

TATA MEMORIAL CENTRE (Advanced Centre for Treatment, Research & Education in Cancer) Sector 22 Kharghar Navi Mumbai 410210

Sector 22 Kharghar Navi Mullioar 410210

INVITATION TO QUOTE

Enquiry No **ENQ202301084441** Date **09/08/2023**

Tel :91-22-27405155/27405000 , EXTN:5155/5680 Tel :91-22-68735000 Fax :91-22-27405061 Email : surg.purchase@actrec.gov.in

Please superscribe the envelope as follows								
ENQUIRY NO ENQ202301084441 SUR								
QUOTATION DUE ON 21/08/2023								
TO BE OPENED ON 22/08/2023								

1. Please submit your quotation for the items described below. Detailed specifications can be obtained from the Surgical Purchase Department .

2. Your quotation should state the earliest date on which the delivery can be made and should be for free delivery at ACTREC.

3. Samples of items marked * should be submitted along with your quotation, duly labelled and sealed, failing which your quotation is liable to be cancelled.

<u>Srno</u>	HSN Code	Item Description	<u>Quantity</u>	UOM	<u>Dept Name</u>
1	30059040	NEMIDERM TAPE ABS LAPROSCOPY PACK 1*4	100.00	NO	HWCC PHARMACY GR.
		25103			FLR
		MIL			
		Vendor can quote for any brand / make. Please SEND			
		SAMPLES Qty-1 ALONGWITH THE			
		QUOTATION IN SEALED ENVELOPE for the attached			
		enquiry on or before the due date. Quotation without samples			
		will be rejected except in case the item has been ordered from			
		your firm during the last 6 months, samples need not be			
		provided for those item> Please attach PO copy. The samples			
		should be labelled with item description. The validity of the			
		quotation should be 6 months7			
		PLEASE MAINTEAN SAME RATE OF TMH			

NOTE :

As per Rule 149 of GFR-2017, Now it is mandatory for us to Procure Goods and Services which are available on GeM (Government e- Market) from GeM website (http://gem.gov.in. The said website is hosted by DGS&D. For this, first of all you have to get registered vourselves as seller on the GeM. You may also contact to Mr. S.K.Gupta- Dy Director, DGS&D on his tel. number 022-22034606 or on e-mail skgupta.dgsnd@nic.in for any further clarifications.

<u>Srno</u> <u>HSN Code</u>	Item Description	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>		
1. Please indicate your GST/IC	GST/CGST Registration number/s on the quotation.					
2. Vendors to submit their quo	tes in the format attached only and in sealed envelopes.					
3. Rate, discount, applicable of	f GST/IGST/CGST, if any, must be stated.					
4. GST/Tax concession form w	vill not be issued.					
5. Payment will be made within 45 days of supply / submission of bills and availability of GST credit. Applicable GST-TDS @ 2% shall be deducted as per the order of Government of India, Ministry of Finance, Department of revenue if applicable w.e.f 01.10.2018						
6. Gross rate should not exceed	d MRP. Please give MRP of product in quotation.					
7. Please Indicate the validity	of quotation. The validation of quotation must be atleast 3 months fro	om the due date of e	enqui			
8. Quotation should indicate m	nake/model, delivery period etc.					
9. For detailed specification pl	ease contact user department on Tel No. : 27405000 Extn :					
10. Warrany for equipment mini	mum 2 years. Quote rate for AMC/CMC after warranty.					
11. Vendor to attach fresh auth	norization letter along with quotation and also indicate shelf life o	f product.				
12. Defective material to be repl	aced by the vendor immediately at no. cost to ACTREC.					
13. Material delivery site is as m	nentioned in the item description.					
14. Vendor should attach a free	sh Authorisation letter from the Manufacturer, If the supplier is l	Dealer or Agent of	the Firm.			
15. Upto Rs. 15000.00 signed qu	uotation will be accepted by E-mail, fax or courier.					

- 16. Above Rs. 15000.00 signed quotation will be accepted by hard copy only, received in sealed envelope.
- 17. Signed quotation / offer of any item which is proprietary in nature will be accepted by e-mail, fax or courier.

Jr. PURCHASE OFFICER

Note: We are in process of updating the vendor information for our records. You are requested to collect vendor information form from Surgical Purchase Department & return the form duly filled immediately.