સુરત મહાનગરપાલિકાની સ્થાયી સમિતિની તા.૨૮–૬–૨૦૧૮ ના રોજ મળેલ સભામાં નીચે મુજબનો ઠરાવ પસાર થયો હતો :–

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

મ્યુ.કિમશનરશ્રીના તા.રર-૬-૧૮ ના પત્ર નં.સી.સ્થા.સ./૨૦૦ થી વિદિત થઈ, સ્મીમેર હોસ્પિટલ ખાતે ઓબ્સ્ટેટ્રીક્સ એન્ડ ગાયનેકોલોજી વિભાગ માટે ઈક્વીપમેન્ટસ/ઇન્સ્ટ્રુમેન્ટસ ખરીદવાના કામે ટેન્ડર નોટીસ પ્રસિધ્ધ કરી માંગવામાં આવેલ ટેન્ડરોના સંદર્ભમાં નિયત સમય દરમ્યાન આવેલ કુલ-૯ ટેન્ડરો પૈકી ખોલવામાં આવેલ પ્રાઈસબીડના કુલ-૮ ટેન્ડરો પૈકી સૌથી નીચા ભાવના ટેન્ડરના ટેન્ડરર (૧) Olympus Medical Systems India Pvt. Ltd. (૨) Crystal Distributors (૩) S.K. Distributors પાસેથી કુલ રૂા.ર૯,૩૮,૯૫૨/- તમામ ટેશ સહિતના ખર્ચે, ડોર સ્ટેપ ડીલીવરીથી ટેન્ડરની શરતો અને સ્પેશિફિકેશનને આધિન નીચે કોપ્ટક (એ) થી (સી) માં જણાવેલ વિગતે, જથ્થામાં અને ભાવે ખરીદવાનું તથા આઈટમ નં.૨, ૩ અને ૪ ડીસ્કવોલીફાઈડ/સીગલ ક્વોલીફાઈડ હોય રીટેન્ડર/ક્વોટેશન કરવાનું તથા આ કામના સફળ સપ્લાયરો સાથે કરારનામુ કરવા મ્યુ.કિમશનરશ્રીને અધિકૃત કરવાનું ઠરાવવામાં આવે છે.

કોષ્ટક-(એ)

#### (૧) ઓલીમ્પસ મેડીકલ સીસ્ટમ્સ ઈન્ડિયા પ્રા.લી.:-

tion 01	26,45,000/-	26 45 000/	
		26,45,000/-	64,028/ per year per machine
	26,45,000/-		
Control of the Party of the Par	of all taxe	of all taxes & door step	26,45,000/- of all taxes & door step

### કોષ્ટક-(બી)

## (૨) ક્રિસ્ટલ 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).
5	Vaginal Hysterectomy Set  Model : Kalelkar	04	48,500/-	1,94,000/-	N.A.
	Total Amount			1,94,000/-	
Note delive		all taxes	s & door step		

#### કોષ્ટક-(સી)

## (૩) 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)
	Delivery Set	08	12,494/-	99,952/-	N.A.
	Model : Kalelkar				
		То	tal Amount	99,952/-	
	ote : Rates are inclusive of all taxes & door step				

8 हाव नं. ७९५/२०१८ सर्वानुभते मंश्वर.

स. २. म्यु. इमिशनरश्री प्रति,

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से उ र

# 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/ )670 Date: 10 / 2018

To,
Olympus Medical Systems India Pvt. Ltd.,
Ground Floor , Tower-C, SAS Tower,
The Medicity Complex,
Sector-38, Gurgaon-122001
Haryana, India
Tel.0124-4999191 Fax No.0124-4999190

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

Ref: (1) Online Tender Notice No. SMIMER/Hospital/Medical Superintendent/08/2017-18.

(2) Standing Committee Resolution No.795/2018, dated 28/06/2018.

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.

1. Three Chip High definition Camera System Model: Otvs-190 Olympus	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)
		Camera System Model : Otvs-190	01	26,45,000.00	26,45,000.00	64,028.00 per year per machine
		Olympus	T	otal Amount	26,45,000.00	

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, Obstetrics & Gynaecology Department of SMIMER Hospital.

- You have to pay security deposit @ 5% of order value i.e. 5% of Rs.26,45,000.00 = Rs.1,32,250.00 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 third party 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 date20 -07 -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 SMIMER Hospital

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

Copy to : Professor & Head, Obstetrics & Gynaecology 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