

Dr. Bhubaneswar Borooh Cancer Institute

A Grant-in-Aid Institute of Department of Atomic Energy, Govt. of India
And a Unit of Tata Memorial Centre (Mumbai)
Gopinath Nagar, Guwahati- 781016

No. BBCI-TMC/Misc-216/Store/ 3487 /2022

Date: 09.08.2022

NOTICE INVITING TENDER

Dr. B. Borooh Cancer Institute, Gopinath Nagar, Guwahati- 16 invites tender from the reputed company, manufacturer, authorized supplier/ dealer etc. for supply of **the following Item**:

Sl. No.	Particulars	Estimated Quantity	Estimated Value (In Rs.)
1.	Lympha Press (Please see Annexure A for Technical Details)	01 no	1,80,000.00

TERMS & CONDITIONS

1. The quantity mentioned in the NIT of the above items is an estimate only. Actual requirement of the items may vary (less or more) from the estimated quantity which will be decided by the Management of Dr. B. Borooh Cancer Institute at the time of purchase.
2. It is responsibility of the tenderers's to see that the completed bidding documents are deposited in the Tender box kept in Dr. B. Borooh Cancer Institute, Gopinath Nagar, Guwahati-781016. Dr. B. Borooh Cancer Institute on or before the date and time mentioned below for submission of tender, failing which the bid would be considered late and rejected. Mere handing over of the bidding documents at reception or at any other counter or room or person cannot be considered as submission of bid.
3. The quotation must accompany the product details.
4. All information asked for must be provided in the same order as in the specifications. Incomplete and ambiguous information will not be accepted.
5. Please mention the make/ brand & model or product quote of the items.
6. The valid technical offers will be evaluated by a Technical Assessment Committee (TAC) of the Institute. The TAC will recommend the technically short-listed vendors for further consideration. **The offers of the technically shortlisted vendors/ products will only be considered for price comparison.**
7. The successful quotationer shall have to supply and install the materials to this Institute at his own risk and responsibility and in good condition in all respects.
8. The quotation notice is to be duly signed on all pages as a token of having accepted all terms and conditions (no thumb impression is to be affixed).
9. **Tender Documents will be available in the website www.bbcionline.org from 10th of August 2022. The tender shall be submitted in one sealed and this will be received up to 2:00 PM of 24. 08. 2022 and the same will be opened on the same day at 3:00 PM.**
10. The quotationer should submit their relevant credentials along with the Quotation as follows:
 - (a) The quotationer should submit their relevant credentials along with the Quotation as follows: Particulars of the participating firm/ vendor/ company (quotationer). (Fill Annexure
 - (b) Certificate of dealership/ distributor etc. from the appropriate manufacturer in case the quotationer is a dealer/ distributor; OR,
 - c) Certificate in regard to license of manufacturing in case of manufacturer.

- (d) Certificate in regard to registration of firms along with trade license.
 (e) Bank Accounts details of the company/ vendor (*Fill Annexure C*)
 (f) GST Registration Number
 (g) PAN number
11. The price should be quoted in the following format which should be inclusive of all charges. Taxes, if any, should be shown separately. However, GST will be paid to the successful vendor on prevailing rate at the time of billing/ payment.

Sl. No.	Item	Unit price (Rs.)	Qty.	Amount before GST (Rs.)	GST %	Any other taxes, if applicable	Grand Total (after GST) (Rs.)

12. The quotation shall include delivery time, payment terms, etc. and other relevant T & C.
 13. The rate should be quoted both in figure and in words.
 14. 100% payment within 60 days will be released after the successful supply, installation & acceptance by user department at Dr B Borooah Cancer Institute on submission of **Performance Bank Guarantee @ 10% of purchase order value** from a nationalized bank.
 15. Incomplete quotation not in conformity with the terms and conditions as in this quotation notice will be rejected outright.
 16. The undersigned reserves the right either to accept or to reject any or all the quotations without assigning any reason thereof and is not bound to accept the lowest quotation.
 17. Decision of the Technical Assessment Committee/ Purchase Committee/ any other committee constituted by the authority of Dr. B. Borooah Cancer Institute shall be final and binding in all cases.

