



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

**INVITATION TO QUOTE**

Enquiry No **ENQ202601105724**  
Date **30/03/2026**

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	<b>ENQ202601105724 SUR</b>
QUOTATION DUE ON	<b>06/04/2026</b>
TO BE OPENED ON	<b>07/04/2026</b>

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>	<u>HSN Code</u>	<u>Item Description</u>	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>
1		<b>GAUZE AND COTTON GAMJEE PACK ( 1 NO / PACK )</b>  GAMJEE PACK -VENDOR CAN QUOTE ANY BRAND.  - SPECIFICATION ATTACHED	1,000.00	PKT	C.S.S.D. (SUPPORTIVE)
2		<b>GAUZE X-RAY DETECTABLE ROLLER (CIGAR)</b>  LOCAL -VENDOR CAN QUOTE ANY BRAND.  - SPECIFICATION ATTACHED	100.00	PKT	C.S.S.D. (SUPPORTIVE)
3	30059090	<b>AB GAUZE &amp; COTTON GAMJEE PAD 15CMX20CM</b>  -VENDOR CAN QUOTE ANY BRAND.  - SPECIFICATION ATTACHED	30,000.00	PKT	C.S.S.D. (SUPPORTIVE)
4		<b>GAUZE ROLLER THROAT PACK ( 1 NO / PACK )</b>  -VENDOR CAN QUOTE ANY BRAND.  - SPECIFICATION ATTACHED	300.00	PKT	C.S.S.D. (SUPPORTIVE)
5		<b>GAUZE PACK ( OT ) 30 NOS/PACK</b>  -VENDOR CAN QUOTE ANY BRAND.  - SPECIFICATION ATTACHED	8,000.00	PKT	C.S.S.D. (SUPPORTIVE)
6		<b>GAUZE RADIO-OPAQUE ( 10 NOS/ PACK )</b>	2,000.00	PKT	C.S.S.D. (SUPPORTIVE)

**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 yourselves 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](mailto:skgupta.dgsnd@nic.in) for any further clarifications.**

**TMC GST NO. : 27AAATT3620R1Z1**

<u>Srno</u>	<u>HSN Code</u>	<u>Item Description</u>	<u>Quantity</u>	<u>UOM</u>	<u>Dept Name</u>
		-VENDOR CAN QUOTE ANY BRAND.			
		- SPECIFICATION ATTACHED			
7		GAUZE NASAL PACK ( 1 NO / PACK)	100.00	PKT	C.S.S.D. (SUPPORTIVE)
		-VENDOR CAN QUOTE ANY BRAND.			
		- SPECIFICATION ATTACHED			
8		GAUZE D & C PACK ( 1 NO / PACK )	200.00	PKT	C.S.S.D. (SUPPORTIVE)
		-VENDOR CAN QUOTE ANY BRAND.			
		- SPECIFICATION ATTACHED			
9	30059090	GAUZE X-RAY DECTECTABL 30CMX30CMX8 PLY ABDOMI SPON	5,000.00	PKT	C.S.S.D. (SUPPORTIVE)
		-VENDOR CAN QUOTE ANY BRAND.			
		- SPECIFICATION ATTACHED			
10		GAUZE PACK (WARD) (5 NOS / PACK )	30,000.00	PKT	C.S.S.D. (SUPPORTIVE)
		-VENDOR CAN QUOTE ANY BRAND.			
		- SPECIFICATION ATTACHED			

1. Please indicate your GST/IGST/CGST Registration number/s on the quotation.
2. Vendors to submit their quotes in the format attached only and in sealed envelopes.
3. Rate, discount, applicable of GST/IGST/CGST, if any, must be stated.
4. GST/Tax concession form will 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 MRP. Please give MRP of product in quotation.
7. Please Indicate the validity of quotation. The validation of quotation must be atleast 3 months from the due date of enquiry.
8. Quotation should indicate make/model,delivery period etc.
9. For detailed specification please contact user department on Tel No. : 27405000 Extn : 6590,
10. Warranty for equipment minimum 2 years. Quote rate for AMC/CMC after warranty.
- 11. Vendor to attach fresh authorization letter along with quotation and also indicate shelf life of product.**
12. Defective material to be replaced by the vendor immediately at no. cost to ACTREC.
13. Material delivery site is as mentioned in the item description.
- 14. Vendor should attach a fresh Authorisation letter from the Manufacturer, If the supplier is Dealer or Agent of the Firm.**
15. Upto Rs. 15000.00 signed quotation 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.

