

महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय व अतिविशेषोपचाररुग्णालय, नागपूर.

Govt. Medical College & Superspeciality Hospital, Nagpur.

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Ref.No./GMC&SSH/PS/QT/260 /2022

Date: - 17 / 1 / 2022

Invitation of quotation for Ultrasonic Nebulizer at GMC & Super Speciality Hospital, Nagpur.

Sealed Quotations are hereby invited by the undersigned on behalf of the Dean, GMC & Super Speciality Hospital, Nagpur for **Ultrasonic Nebulizer** for the Institute as per terms & condition mentioned below. The filled quotation along with all the required document must reach in the Dean Office at Govt. Medical College, Nagpur on or before Dt:- 27/01/2022, 04:00PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR ULTRASONIC NEBULIZER
DUE ON DT:- 27/01/2022 BY 4:00 PM”**

1. Terms & Conditions:

The undersigned is invited sealed quotations for the store enlisted below/as per enclosed statement, for the use of Govt. Medical College & Super Speciality Hospital, Nagpur on the following terms & conditions.


- A) Quotations must be in the enclosed prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be dropped in “**Quotation Box**” located in Office of Dean, GMC, Nagpur.
- B) The quotations received after deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer Submitted by Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
- C) Rates must be quoted in **Indian rupees** and as per the format specified taxes extra if any must be written separately.
- D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) The rates quoted must be valid for 1 year minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.

- G) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- H) RTGS NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier firm/agency.
- I) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
- The firm shall have valid GST/Other taxes and IT PAN.
 - The firm should not be black listed by any Govt. Agency/Dept.
- J) Quotations qualified by such vague and indefinite expressions such as "subject to prior confirmation", "subject to immediate acceptance" etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.
- K) **Delivery Period** – within 30 days from Purchase order or as specified in Purchase order.
- L) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- M) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the GMC & SSH, Nagpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of GMC & SSH, Nagpur with regards to the interpretation of "Terms & Conditions" of this inquiry, the same shall be referred to The Dean, GMC & SSH, Nagpur whose decision will be final and binding upon the contractor.
- O) The Dean, GMC & SSH, Nagpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the GMC & SSH, Nagpur will be final in this regard.
- P) GMC & SSH, Nagpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the GMC & SSH, Nagpur will be final in this regard.

2. Special Terms & Conditions:

- A) Bidder must quote the product as per specification provided in Annexure 1.
- B) Catalog must be attached with quotation for technical evaluation.
- C) The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the GMC & SSH, Nagpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

Encl.: Annexure 1 (Specification)
Annexure 2 (Format of price bid)


Dean,
Government Medical College &
Superspeciality Hospital, Nagpur.

Annexure 1

TECHNICAL BID

Sr. No.	Name Of Item	Specification	Qty.
01	Ultrasonic Nebulizer	<ul style="list-style-type: none">• It should be useful for nebulization of liquids for inhalational therapy.• Particle size should be 0.5 to 5 micron• Nebulization capacity upto 5ml/min• Oscillator frequency 1.68 MHz• Water flask capacity should be maximum upto 300 ml• Noise level should less than 50 dBA• Current-230 VAC/50-60 Hz/0.20A• It should be light weight• It should work under wide range of working condition 10-40 degree centigrade.• It Should follow standard safety norms• It should be ISO, CE certified• Warranty 2 yrs.• CMC 8 yrs.• Demonstration is mandatory.	12

Note:-

Check List

The following documents are required along with Technical Bid.

1. Please mention that the bidder is Manufacturer/Distributor/Dealer/Trader/Supplier relevant document should be attached.
2. Supplier must submit Manufacturer Authorization Certificate.
3. Supplier Firm/Company Registration Certificate.
4. Copy of PAN Card & GST registration certificate.
5. Certificate of USFDA/ISO/CE/DGGI/FDA or any quality certificate.
6. Warranty & CMC – Two year warranty & Eight year CMC.
7. The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the GMC & Super Speciality Hospital, Nagpur if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
8. Relevant brochure/Catalogue pertaining to the item quoted with full specification.
9. Certificate of never being black listed by any Organization.
10. Have you previously supplied these items to government hospital/Organization? If yes attach the relevant proof.
11. Certificate on letter head that you have not quoted the price higher than previously supplied to any government hospital/organization in recent past.
12. Performance Security Deposit of 3% of contracted value must be deposited.

[On the letterhead of firm]

ANNEXURE "2"
PRICE BID FORM

To,
The Dean,
GMC & Super Speciality Hospital,
Nagpur.

Dear Sir,

1. I/We _____ Submitted the quotation for Enquiry No. _____
QUOTATION FOR ULTRASONIC NEBULIZER AT GMC & SSH, NAGPUR AGAINST ORDER NO. GMC&SSH/PS/QT/ /2022 Dt: - / /2022 DUE ON DT: - / /2022 04:00 PM For Ultrasonic Nebulizer at GMC & Super Speciality Hospital, Nagpur.
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

Sr. No.	Name of Machine	Qty.	Brand /Make	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/Unit Inclusive of GST (INR)	MRP
01	Ultrasonic Nebulizer	12 Nos.					

Note:-

- The Bidder must quote single make.**
- The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be **REJECTED**.
- Catalog must be attached with quotation for technical evaluation.
- The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the GMC & Super Speciality Hospital, Nagpur if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

Date _____

(Name) _____

Place _____

Name of Firm/Company/Agency _____

GSTIN No.: _____

Bank Name: - _____

Bank Account No.: _____

IFSC Code: - _____

Branch Name: _____

Phone No. _____

Email: _____

(Signature of Authorized Person) _____

Seal: _____