GOVT. OF WEST BENGAL
OFFICE OF THE SUPERINTENDENT, SREE BALARAM SEVA MANDIR S.G. HOSPITAL
KHANDAH, NORTH 24 PARGANAS, KOLKATA-700116
e-mail- sbsmbalaram19@gmail.com/ ☎️033-2583- 4948

Memo. No.: SBSMH/19/1111 Date: 27/06/2019

NOTICE INVITING QUOTATIONS (2ND CALL)

Sealed Quotations are invited from eligible bidders / agencies for purchase of: One no. of Brilliance LED Bottom, HSN Code: 90189099, LED Phototherapy Bottom Unit with Transparent Infant Bassinet, ‘Phoenix Medical Systems Pvt. Ltd.’ make, along with installation works, (for up gradation of existing Phototherapy machine of ‘Phoenix Medical Systems Pvt. Ltd.’ make, for Sree Balaram Seva Mandir S.G. Hospital, Kharadah, 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 PAN
3) Copy of G.S.T. Registration Certificate
4) Filled up the Annexure I, II & III( Also enclose attested photo copies as proofs of relevant documents)

Distribution of Bid- forms : Within 01/07/2019 to 10/07/2019 (during office hours)
Submission of Bid- forms : 01/07/2019 to 10/07/2019 up to 1:00 p.m.(except Sundays & holidays)
Date of Opening Quotations : 10/07/2019 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) Three copies of challans & Bills should be submitted at the time of supply.
3) The competition among the bidders shall be on the lowest rate, of any said particular item, which should always be lower than the M.R.P.
4) The M.R.P. of any given item shall always be in parity with the local market price.
5) 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 L-1 Quotationer to be selected, shall have to submit self-attested photocopy of latest (F.Y.) I.T. Return.

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 purchase committee also reserves the right to withhold payment, if the work done is not satisfactory.

Superintendent
Sree Balaram Seva Mandir S.G. Hospital
Kharadah North 24 Parganas

Superintendent
Sree Balaram Seva Mandir S.G. Hospital
Kharadah North 24 Parganas
Memo. No.: SBSMH/19/1111/1(10)

Date: 27/06/2019

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
Sree Balaram Seva Mandir S.G. Hospital
Khardah North – 24 Parganas

Superintendent
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)
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>SBSMH/19/</td>
</tr>
<tr>
<td>Due date of the submission of the Quotation</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>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 registere</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>PAN No.</td>
<td></td>
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<tr>
<td>G.S.T. Registration No.</td>
<td></td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Whether provided similar services to state Government Hospitals, Quotationed for in past. If yes indicate the Work order No. &amp; Date</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blacklisted by any government authority at any time. If yes, provide details</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Performance certificate in respect of the Quotationer (optional)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>I have gone through the eligibility criteria for participating in the Quotation and certify that all the conditions have been fulfilled</td>
<td></td>
<td></td>
</tr>
<tr>
<td>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.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 information 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