

**GOVT. OF ASSAM**  
**OFFICE OF THE PRINCIPAL CUM CHIEF SUPERINTENDENT**  
**JORHAT MEDICAL COLLEGE & HOSPITAL, JORHAT**  
**(Under Society for Medical Education Jorhat)**

No. SMEJ/JMCH/2667/2022/842

Dated Jorhat, the 14<sup>th</sup> Feb, 2023

**SHORT QUOTATION NOTICE**

Sealed quotation affixing court fee stamp of Rs. 8.25/- (Rupees Eight & Paise Twenty five) only are invited from intending bidders for “*Supply and Installation of Dermatology Equipments at Jorhat Medical College & Hospital, Jorhat, Assam*” as per Annexure-I at JMCH, Jorhat within 21 (fifteen) days from the date of the issue of the Quotation Notice.

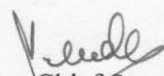
The Quotations shall be submitted in two part, viz., technical bid and financial bid. The quotation will be received by the undersigned on or before 08/03/2023 up to 12:00 Noon and shall be opened on same day at 1:00 P.M in presence of the quotationers or their authorized representative.

**Documents to be submitted along with Quotations:**

1. The Quotation should be accompanied by Tender Fees of Rs. 500/- (non refundable) in the form of DD in favour of “JMCH TENDER” payable at Canara Bank, Jorhat Branch and EMD of Rs. 5,000/- (Refundable) in favour of “JMCH TENDER” payable at Canara Bank, Jorhat Branch.
2. Exemption only for **Tender Fees & EMD** will be acceptable for those vendors who have NSIC/MSME Certificate.
3. The average annual turnover of the bidders for last three assessment years i.e. 2020-2021, 2021-2022, 2022-2023 should not be less than Rs. 30 lakhs (Documentary proof of annual turnover alongwith Balance sheets duly certified by the Chartered Accountant to be submitted).  
IT return acknowledgement for last three assessment years 2020-2021, 2021-2022, 2022-2023.  
Copy of PAN Card in the name of firm/proprietor  
Copy of GST Certificate.
7. Copy of valid Trade License/incorporation (if any)
8. Duly notarized Manufacturer Authorization from original manufacturer of the product
9. ISO/GMP and other quality certificate issued from competent authority as mentioned in the technical bid.
- a. Notarized affidavit on Indian Non Judicial stamp paper of Rs.10/- that -
  - (i) Undertaking for Criminal Liability on Non Judicial Stamp Paper worth of Rs. 10/- as per Annexure-III, duly attested by notary public.
  - (ii) No police case is pending against the Proprietor / partner of the Company/Firm/Agency. Indicate any convictions if any against the Company/firm/partner.
  - (iii) I/We have not quoted the price higher than previously supplied to any Government Institute /Organization / reputed Private Organization or DGS&D rate in recent past (Enclosed necessary documents)
  - (iv) Proprietor/firm has never blacklisted by any organization.
- b. Technical Literature/Catalogues & documents those are technically relevant and supportive to the bid (If any).

**Terms & Conditions of the Quotations:**

1. The tenderer should be registered firm.
2. The quoted rates should be inclusive of GST.
3. No advance payment will be made against execution of orders.
4. Prices should be quoted as per item as stated in Annexure-VII(A) & VII (B)
5. Prices should be shown both in figure and words neatly and legibly. Avoid overwriting.
6. L1 will be selected item wise.
7. The undersigned reserves the right to accepts or reject any or all the quotations without showing any reasons thereof.
8. A prospective bidder requiring any clarification of the bidding documents shall contact the purchaser in writing at the purchaser’s e-mail address i.e. [tendercelljmch@gmail.com](mailto:tendercelljmch@gmail.com). The purchaser will respond in writing (e-mail) to any request for clarification, provided that such request is received not later than seven (3) days from the date of publication of the tender.

