TATA MEMORIAL CENTRE

(Advanced Centre for Treatment, Research & Education in Cancer)

Sector 22 Kharghar Navi Mumbai 410210

INVITATION TO QUOTE

Enquiry No **ENQ202601107625**

Date **03/06/2026**

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 **ENQ202601107625 SUR**
QUOTATION DUE ON **15/06/2026**
TO BE OPENED ON **16/06/2026**

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.

Srno	HSN Code	Item Description	Quantity	UOM	Dept Name
1		**FLUID TRANSFER DEVICE TRANSOFIX IRRIGATION WOUND C** B BRAUN -STAGGERED ORDER - 100 QTY. IMMEDIATE & 100 QTY. ON 17/11/2026. -VENDOR CAN QUOTE ANY BRAND.	200.00	NO	RRS PHARMACY

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 enqui
8. Quotation should indicate make/model,delivery period etc.
9. For detailed specification please contact user department on Tel No. : 27405000 Extn :
10. Warrany 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 :

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 for any further clarifications.

TMC GST NO. : 27AAATT3620R1Z1

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