

महाराष्ट्र शासन
इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालय नागपूर
महात्मा ज्योतीबा फुले जन आरोग्य योजना

Phone No. 2725274 (P) 2770929 PBX : 2728621 to 27 Fax : 2728028 (C) 2774766 (H)
E-Mail :- igmen@rediffmail.com

क. इंगाशावैमवरु/मज्योफुजआयो/जाहीरात क./ ६७ /२०१८ दि. २२.०२.२०१८

जाहीरात

इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालय नागपूर महात्मा ज्योतीबा फुले जन आरोग्य योजना

इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालय नागपूर येथील महात्मा ज्योतीबा फुले जन आरोग्य योजना अंतर्गत येणा-या गरीब रुग्णांसाठी लागणारी औषधी, सर्जिकल, कॅन्स्युमेबल्स व इंफ्लान्ट च्या पुरवठ्यासाठी पुरवठादारांकडून दरपत्रके मागविण्यात येत आहे. याबाबत संपुर्ण माहिती इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय व रुग्णालय चे संकेतस्थळावर www.iggmc.org दि. २२.०२.२०१८ ला उपलब्ध होईल. सदर दरपत्रके हि दोन लिफाफा पध्दतीने (तांत्रिक व व्यापारी) पाठविण्यात यावे. अधिक माहितीसाठी महात्मा ज्योतीबा फुले जन आरोग्य योजना कार्यालयात संपर्क साधावा.

अधिष्ठाता
२२/२

इंदिरा गांधी शासकीय वैद्यकीय महाविद्यालय
व रुग्णालय नागपूर

Terms & Conditions

1. Please quote your prices for each item on or before date 03/03/2018 upto 5.00 PM. in a sealed envelope. Unsealed or improperly sealed quotation will not be accepted. Quotation received after 03/03/2018 will not be accepted.
2. Mention enquiry number of this letter on sealed quotation envelope & submit that in the name of "Dean IGGMC, Nagpur (MJPJAY) between 11.00 AM to 5.00 PM at the office of MJPJAY, IGGMC Nagpur. Sealed envelope will be opened at 12.00 PM on 05/03/2017 at Dean's office IGGMC.
3. Your terms & conditions if any for supply should be mentioned in your covering letter enclosed with the quotation.
4. The serial number of the items should not be changed while quoting rates. You may drop the item if not interested & list should be prepared in printed copy only otherwise it may be rejected.
5. Submit the attested copy of
 - i) TIN/ TAN Number
 - ii) Pan Card
 - iii) Gumastha for 3 years
 - iv) Last year ITR
6. Supplied items should be of good quality, ISI Marked & as per FDA norms. Mention proper specification of goods while quoting the prices.
7. Please note that prices should inclusive of all taxes. Supplier should supply all goods as per these rates for 1 year or till the date of next enquiry whichever is later.
8. Delivery of goods will be accepted at pharmacy section in MJPJAY office. You have to execute supply order in stipulated period only. If not, supply order will be treated as cancelled.
9. Order will be given telephonically by pharmacist in MJPJAY office. Supplier with lowest gross total for respective order will be selected. Supplier should deliver the order within 2 hours with delivery Manual (DM)
10. Suppliers should mention exact name, rate & serial no of item in DM as given in quotation. Patients name, MRD number, MJPJAY approval number should also be mentioned in DM.
11. As the DM is certified, confirmatory order of respective DM from Dean IGGMC will be issued to supplier. Supplier should submit the tax invoice for respective confirmatory order at MJPJAY office within 3 days otherwise payment will be cancelled. Only after submission of tax invoice within 3 days payment be processed.
12. In case of deficiency in service/quality the supplier will be debarred after three complaints for one year & supplier with second lowest rate will be selected for supply.
13. This office reserve the right to cancel the order at any time without showing any reason.

Special Terms & Conditions for Orthopedic & Implant Suppliers

- L. Supplier should submit following documents with quotation in sealed envelope.
- i) GMP Certificate
 - ii) Drug license in form 28 (Valid/Up to Date)
 - iii) ISO Certificate
 - iv) CE Certificate / FDA Certification for Implants.
 - v) SSI Certificate
 - vi) Biocompatibility test of SS and TT material
 - vii) Factory manufacturing license (Valid/Up to Date)
 - viii) Metallurgy test for testing of materials
 - ix) All documents mentioned in (4) of "Terms & Conditions"
 - x) Make/Model should be mentioned.
 - xi) Authorization certificate is mandatory if supplier is not manufacturer.
2. Supplying agency should have minimum 3 years of experience in the market/institute. Sample for verification should be present whenever called by orthopedic department.
 3. Each set means the main implant like nail / plate if any size & length under usual circumstances along with locking bolts/screw according to the maximum number of holes in the system.
 4. The price will be fixed for each set irrespective of size of nail, length of plate & number of screw and shall not vary irrespective of the number of screw / bolts used.
 3. Order of implant will be given telephonically by the doctor of orthopedic department. Implants/sets are to be supplied before 4.00 PM on the date before operation. No sets will be accepted after 4.00 PM.
 4. Sets are to be checked by doctor on duty of respective unit. Implant supplier & doctor checking the set will be responsible for any deficiency in the set.
 5. Issued sets have to be picked up before 3.00 PM on the OT day by supplier. Any loss of implant/instrument has to be reported instantly. Delayed reporting will not be entertained.
 6. Supplier should submit the certified copy of DM at MJPJAY office within 3 days from date of supply. Certification of DM should be done only from incharge of respective unit. If supplier fails to submit the certified DM within 3 days, respective order will be treated as cancelled and payment will not processed.
 7. After getting order, supplier should submit Bill/Tax Invoice within 3 days otherwise payment will not be processed.
 8. Payment will be done within 45 days from bill Submission.
 9. Quotations should be given in 2 envelopes. (Technical & Commercial Separately) Otherwise supplying agency will not be eligible for process.

Special Terms & Conditions for ENT Implant Suppliers

The implant should be in a pre-autoclaved pack, good quality, ISO certified company.

Handwritten signature
Dean 22/2

Indira Gandhi Government Medical College
& Hospital Nagpur

IGGMCH,MJPJAY.

LIST OF ITEMS WHICH ARE NOT QUOTATED OR QUOTATED BY LESS THAN THREE SUPPLIERS IN QUOTATION
ENQUIRY NO. IGGMC&H/MJPJAY/ADVERT NO./5118/2017 & 6397/2017. DT 09/08/2017 & 06/10/2017.

SR. NO.	NAME OF CONSUMABLES	SIZE	(RS) RATE INC. OF ALL TAXEX	REMARK
1	HEARING AID.	-		

Handwritten:
1/10/18
20/2/18