  
Principal cum Chief Superintendent  
Jorhat Medical College & Hospital, Jorhat

## Technical Specifications

### TECHNICAL SPECIFICATIONS OF DERMATOLOGY EQUIPMENTS

1	Whole Body Phototherapy unit	<ul style="list-style-type: none"> <li>• System should be USFDA approved and CE Medical approved</li> <li>• Manufacturer should have a direct office in India and Good after sales service and support.</li> <li>• Should be provided with operator and patient safety goggles.</li> <li>• Should be provided with ELCB</li> <li>• Should have good quality UVA and UVB tubes (24 tubes)</li> <li>• Should have good quality reflector, aluminum mirror type preferred.</li> <li>• Should be provided with high quality UV chokes.</li> <li>• Should be provided with dosimetry.</li> <li>• Should have proper arrangement of tubes</li> <li>• Should be provided with cumulative hour meter</li> <li>• Should have good LCD display for control panel and feather touch key</li> <li>• Should have lock and control panel</li> <li>• Should have minimal heat development and low current consumption</li> <li>• Should have facility for service and repairs by trained service engineers.</li> <li>• It should have minimum 3 (three) years warranty and composite annual maintenance contract for subsequent 5 (five) years</li> </ul>
2	Liquid Nitrogen Storage	<ul style="list-style-type: none"> <li>• Capacity: 3.7 Ltrs (BA-3)</li> <li>• <b>Certifications: UL, CE &amp; ISO are preferred Warranty: 2 years with 3 years CMC</b></li> </ul>
3	Liquid Nitrogen CRYO iVIAXI	<ul style="list-style-type: none"> <li>• Capacity : 500ml</li> <li>• Double seal system with standard Accessories.</li> <li>• <b>Certifications: UL, CE &amp; ISO are preferred Warranty: 2 years with 3 years CMC</b></li> </ul>
4	Electrocautery	<ul style="list-style-type: none"> <li>• Easily portable precisely variable</li> <li>• Intensity upto 50 watt.</li> <li>• Should have electro coagulation, Electro desiccation electro fulguration and electro section</li> <li>• Bipolar cable &amp; forceps available optionally</li> <li>• <b>ISO certifications, warranty : as per company norms</b></li> </ul>



**Compliance Sheet**

Sl. No	Name of the equipments	Specifications	Make & Model offered	Compliance
1	Whole Body Phototherapy unit	<ul style="list-style-type: none"> <li>System should be USFDA approved and CE Medical approved</li> <li>Manufacturer should have a direct office in India and Good after sales service and support.</li> <li>Should be provided with operator and patient safety goggles.</li> <li>Should be provided with ELCB</li> <li>Should have good quality UVA and UVB tubes (24 tubes)</li> <li>Should have good quality reflector, aluminum mirror type preferred.</li> <li>Should be provided with high quality UV chokes.</li> <li>Should be provided with dosimetry.</li> <li>Should have proper arrangement of tubes</li> <li>Should be provided with cumulative hour meter</li> <li>Should have good LCD display for control panel and feather touch key</li> <li>Should have lock and control panel</li> <li>Should have minimal heat development and low current consumption</li> <li>Should have facility for service and repairs by trained service engineers.</li> <li>It should have minimum 3 (three) years warranty and composite annual maintenance contract for subsequent 5 (five) years</li> </ul>		
2	Liquid Nitrogen Storage	<ul style="list-style-type: none"> <li>Capacity: 3.7 Ltrs (BA-3)</li> <li><b>Certifications: UL, CE &amp; ISO are preferred Warranty: 2 years with 3 years CMC</b></li> </ul>		
3	Liquid Nitrogen CRYO iVIAXI	<ul style="list-style-type: none"> <li>Capacity : 500ml</li> <li>Double seal system with standard Accessories.</li> <li><b>Certifications: UL, CE &amp; ISO are preferred Warranty: 2 years with 3 years CMC</b></li> </ul>		
4	Electrocautery	<ul style="list-style-type: none"> <li>Easily portable precisely variable</li> <li>Intensity upto 50 watt.</li> <li>Should have electro coagulation, Electro desiccation electro fulguration and electro section</li> <li>Bipolar cable &amp; forceps available optionally</li> <li><b>ISO certifications, warranty : as per company norms</b></li> </ul>		

**Note:** Bidder must submit the compliance sheet alongwith the technical bid as per prescribed format. If any deviation in the technical bid separate sheet should be enclosed.

Name & Signature Seal of the participating Bidder Company

To

**The Principal cum Chief Superintendent,**  
Jorhat Medical College & Hospital, Jorhat

Sir/Madam,

1. The undersigned certify that I/we have gone through the entire tender documents including terms and conditions mentioned in the tender document and undertake to comply with them. I have no objection for any of the content of the tender document and I undertake not to submit any complaint/ representation against the tender document after submission date and time of the tender. The rates quoted by me/us are valid and binding on me/us for acceptance till the validity of tender.
2. I/We undersigned hereby bind myself/ourselves to Jorhat Medical College & Hospital, Jorhat-Assam to supply the approved items in the approved rates to JMCH.
3. The articles shall be of the best quality and of the kind as per the requirement of the institution. The decision of the JMCH authority (herein after called the said officer) as regard to the quality and kind of article shall be final and binding on me/us.
4. I/we undertake to arrange for a demonstration of the Items, if required. Failure to arrange for a demonstration on the given date may lead to cancellation of the bid. Cost of such demonstration shall be borne by me/ us.
5. Performance security 5% of the cost of the supply value shall be deposited by me/us in the form of FDR/Bank Guarantee in the name of "JMCH TENDER" payable at on award of the contract from a Nationalized / Commercial Bank and shall remain in the custody of the authority of JMCH till the validity of the Contract period plus two month (i.e. for 26 months).
6. If it is deemed necessary to change any article on being found of inferior quality, it shall be replaced by me/us free of cost in time to prevent inconvenience.
7. I/We hereby undertake to supply the items during the validity of tender as per directions given in supply order within stipulated period positively.
8. If I/We fail to supply the stores in stipulated period the JMCH, Jorhat-Assam has full power to compound or forfeit the Bid Security/security deposit.
9. I/We declare that no legal/financial irregularities are pending against the proprietor Partner of the tendering firm or manufacturer.
10. I/we undertake to supply the ordered items within stipulated period and if fail to supply during the stipulated period the necessary action can be taken by the JMCH authority.
11. I/We undertake that if the rates of any items are lowered due to any reason, I will charge the lower rates.
12. I/We undertake that the items supplied are as per Make/Model /Catalogue/ technical literature description.
13. I/we do hereby confirm that the prices/rates quoted are fixed and are at par with the prices quoted by me/us to any other Govt. of India/Govt. Hospitals/Medical Institutions/PSUs. I/we also offer to supply the items at the prices and rates not exceeding those mentioned in the Financial Bid.
14. I pledge and solemnly affirm that the information submitted in tender documents is true to the best of my knowledge and belief. I further pledge and solemnly affirm that nothing has been concealed by me and if anything adverse comes to the notice of purchaser during the validity of tender period, the JMCH, authority will have full authority to take appropriate action as he/she may deem fit.

