

રોજ મળેલ સભામાં નીચે મુજબનો ઠરાવ પસાર થયો હતો :-

* * * * *

મ્યુ.કમિશનરશ્રીના તા.૨૧-૩-૧૮ના પત્ર નં.સી.સ્થા.સ./૧૦૫૫ થી વિદિત થઈ, સ્મીમેર હોસ્પિટલ ખાતે મેડીસીન વિભાગ માટે ઈકિવપમેન્ટસ / ઈન્સ્ટ્રુમેન્ટસ ખરીદવાના કામે ટેન્ડર નોટીસ પ્રસિધ્ધ કરી માંગવામાં આવેલ ટેન્ડરોના સંદર્ભમાં નિયત સમય દરમ્યાન આવેલ કુલ-૯ ટેન્ડરો પૈકી ખોલવામાં આવેલ પ્રાઈસબીડના કુલ-૪ ટેન્ડરો અંગે મ્યુ.કમિશનરશ્રીએ તેમના ઉક્ત પત્રથી રજુ કરેલ માહિતી ધ્યાને લઈ આ કામે નીચે કોષ્ટક-(એ) થી (બી) માં જણાવેલ આઈટમ તે સામે જણાવેલ જથ્થામાં અને ભાવે જે તે સપ્લાયરો પાસે કુલ્લે રૂ.૧૬,૭૯,૦૩૬/- તમામ ટેક્ષ સહિતના ખર્ચે, ડોર સ્ટેપ ડીલીવરીથી ટેન્ડરની શરતો અને સ્પેશીફિકેશનને આધિન ખરીદવાનું તથા ટેન્ડરો સાથે કરારનામુ કરવા મ્યુ.કમિશનરશ્રીને અધિકૃત કરવાનું ઠરાવવામાં આવે છે.

કોષ્ટક-(એ)

સપ્લાયરનું નામ : લાઈફ કેર મેડીકલ સીસ્ટમ્સ

T.I. No.	Item Name	Qty.	Unit Price (Rs)	Total Amount (Rs)	CMC Rate for per year per machine after warranty period of two years. (in Rs only) including all taxes & other charges (Rates will be same & applicable for five years)
3.	Syringe Pump Model: Medcaptain MP-30, Medcaptain	37	34,028.00	12,59,036.00	1,888.00 per year per machine
Total Amount.....				12,59,036.00	
Note : Rates are inclusive of all taxes & door step delivery.					
As per letter dated 25.01.2018 Supplier is willing to give 6					
Nos. SS Trolley with Total 59 Nos (Medicine-Qty-37,					
Paediatrics-Qty-17 & Pulmonary Medicine Qty-5) with					
syringe pumps.					



...૨..

..2..

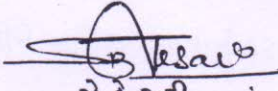
કોષ્ટક-(બી)

સપ્લાયરનું નામ : સાચુ સર્જીકલ

T.I. No.	Item Name	Qty.	Unit Price (Rs)	Total Amount (Rs)	CMC Rate for per year per machine after warranty period of two years. (in Rs only) including all taxes & other charges (Rates will be same & applicable for five years)
4.	Suction Machines Model-Highvac	15	28,000.00	4,20,000.00	1,770.00 per year per machine
Total Amount.....				4,20,000.00	
Note : Rates are inclusive of all taxes & door step delivery.					

ઠરાવ નં. ૪૦૪/૨૦૧૮ સર્વાનુમતે મંજુર.

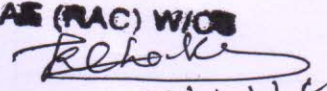
સ.ર.મ્યુ.કમિશનરશ્રી પ્રતિ,


સેક્રેટરી,
સુરત મહાનગરપાલિકા
તા.૦૩-૪-૨૦૧૮.

