સુરત મહાનગરપાલિકાની સ્થાયી સમિતિની તા.૫–૪–૨૦૧૮ ના રોજ મળેલ સભામાં નીચે મુજબનો ઠરાવ પસાર થયો હતો :–

\* \* \* \* \* \*

મ્યુ.કમિશ્નરશ્રીના તા.ર ક – ૩ – ૧૮ ના પત્ર નં.સી.સ્થા.સ./૧૦ કા શિ વિદિત થઈ, સ્મીમેર હોસ્પિટલ ખાતે ઓફ્થેલમોલોજી વિભાગ માટે ઈક્લિપમેન્ટસ / ઈન્સ્ટુમેન્ટસ ખરીદવાના કામે ટેન્ડર નોટીસ પ્રસિધ્ધ કરી માંગવામાં આવેલ ટેન્ડરોના સંદર્ભમાં નિયત સમય દરમ્યાન આવેલ કુલ – ૫ ટેન્ડરો પૈકી ખોલવામાં આવેલ પ્રાઈસબીડના કુલ – ૪ ટેન્ડરો અંગે મ્યુ.કમિશ્નરશ્રીએ તેમના ઉકત પત્રથી રજુ કરેલ માહિતી ધ્યાને લઈ આ કામે નીચે કોષ્ટક – (એ) શ્રી (સી) માં જણાવેલ આઈટમ તે સામે જણાવેલ જથ્થામાં અને ભાવે જે તે સપ્લાયરો પાસે કુલ્લે રૂા. ૫૩,૦૪,૫૨૧/ – તમામ ટેક્ષ સહિતના ખર્ચે, ડોર સ્ટેપ ડીલીવરીથી ટેન્ડરની શરતો અને સ્પેશીફીકેશનને આધિન ખરીદવાનું તથા ટેન્ડરરો સાથે કરારનામુ કરવા મ્યુ.કમિશનરશ્રીને અધિકૃત કરવાનું ઠરાવવામાં આવે છે.

કોષ્ટક–(એ)

સપ્લાયરનું નામ : એસ.કે. ડીસ્ટ્રીબ્યુટર્સ

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)
1.	Microincision Vitrectomy Machine Model: Retikcare Frag-7500 CPR, Icon Medicare	01	30,84,343.00	30,84,343.00	1,48,683.00 per year per machine
lote	: Rates are inclusive of all taxes		Total Amount	30,84,343.00	

## કોષ્ટક-(બી)

## સપ્લાયરનું નામ : અબોટ મેડીકલ ઓપ્ટીકસ પ્રા.લી.

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)
2.	Phacoemulsification System Model: Sovereign Compact, Abbot Medical Service	01	17,94,578.00	17,94,578.00	1,41,600.00 per year per machine
			Total Amount	17,94,578.00	

# કોષ્ટક-(સી)

## સપ્લાયરનું નામઃ શ્રીજી સર્જીકલ કાું.

T.I. No.	Item Name	Qty.	Unit Price (Rs)	(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.	Indirect Ophthalmoscope  Model: Omega-500 unplugged C-284-41-670, Heine Optotechnic	02	2,12,800.00	4,25,600.00	NA
		Total Amount			

# ઠરાવ નં.૪૨૦/૨૦૧૮ સર્વાનુમતે મંજુર.

સ.૨.મ્યુ.કમિશનરશ્રી પ્રતિ,

Received On 11-4-18 NPS.

સુરત મહાનગરપાલિકા dl. 20-8-2096.

MARCH / HOSP. / IN / No 254

આર.એ.સી./2/8/ જિ 22/03/25

#### 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/ 3-7
Date: 17 / 4 /2018

To, Shrijee Surgical Co. Opp. Empire State Building, Ring Road, Surat-395 002 Mob No.9898514341-9227553344

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

Ref: (1) Online Tender Notice No. SMIMER/Hospital/Medical Superintendent/01/2017-18. (2) Standing Committee Resolution No.420/2018, dated 05/04/2018.

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.	Revised Unit Price (Rs)	Revised 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.	Indirect Ophthalmoscope Model: Omega-500 unplugged C-284-41-670, Heine Optotechnic	02	2,12,800.00	4,25,600.00	NA
			Total Amount	4,25,600.00	
lote :	Rates are inclusive of all taxe	s & doo	r 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, Ophthalmology Department of SMIMER Hospital.

- > You have to pay security deposit @ 5% of order value i.e. 5% of Rs.4,25,600.00 = Rs.21,280.00 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 10<sup>th</sup> (Tenth) day of issue date of this letter for the said article.
- ➤ The tenderer must supply within 30 days from this date 27-04-2018 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.

I/c Medical Superintendent

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

Copy to : Professor & Head, Ophthalmology 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