GOVT. OF WEST BENGAL
OFFICE OF THE SUPERINTENDENT, SREE BALARAMSEVA MANDIR S.G. HOSPITAL
KHARDAH, NORTH 24 PARGANAS, KOLKATA-700116.
Ph. No.: 033-2583-4948/ e-mail- sbsmbalaram@gmail.com

Memo No: SBSMH/17/981

Date: 04/09/2017

NOTICE INVITING QUOTATIONS

Sealed Quotations are invited from eligible bidders / agencies for purchase of ‘Stationary items & general goods’ for Sree Balaram Seva Mandir S.G. Hospital, Khardah, North 24 Parganas. The ‘Quotation form’ along with ‘terms and conditions and guidelines’ may be obtained from the office of the undersigned.

The following items and /or documents are to be submitted along with the Quotations:-
1) Copy of valid Trade license
2) Copy of up-to-date Income Tax.
3) Copy of PAN
4) Copy of G.S.T. Registration Certificate
5) Copy of Professional Tax Certificate
6) Filled up the Annexure I, II & III( Also enclose attested photo copies as proofs of relevant documents)

Distribution of Bid- forms : 04/09/2017
Submission of Bid- forms : 12/09/2017 up to 1:00 p.m.(except Sundays & holidays)
Date of Opening Quotations : 12/09/2017 at 2:30pm.

The Quotation documents in sealed envelopes should be dropped in the QUOTATIONS’ BOX kept in the office of the undersigned.

The rate should be mentioned against each item (all BEST QUALITY) as per enclosed list as follows:-

Terms and conditions:-
1) Quotations without any above listed documents will be treated as invalid.
2) The first three months will be considered as provisional period for the selected agency, and if found satisfactory, the agreement will be extended for the rest of the period.
3) Three copies of challans & Bills should be submitted at the time of supply of the ordered item.
4) The competition among the bidders shall be on the maximum percentage of rebate that may be given on the M.R.P. of any said particular item, or the lowest quoted rate, in case of items without M.R.P.
   For items without M.R.P., the competition among the bidders, shall be on the lowest quoted price, and must be in parity with the local market-rate.
5) The M.R.P. of any given item shall always be in parity with the local market price.

Superintendent
Sree Balaram Seva Mandir, S. G. Hospital
Khardah, North 24 Pgs.
The M.R.P. should be clearly visibly printed on the body of each & every item, and should satisfy the receiver of stock of such item. Tampering of M.R.P. shall invite legal consequences, and even blacklisting, if receiver of this item/Hospital authority/audit teams, can suspect, any time after, the item has been consumed.

An undertaking should be given as follows:
‘The M.R.P. of items in consideration of this bill, has not been tampered with, and is in parity with the local market price’.

6) The suppliers shall be liable/ responsible to take return of any items, within three months of bill-submitting-date (by the supplier), if it is found defective/sub-standard quality.
7) Items bearing date of expiry, should be supplied clearly one year in advance from such date.
8) Each bill is to be supplied by the supplier of items, should not exceed Rs. 9,999/-
9) No other charges, like, any taxes, ‘service charges’, or ‘freight charges’ can be imposed in the bills to be supplied to this authority, by the suppliers, on the M.R.P.
10) The suppliers shall be solely responsible for any violation of the terms and conditions, and shall be responsible to repay back any sum of amount, that may have been received by the suppliers, due to inadvertence of the Hospital authority.

The Purchase committee shall reserve the right of acceptance or cancellation of any Quotation, even if being the lowest, without assigning any reason thereof. The Hospital authority reserves the right to withhold payment, if the work done is not satisfactory.

Superintendent 04/09/2017
Sree Balaram Seva Mandir S.G Hospital
Khardah, North 24 Parganas

Memo No: SBSMH/17/981/1(10) Date: 04/09/2017

Copy forwarded for information & necessary action, requesting to exhibit this notice on their respective office notice boards, to:
1) The Director of Health Services, West Bengal, Swasthya Bhawan.
2) The District Magistrate, North 24- Parganas.
3) The Chief Medical Officer of Health, North 24- Parganas.
4) The S.D.O., Barrackpore Sub- Division, North 24- Parganas.
5) The Asstt. Chief Medical Officer, Barrackpore Sub- Division, North 24- Parganas.
6) The Chairman, Khardah Municipality, North 24- Parganas.
8) The Station Master, Khardah Railway Station, Eastern Railways Division.
9) The Post Master, B.D.Sopan Post-office, Khardah.
10) Office Copy.

