

Office of the Director

**Dr. Bhubaneswar Borooah 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/Eng-43/Tobacco Quitline-IT/ 1114 /2022

Date: 16.03.2022

**SHORT TENDER NOTICE**

Dr. B. Borooah Cancer Institute, Gopinath Nagar, Guwahati- 781016 invites quotations from authorized vendors to provide offers of the following service:

Sl. No	Particulars	Estimated Quantity	Estimated Value (in Rs.)
1.	Tobacco Quit-line Services (See technical details in Annexure-D)	01 set	Rs.18,05,340/-

1. The quotation must be in the same order as in the specifications and should be free from Correction / erasures. In case there is any unavoidable correction it should be properly attached. If not, the quotation will not be considered. Quotations written in pencil will not be considered.
2. The vendor should provide authorization letter along with their offer.
3. The quotation shall be submitted in one sealed form at Dr. BBCI office and this will be received up to **2:00 PM of 30.03.2022** and the same will be opened on the same day at **3:00 PM**.
4. No tender will be accepted unless the full amount of the **Earnest Money Deposit of Rs. 36,200/- (Rupees Thirty-six thousand two hundred only)** is paid. EMD is to be paid by DD in favour of Dr. Bhubaneswar Borooah Cancer Institute. Original receipt must be enclosed with the tender document.
5. The quotation must accompany the Product details.
6. The above mentioned quantities are tentative only; the supply orders of respective items will be given as per actual requirement.
7. Director, Dr. B. Borooah Cancer Institute reserves the right to accept the offer by individual terms and reject any or all tenders without assigning any reason thereof and does not bind itself to accept lowest quotations.
8. Please mention the make/brand and model of the quoted product. Also submit necessary leaflet of the quoted product.
9. The quotation notice number must be clearly mentioned on the envelope.
10. 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 short listed vendors/products will only be considered for price comparison.
11. The successful quotationer shall have to supply the materials to this institute at his own risk and responsibility and in good condition in all respects.
12. 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).

13. 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 at 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.)

14. The quotation shall include delivery time, payment terms, etc. and other relevant T & C.
15. The vendors should provide all the related documents for the verification of compliance that will be filled in respect of the quoted model.
16. The rate should be quoted both in figure and in words.
17. Payment terms: Payment will be made within 60 (sixty) days of submission of bill after successful delivery of the items.
18. Incomplete quotation not in conformity with the terms and conditions as in this quotation notice will be rejected outright.
19. Decisions 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.
20. The tender shall be valid for a period of 180 days from the date of the opening of the bid. Validity of the tender shall be extended if required.
21. **Warranty / guarantee period and terms of guarantee / warranty including accessories, details of preventive / periodic maintenance, frequency and task description must be specified.** Vendors are required to provide 5 years warranty from the date of supply & acceptance OR installation & commissioning, whichever is later or item / product / equipment, tenders not confirming to this clause are liable to be rejected.
22. Following documents are attached herewith as a part of NIT:

Annexure A	Format of Vendor Capability Proforma to be duly filled, signed, stamped and to be submitted with the technical bid.
Annexure B	Format of NEFT / RTGS details to be duly filled, signed, stamped and to be uploaded with the technical bid.
Annexure C	Format of Notary affidavit of Non-Judicial Stamp Paper of Rs.100/- to be duly filled, signed, stamped and to be uploaded with the technical bid.

*RLA 16/03/22*

**Sr. Administrative Officer**  
Dr. B. Borooah Cancer Institute  
Guwahati- 78 1016

Copy to:

1. BBCI website [www.bbcionline.org](http://www.bbcionline.org)
2. BBCI Notice Board



**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

(Cont./)

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 : 

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AND BRANCH APPEARING ON  
THE MICR CHEQUE ISSUED BY  
THE BANK
7. NEFT/IFSC CODE :
8. ACCOUNT TYPE : 

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(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)
11. PAN NO. :

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: Date:**

Annexure - C

**Format of Notary affidavit on Non- Judicial Stamp Paper of Rs.100/- stating their in as under: -**

1. Confirming that no case pending against them in court of law, or that no time they were penalized by any court of Law or Regulatory Authority.
2. That the firm is never being blacklisted / penalized / defaulted by any government Institution / Hospitals within last 5 years.
3. That the firm has deposited up to date Sales Tax and Income Tax. (Furnish copy of clearance / Return certificate).



**Technical Specifications of Tobacco Quit Line Services (TQLS)**

<b>IP Telephony Server</b>	
<b>Hardware</b>	1 x Intel Quad Core Xeon 2.0 Ghz or Higher CPU/ 16 GB DDR III RAM/ DVD-ROM Drive/ 8 x 1.2 TB SATA Hard Disk Drive/ 2 x Gigabit LAN Ports/ At least 2 No's 4 x PCI E slot available
<b>RAID/Redundancy</b>	As per our IT policy
<b>Server Certifications</b>	Server should be Linux Certified
<b>Operating System</b>	Centos Server or Red Hat Enterprise Linux Server
<b>Auto Update Option</b>	Should be disabled
<b>IP PBX Software</b>	Asterisk IP PBX Software
<b>PRI card</b>	2E1 Port PRI Card with Echo Cancellation
<b>PRI CRC4</b>	Should be disabled
<b>Security</b>	Endpoint Antivirus Server
<b>Pre-requisites for Inter Dialog Application &amp; Database Server</b>	
<b>Hardware</b>	Intel®Xeon® processor 2.0Ghz or above Dual CPU capable/ 16GB Memory/ 8 x 1.2 TB SATA HDD/ PCI Express Gigabit Ethernet Server Adapter/ DVD-ROM
<b>RAID/ Redundancy</b>	As per our IT Policy
<b>Server Certifications</b>	Server should be Windows Server 2012/ 2016/2019 Certified
<b>Operating System</b>	MS Windows 2016 or 2019 Standard Server (64 bit Edition)
<b>Auto update option</b>	Should be disabled
<b>Database Software</b>	MySQL Database or Microsoft SQL Standard Edition (Version 2008 or 2012)
<b>Application Software</b>	Microsoft IIS for Recording Retrieval/ PHP based CRM
<b>Security</b>	Endpoint Antivirus Server

**Technical Specifications for Seqrte UTM device (NGM 350 is preferable)**

1. GBE Ports 12 (8 Copper + 4 SFP)
2. UTM Throughput (Mbps): 1530
3. Firewall TCP Throughput (Mbps): 12000

**Technical Specifications for Switch**

1. Switch 24 x 1 G Ports, L2/L3

**Note: All equipment's should be covered with a maximum 5 years onsite warranty**