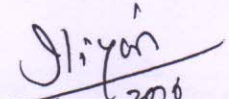
NPS

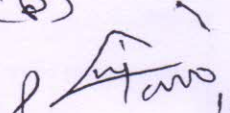
Received On
૨૪/૪/૧૮

નં. સીઆચ/૪/૧૨
૨૪/૪/૨૦૧૮

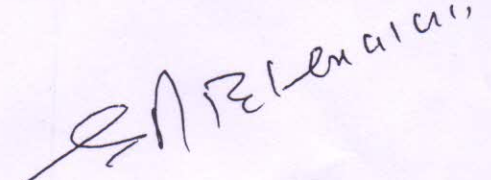
AE (RAC) W/O

૦૪/૪/૧૮

આર.એ.સી./૨/૪/ ૩૭
તા. ૦૩/૦૪/૧૮


Jiyon
I/C M-S (S.M. in charge)
-4-18
Sr. AMO
AMO (R)


Jiyon
03/04/18
50

SUMMER / HOSP. / IN / No 135
DATE 6/5/18


Jiyon

Surat Municipal Institute of Medical Education and Research

Opp.- Bombay Market, Umarwada, Surat - 395 010 (Guj.)-India.

Medical Superintendent
Phone Nos. 2333756, 2368040 to 43.
Extn.1600

FAX No.(0261) 2360306
GST No.24AAALS0678Q1ZE



No.SMIMER/Hosp/Out/ 94
Date: 07/04/2018

To,
Sachu Surgical,
82, Old Prabhu Nagar,
Asarwa,
Ahmedabad-380 016

Sub : Supplying & installing equipments/instruments for the Department of Medicine of SMIMER Hospital.

Ref : (1) Online Tender Notice No. SMIMER/Hospital/Medical Superintendent/02/2017-18.
(2) Standing Committee Resolution No.404/2018, dated 27/03/2018.

Dear Sir,

With reference to the above cited tender, the rates for the item quoted by you has been accepted and approved by SMC. You are hereby directed to supply the below mentioned equipments/instruments as per details given below.

T.I. No.	Item Name	Qty.	Unit Price (Rs)	Total Amount (Rs)	CMC Rate for per year per machine after warranty period of two years. (in Rs only) including all taxes & other charges (Rates will be same & applicable for five years)
4.	Suction Machines Model-Highvac	15	28,000.00	4,20,000.00	1,770.00 per year per machine
Total Amount.....				4,20,000.00	
Note : Rates are inclusive of all taxes & door step delivery.					

You have to fulfill all the terms and conditions mention in our tender document. Payment will be made only after submission of the satisfactory demonstration & installation certificate of Professor & Head, Medicine Department of SMIMER Hospital.

- You have to pay security deposit @ 5% of order value i.e. 5% of Rs.4,20,000.00 = **Rs.21,000.00** by D.D. or Banker's cheque of any scheduled / nationalized bank payable at Surat in favour of "Commissioner (single name only), Surat Municipal Corporation, Surat." within 15 days from the date of this order, failing which the penalty @0.065% of the amount of security deposit will be imposed for delay of each day.
- You have to enter into computer typed agreement using Gujarat Stamp Paper of Rs.100/- have to produce before the undersigned.
- You have to submit surety & undertaking on Gujarat Stamp Paper of Rs.100/- have to produce before the undersigned.
- The time limit of the purchase order shall be considered after 10th (Tenth) day of issue date of this letter for the said article.
- The tenderer must supply within **30 days** from this date **17 -04-2018** otherwise delay supply penalty will be applicable as per terms & conditions of the said tender.
- The warranty period of the said instruments will be two years from the date of installation & commissioning.

➤ You have to submit following documents within 15 days along with agreement and security deposit as detailed above.

1. Copy of Income Tax PAN Card.
2. GST Registration Certificate.
3. Details in duplicate of board of directors, and authorized person to deal with Surat Municipal Corporation along with their photographs, residential address and specimen signature on letter pad of your firm / company.
4. The pre-requisites for installation of the equipment should also be intimated well in advance & the successful awardee must install & commission the instruments as per the order to the satisfaction of officers of the SMIMER.
5. If the awardee agency fails to fulfill the provisions of any of the tender clauses to supply the products, materials, goods, articles in quantity, time & specified rate &/or as mentioned in purchase order / notice of award of contract, fails to replace the rejected supplies to the SMC's satisfaction, the required products, materials, goods articles will be procured from the open market at the risk & cost of the tenderer.
6. Supplier should submit the installation report after satisfactorily commissioning of each equipment/instruments.

Shyam
6/14/2018
I/c Medical Superintendent
SMIMER Hospital

FWRs to : Dean shri..... for information

Copy to : Professor & Head, Medicine Department, SMIMER Hospital for necessary action.

Copy to : Sr. R.M.O./ Deputy Engineer (Electric)/Asst. Biomedical Engineer, SMIMER Hospital

Copy to : Section Officer, SMIMER Hospital