Superintendent 04/09/2017
Sree Balaram Seva Mandir S.G Hospital
Khardah North – 24 Parganas

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Annexure – I

APPLICATION FORM FOR QUOTATION

1. Name of the firm : 

2. a. Full Postal Address : 
   b. Cell Phone No. : 
   c. Telephone No. : 
   d. E-mail address : 

3. Trade license no. : 
   (renewed)

4. Are you in the list of approved contractors of any other organizations / institutions, if any give details :

5. Give details of any Government contracts (similar work) executed during the last twelve months:

6. Any other information which you consider necessary to furnish:

   **UNDERTAKING**

   a) I, the undersigned certify that I have gone through the terms and condition mentioned in the Quotation document and undertake to comply with them.
   b) The rates quoted by me are valid and binding upon me for the entire period of contract, and also during any extension period, if required.

Date: 

Signature of the Quotationer

Place: 

Full Name:–

Designation:–

(Office seal of the Quotationer)
Bid Form

Annexure-II

All points are to be filled up; no places are to be kept vacant. For statutory clearances/registrations not applicable, mention “NOT APPLICABLE” instead of keeping blank.

<table>
<thead>
<tr>
<th>Name of the Item</th>
<th>SREE BALARAM SEVA MANDIR SG HOSPITAL, KHARDAH, 24PGS(N), KOLKATA-700116</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of the hospital, quotationed for, with addresses</td>
<td></td>
</tr>
<tr>
<td>Quotation Notice Number</td>
<td></td>
</tr>
<tr>
<td>Due date of the submission of the Quotation</td>
<td></td>
</tr>
<tr>
<td>Receipt No. for EMD Amount, Date and drawn at</td>
<td></td>
</tr>
<tr>
<td>Name / Title of the Bidder</td>
<td></td>
</tr>
<tr>
<td>Full Address</td>
<td></td>
</tr>
<tr>
<td>E-Mail</td>
<td></td>
</tr>
<tr>
<td>Tel. No &amp; Mobile No.</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td></td>
</tr>
<tr>
<td>Local Addresses, if any</td>
<td></td>
</tr>
<tr>
<td>Legal entity of the bidder whether Firm / Society / Company / Other entity</td>
<td></td>
</tr>
<tr>
<td>Relationship of the applicant with the firm</td>
<td></td>
</tr>
<tr>
<td>a) Registration No.</td>
<td>b) Authority with whom registered</td>
</tr>
<tr>
<td>c) Trade License No.</td>
<td></td>
</tr>
<tr>
<td>Granted by</td>
<td></td>
</tr>
<tr>
<td>For the purpose of</td>
<td></td>
</tr>
<tr>
<td>Name &amp; Address of the Bankers of the bidders</td>
<td></td>
</tr>
<tr>
<td><strong>PAN No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>TAN No.</strong></td>
<td></td>
</tr>
<tr>
<td><strong>G.S.T. Registration No.</strong></td>
<td></td>
</tr>
</tbody>
</table>

| **Whether provided similar services to state Government Hospitals, Quotationed for in past. If yes indicate the Work order No. & Date** | Yes | No |
| **Blacklisted by any government authority at any time. If yes, provide details** | Yes | No |
| **Income Tax Return for last year attached** | Yes | No |
| **Sales Tax/VAT Return for last year attached** | Yes | No |
| **Professional Tax Registration** | Yes | No |
| **Professional Tax Return for last years attached** | Yes | No |
| **Affidavit attached for non conviction/non Black Listed, in original, after March 2017** | Yes | No |
| **Performance certificate in respect of the Quotationer** | Yes | No |

| **I have gone through the eligibility criteria for participating in the Quotation and certify that all the conditions have been fulfilled** |  |
| **I have read the General and Special Terms and Conditions, including the penal provisions, as given in the Quotation documents. I have accepted them and agree to abide by them.** |  |

Certified that the above information is correct and true to the best of my knowledge and belief. Nothing has been concealed, falsified & fabricated, and in case, any information is found incorrect, I, the under-signatory will be personally responsible for the same.

The supporting documents (photocopies) regarding all the above furnished informations are being attached herewith, and the originals shall be exhibited at the time of opening of the BID.

Date:

Signature

Name of authorized person for bidder with seal