Signature of Bidder

With seal of firm (Name of Bidder)

Place .....

Date.....

**CRIMINAL LIABILITY UNDERTAKING**

*(To be executed on Rs.50/-Non-judicial Stamp Paper duly attested by Public Notary)*

I.....S/o.....Resident of .....

..... Do solemnly pledge and affirm:

That I am the proprietor /partner/authorized signatory of

M/s.....

1. No police case is pending against the Proprietor / partner of the Company (Agency). Indicate any convictions if any against the Company/firm/partner.
2. I/We have not quoted the price higher than previously supplied to any Government Institute / Organisation / reputed Private Organisation or DGS&D rate in recent past.
3. (Proprietor/firm) has never blacklisted by any organization.

**Name & Signature Seal of the participating Bidder Company**

**Affirmation/Verification**



**DETAILS OF SIMILAR WORKS EXPERINCE (if any)**

Name of the Bidder.....

1	2	3	4	5
Contract no./Supplyorder No.	Name of Organization	Description of Contract/Supply	Value	Continuing (YES/NO)



**Name & Signature Seal of the participating Bidder Company**

## **Manufacturers' Authorization Form**

(Duly notarized in a manufacturer letter head)

The Bidder shall require the manufacturer to fill in this form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer.

Date : *Insert date (as day, month and year)* of Bid Submission

Tender No. : *(Insert number from Invitation for Bids.)*

To. : insert Complete name and address of Purchaser



### **WHEREAS**

We (**Insert Complete name of Manufacturer**), Who are official Manufacturers in (*Insert type of goods manufactured*), having factories at (*insert full address of Manufacturer's Factories*), do hereby authorise (**Insert Complete name of Bidder**) to Submit a bid the purpose of which is to provide the following Goods, manufactured by us (**insert name and or brief description of the Goods**), and to subsequently negotiate and sign the contract.

We accept the warranty / Guarantee condition mentioned in the tender documents of JMCH, Jorhat

Signed : (**insert signature of authorized representative of the manufacturer**) Name :

(**insert complete name of authorized representative of the manufacturer**)

Duly authorised to sign this authorisation on behalf on: (**insert complete name of Bidder**)

Date on \_\_\_\_\_ day of \_\_\_\_, \_\_\_\_  
(**insert date of signing** )

(Duly notarized in a manufacturer letter head)

## Price Bid Format

Sl. No.	Item Description	Quantity	Units	Basic rate	GST	CMC for 3 years (wherever applicable)	Total amount with taxes	Total amount with all taxes and charges including CMC
1	2	3	4	5	6	7	8	9
	Whole Body Phototherapy unit	1	No					
2	Liquid Nitrogen Storage	1	No					
3	Liquid Nitrogen CRYO iVIAXI	1	No					
4	Electrocautery	1	No					

The financial bid shall be submitted in the separate envelope as per prescribed format

I agree to abide by all the items and conditions of this tender.

Signature of the Bidder

Place: \_\_\_\_\_

Seal: \_\_\_\_\_

Date: \_\_\_\_\_



## SUPPLEMENTARY BOQ FOR CMC

Sl.No.	Name of the Item	Cost of CMC per year (unit wise)which ever applicable					Total CMC (3+4+5+6+7)	Total GST on CMC	Total CMC including GST
		1 <sup>st</sup> year	2 <sup>nd</sup> year	3 <sup>rd</sup> year	4 <sup>th</sup> year	5 <sup>th</sup> year			
1	2	3	4	5	6	7	6	7	8
1	Whole Body Phototherapy unit								
2	Liquid Nitrogen Storage								
3	Liquid Nitrogen CRYO iVIAXI								
4	Electrocautery								
<b>Grand Total CMC including GST: Rs.....</b> <b>(Rupees..... ) Only.</b>									

Note: The figure in column 8 should be put in the CMC column of the main BOQ.

Name of the Bidder:

Signature:

Seal :

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