**NOTE :**

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**TMC GST NO. : 27AAATT3620R1Z1**

SR. NO.	NAME	Item Code	Specification
1	GAUZE X-RAY DECTECTABL 30CMX30CMX8 PLY ABDOMI SPON	SCSDTOSK0	RADIO- OPAQUE LAPAROTOMY (ABDOMINAL )SPONGES OF SIZE 30CM X 30 CM -8 PLY.WITH GAUZE PEROXIDE BLEACHED AS PER SCH. F-II AND X-RAY DETECTABLE COMPONENT STITCHED/WOVEN NOT PASTED, AS PER BP APPENDIX XXR. 5 SPONGES DOUBLE PAPER PACKED IN MEDICAL GRADE PEEL-OPEN POUCH (CONFORMING TO EN 868-5)PRINTED WITH STEAM STERILIZATION CLASS 1 PROCESS INDICATOR AND LABEL AS PER LABELLING REQUIREMENT UNDER DRUGS & COSMETIC ACT 1942 AND RULES THEREUNDER & 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY.(INNER PLAIN PAPER POUCH ).
2	AB GAUZE & COTTON GAMJEE PAD 15CMX20CM	SCSDCWAB1	LAYER OF ABSORBENT COTTON WOOL IP WRAPPED IN ABS. GAUZE PEROXIDE BLEACHED. AS PER SCH.F-II (WITH CLOSED/FOLDED EDGES). TWO PADS OF SIZE 15 CM X 20 CM PACKED IN MEDICAL GRADE PEEL –OPEN ,POUCH (CONFORMING TO EN868 1-5) PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR CLASS 1 AND LABEL AS PER LABELING REQUIREMENT UNDER DRUGS & COSMETICS ACT. 1942 AND RULES THERE UNDER. 3 MONTHS STERILIZATION EXP. DATE AFTER DATE OF DELIVERY.
3	GAUZE AND COTTON GAMJEE PACK ( 1 NO / PACK	SCSSD	COTTON ROLL OVERLAPPED WITH GAUZE PEROXIDE BLEACH AND END FOLDED INSIDE ROLLED WIDTH 15CM X 2 MTRS. MINIMUM WEIGHT 100 GMS, DOUBLE PAPER PACKED IN MEDICAL GRADE PEEL-OPEN POUCH (CONFORMING TO EN 868-5)PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR AND LABEL AS PER LABELLING REQUIREMENT UNDER DRUGS & COSMETIC ACT 1942 AND RULES THEREUNDER & 3 MONTH STERILIZATION EXP. DATE AS PER DATE OF DELIVERY. (INNER PLAIN PAPER POUCH ).
4	GAUZE D & C PACK ( 1 NO / PACK )	SCSSD002	D & C PACK WITH RADIO-OPAQUE SIZE: 10 CM X 2 MTRS X 4 FOLD. LINING WEAVE IN GAUZE AND IT SHOULD NOT BE PASTED. DOUBLE PACKED IN MEDICAL GRADE PEEL.- OPEN POUCH ( CONFORMING TO EN 868-5)PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR CLASS -1 LABLE AS PER LABELLING REQUIRMENT & WITH 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY. ( INNER PLAIN PAPER POUCH)
5	GAUZE PACK ( OT ) 30 NOS/PACK	SCSSD004	ABSORBENT GAUZE SWABS WITH GAUZE PEROXIDE BLEACH AS PER SCH.F-II OF SIZE:10CM X10CM-8 PLY. 10 SWABS DOUBLE PACKED/SEALED IN MEDICAL GRADE PEEL –OPEN, POUCH (CONFORMING TO EN 868-5) PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR AND LABEL AS PER LABELLING REQUIREMENT. & WITH 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY. (INNER PLAIN PAPER POUCH)
6	GAUZE PACK (WARD) (5 NOS / PACK )	SCSSD005	ABSORBENT GAUZE SWABS WITH GAUZE PEROXIDE BLEACH AS PER SCH,F-II OF SIZE 7.5 CM X 7.5CM -8 PLY. 5 SWABS SEALED IN MEDICAL GRADE PEEL - OPEN, POUCH ( CONFORMING TO EN 868 1-5) PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR AND LABEL AS PER LABELLING REQUIREMENT UNDER DRUGS & COSMETICS ACT 1942 AND RULES THEREUNDER & WITH 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY.
7	GAUZE RADIO-OPAQUE ( 10 NOS/ PACK )	SCSSD006	RADIO-OPAQUE GAUZE PEROXIDE BLEACHED SWABS OF SIZE 10 CM X 10 CM.X12 PLY WITH GAUZE AS PER SCH.F-II AND X-RAY DETECTABLE COMPONANT (WOVEN OR STITCHED AT THE CENTRE OF THE GAUZE NOT PASTED) AS PER BP APPENDIX XXR 10 SWABS DOUBLE PAPER PACKED IN MEDICAL GRADE PEEL OPEN POUCH (CONFORMING TO EN 868 1 & 5) PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR AND LABEL AS PER LABELING REQUIRMENT UNDER DRUGS AND COSMETICS ACT.1942 AND RULES THERE UNDER 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY. (INNER PLAIN PAPER POUCH )
8	GAUZE ROLLER THROAT PACK ( 1 NO / PACK )	SCSSD010	THROAT PACK : GAUZE ROLL ( TIGHT ROLLED ) 4 FOLD AS PER SCHEDULE F-II PEROXIDE BLEACH, WIDTH 2.5CM * 2MTRS. DOUBLE PACKED IN MEDICAL GRADE PEEL POUCH ( CONFORMING TO EN 868-5) PRINTED WITH STEAM INDICATOR STERILIZATION PROCESS INDICATOR AND LABLE AS PER LABELLING REQUIREMENT UNDER DRUGS AND COSMETIC ACT 1942 AND RULES THEREUNDER, WITH 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY.( INNER PLAIN PAPER POUCH).
9	GAUZE NASAL PACK ( 1 NO / PACK)	SCSSD009	NASAL PACK : GAUZE ROLL ( TIGHT ROLLED ) 4 FOLD AS PER SCHEDULE F-II PEROXIDE BLEACHED, WIDTH 1 CM X 2 MTRS. NO THREADS ARE EXPOSED, DOUBLE PACKED IN MEDICAL GRADE PEEL POUCH ( CONFIRMING TO EN 868-5) PRINTED WITH STEAM INDICATOR STERILIZATION PROCESS INDICATOR AND LABLE AS PER LABELLING REQUIREMENT UNDER DRUGS & COSMETIC ACT 1942 AND RULLS THEREUNDER & WITH 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY ( INNER PLAIN PAPER POUCH).
10	GAUZE X-RAY DETECTABLE ROLLER (CIGAR)	SCSDGXR00	RADIO-OPAQUE GAUZE PEROXIDE BLEACHED SWABS OF SIZE 10 CM X 10 CM.X12 PLY WITH GAUZE AS PER SCH.F-II AND X-RAY DETECTABLE COMPONANT (WOVEN OR STITCHED AT THE CENTRE OF THE GAUZE NOT PASTED) AS PER BP APPENDIX XXR 01 SWAB rolled and stich at both the end and center. DOUBLE PAPER PACKED IN MEDICAL GRADE PEEL OPEN POUCH (CONFORMING TO EN 868 1 & 5) PRINTED WITH STEAM STERILIZATION PROCESS INDICATOR AND LABEL AS PER LABELING REQUIRMENT UNDER DRUGS AND COSMETICS ACT.1942 AND RULES THERE UNDER 3 MONTHS STERILIZATION EXP. DATE AS PER DATE OF DELIVERY. (INNER PLAIN PAPER POUCH )