B.L.T. 9/8/22
Sr. Administrative Officer
 Dr. B. Borooah Cancer Institute
 Guwahati- 781016

- To:
1. BBCI website www.bbcionline.org
 2. BBCI Notice Board

I / We have read the Terms and conditions and the same are acceptable to me/us.

 (Tenderer's Signature)

TENDERER'S FULL NAME & ADDRESS: NAME: _____ ADDRESS: _____

TECHNICAL DETAILS OF LYMPHA PRESS

(Please Fill this form)

Sr. No	Technical Details	Capacity/Range	Compliance		Remarks (If Any)
			Yes	No	
1	Frequency	50-60 Hz			
2	Sequential	12 Chamber sequential			
3	Compression	Gradient Sequential			
4	User selected treatment time and pressure	From 20-80 mm of Hg			
5	Easy to Operate	----			
6	Voltage	100-240V AC			
7	Warranty	Minimum 01 year			

(SIGNATURE WITH STAMP)

DR BHUBANESWAR BOROOAH CANCER INSTITUTE

A Grant-In Aid Institute of Department of Atomic Energy, Govt. Of India
& a unit of Tata Memorial Center, Mumbai
Gopinath Nagar, Guwahati-781016, Assam

Details of the Vendor for Company: M/s.....

Vendor Capability Proforma

Vendor Name:	
Address (Reg.) Office:	
Address Factory:	
Telephone No:	Fax No:
Email :	
Contact Person Name:	
Designation:	
Mobile No:	
Types of establishment : Manufacturer/Distributor/Dealer/Trader/Agent	
Constitution of company : Proprietary/Partnership/Limited/Other	
Year of Establishment :	
Items proposed to be supplied to the hospital:	
Name and address of Bankers & Account No.:	
Credit limit:	
PAN No:	
Sales Tax registration No./GST certificate	
FDA license No. (if required)	
Factory Act License/SSI Registration/Shops and establishment license No.:	

Commercial Information

Are you in Rate Contract with DGS & D/ Railway/MCGB/BPT/ Any other hospital:-		
Principal customers Name and address	Product supplied	Value in Rs. Lacs/Year

Other information

Please enclosed the following:	
1	Balance sheet and P&L A/c for last three years
2	Latest Income Tax clearance Certificate
3	Copy of Sales Tax License if required/GST
4	Copy of FDA License if required
5	Factories ACT License/SSI Registration/Shops And establishment License

Signature of the Vendor:

Date:

For BBCI office use only

Inspection carried out by:
Inspection date:
Vendor Code:
Signature of Inspector:
Approved/Rejected by:

Office- In-Charge

NEFT FORM FORMAT

APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILLS IN BANK ACCOUNT BY ELECTRONIC CLEARING SERVICE / NEFT

- 1. NAME OF THE VENDOR :
- 2. ADDRESS, TELEPHONE NO. MAIL ID :
- 3. PARTICULARS OF BANK A/C :
- 4. BANK NAME :
- 5. BRANCH NAME :
- 6. 9- DIGIT CODE NO OF THE BANK AND BRANCH APPEARING ON THE MICR CHEQUE ISSUED BY THE BANK :

--	--	--	--	--	--	--	--	--
- 7. NEFT/IFSC CODE :
- 8. ACCOUNT TYPE (S.B. A/C- CURRENT A/C OR CASH CREDIT) :

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--
- 9. LEDGER NO./LEDGER FOLIO NO :
- 10. ACCOUNT NUMBER (AS APPEARING ON THE CHEQUE BOOK) :

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE. IF THE TRANSACTION IS DELAYED OR NOT EFFECTED AT ALL FOR REASONS OF INCOMPLETE INFORMATION, I WOULD NOT HOLD THE USER INSTITUTION RESPONSIBLE. I AGREE TO DISCHARGE THE RESPONSIBILITIES AS A PARTICIPANT UNDER THE SCHEME.

SIGNATURE OF THE VENDOR WITH SEAL

CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER OUR RECORDS.

SIGNATURE OF THE AUTHORIZED OFFICIAL FROM THE BANK INVESTOR/CUSTOMER

BANK STAMP:

