022-68735000 Extn 5680
11. Vendors shall submit minimum 1 sample of each quoted item. Additional samples may be required if felt necessary by technical evaluation committee. Quotations 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 items.
12. Vendors will have to provide a declaration stating that the rates quoted are lowest rates quoted by the vendor to any other hospital / institute in India in the last 1 year from the date of enquiry (Price Reasonability Certificate if applicable)
13. Items shall be delivered by supplier as per due date mentioned on the Purchase Order.
14. Part supply will not be accepted except in case of staggered order.
15. The delivery site for will be at the Surgical Stores, ACTREC, Kharghar, Navi Mumbai – 410210.
16. In case of authorized distributors, the authorized distributors will be required to submit a valid authorization letter from the manufacturer at the time of quoting as well as at the time of each supply.
17. The items shall have at least 75% of shelf life before expiry at the time of supply.
18. The vendors shall be responsible to accept/replace any defective, non-moving and/or near expiry items, at no cost to TMH.
19. For instruments, a warranty of minimum 2 years shall be provided.
20. Bills must be submitted directly to the Accounts department within 15 days of the date on which supplies are made to the hospital.

Declaration

I have read the above terms and conditions and agree to abide by the same.

Name :

Designation :

Signature & Seal

Name of the Company

Date