**TATA MEMORIAL CENTRE**  
**ADVANCED CENTRE FOR TREATMENT, RESEARCH &**  
**EDUCATION IN CANCER (ACTREC)**  
**SURGICAL PURCHASE**

Terms & Conditions for quoting for the enquiry

1. Only the manufacturers and their authorized distributors (supporting documents required) shall be eligible to quote for the enquiry.
2. The rates quoted in the enquiry shall be valid for a period of 6 months and no upward revision shall be permitted.
3. Rates quoted at TMH, Parel should be maintained at our Centre also.
4. The order quantity may be distributed over a period of 6 months in more than one purchase orders as per the requirement.
5. The quotations shall be submitted in the attached format and in sealed envelope only with duly signed and stamped.
6. The quoted rate (including taxes) should not exceed MRP.
7. The rates quoted shall be inclusive of all additional costs and ACTREC shall bear no additional cost other than the quoted rate.
8. In case, the enquiry contains different sizes of same item, the vendor shall quote for all sizes.
9. Vendor must mention their GST Registration Number on the quotation.
10. For any queries regarding the specifications of the items enquired for, you may contact 022-68735000 Extn 5680
11. Vendors shall submit minimum 1 sample of each quoted item. Additional samples may be required if felt necessary by technical evaluation committee. Quotations 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 items.
12. Vendors will have to provide a declaration stating that the rates quoted are lowest rates quoted by the vendor to any other hospital / institute in India in the last 1 year from the date of enquiry (Price Reasonability Certificate if applicable)
13. Items shall be delivered by supplier as per due date mentioned on the Purchase Order.
14. Part supply will not be accepted except in case of staggered order.
15. The delivery site for will be at the Surgical Stores, ACTREC, Kharghar, Navi Mumbai – 410210.
16. In case of authorized distributors, the authorized distributors will be required to submit a valid authorization letter from the manufacturer at the time of quoting as well as at the time of each supply.
17. The items shall have at least 75% of shelf life before expiry at the time of supply.
18. The vendors shall be responsible to accept/replace any defective, non-moving and/or near expiry items, at no cost to TMH.
19. For instruments, a warranty of minimum 2 years shall be provided.
20. Bills must be submitted directly to the Accounts department within 15 days of the date on which supplies are made to the hospital.

**Declaration**

I have read the above terms and conditions and agree to abide by the same.

Name :

Designation :

Signature & Seal

Name of the Company

Date