



**NEW MANGALORE PORT AUTHORITY  
MEDICAL DEPARTMENT**

**PANAMBUR, MANGALORE – 575 010**

**Tele : 0824 – 2407948/2407413**

**Extension: 0824-2887294**

**RFQ No: CMO-07-10/23-24/X-Ray**

**Dated: 31.10.2023**

**Last Date & Time for Submission: 06.11.2023**

**On or Before: 3:30 PM**

**Date of opening : 06.11.2023**

**Time of opening : 4:00 PM**

**Subject: NMPA Medical Division: “Procurement of Digital X- Ray films (Fuji film)” to Port Authority Hospital through single cover system - Quotation Requested-Reg.**

Sealed Competitive quotations are invited from Manufacturers / Dealers / Distributors/ Wholesaler & Retailer (here in after referred as “firm”) addressed to the Chief Medical Officer, Port Authority Hospital for Digital X- Ray films (Fuji film) as per BOQ, subject to the following terms and conditions. The Bidder shall quote same Digital X- Ray films (Fuji film) as specified in the BOQ. Any deviation in this regard will not be acceptable. The quotation should be clearly super scribed with the Tender No. CMO-07-10/23-24/X-Ray dated 31.10.2023 through Post /Courier or shall be dropped in the Tender Box, kept at Port Hospital, New Mangalore Port Authority, Panambur, Mangalore- 575 010 **on or before the due date on 06.11.2023 at 3.30PM. Online quotations are not acceptable.**

1. All columns shall be compulsorily filled in Item wise as per **BOQ**
2. Undertaking as per **Annexure-I**
3. Trade License of the Bidder
4. Copy of GST certificate of the Bidder
5. Authorization certificate if applicable as per **Annexure-II**.

If Manufacturer is participating in the bidding process & they wish to Authorize Distributor to supply the Digital X- Ray films & receive payments on behalf of them, then Authorization Certificate as per Annexure-II shall be enclosed along with the Bid.

6. Bank details should be furnished as per the **Annexure –III**.

**General Terms & Conditions:**

1. The Price quoted shall be valid up to the finalization of the tender process and no upward revision will be accepted during the tenure of the contract.
2. The quotation shall be in single cover in sealed envelope. The lists of the required Digital X- Ray films (Fuji film) are mentioned as per BOQ. The Bidder shall quote for the Digital X- Ray films only manufactured from the firm mentioned in the BOQ. Digital X- Ray films from manufacturers other than the one mentioned in the BOQ will not be considered for evaluation.

3. The L-1 bidder shall be decided on the basis of Item-wise lowest rate quoted by the bidder including GST. If more than one bidder becomes L1 for the same Digital X- Ray films, then the order quantity will be equally distributed among them.

**4. Mode of delivery:**

All the ordered quantity of Digital X- Ray films (Fuji film) shall be delivered to Port Authority Hospital, NMPA Panambur within 7 days from the date of issuing purchase order else Damage charges as per clause no. 7 is applicable.

All the aspects of safe delivery of items to NMPA Port Hospital shall be the responsibility of the supplier.

**5. Payments:**

The invoices shall be in triplicate with advance stamped receipt, shall be handed over to CMO, Port Authority Hospital Panambur for arranging payments. Full payment towards the bill value (as per L1 rate) will be paid within 15 days after receipt of bills along with Digital X- Ray films in full shape; GST shall be shown separately in the tax invoice, which shall be paid on actual. .

6. In case the items supplied are not in accordance with description / specifications or the supplies are found defective, at any stage these items shall immediately be taken back by the supplier and will have to be replaced within 7 days. The competent authority reserves all rights to reject the items if the same are not found in accordance with the required description / specifications and damage charges shall be charged as per clause No.7 till the items are replaced as per the tender specifications.

**7. Damage Charges:**

If the ordered Digital X- Ray films (Fuji film) are not supplied within the delivery period, then Damage Charges will be levied on the undelivered portion at the rate of 0.5% of the value of the material per week or part thereof subject to a maximum of 10% of the delayed goods.

Further, in case of emergencies, the firm on whom the supply order has been placed, fails to make supplies within the delivery schedule and if NMPA resorts to risk purchase, then NMPA may recover from the firm the difference between the cost calculated on the basis of risk purchase price and that calculated on the basis of rates ordered on the Firm.


8. Quotation will be opened on **06.11.2023** at **4.00 p.m.** in the office of the Chief Medical Officer, in the Port Authority Hospital Panambur, Mangalore in presence of representative from finance department of NMPA along with the representatives of the participated bidders, who may wish to be present.
9. Firm should submit an undertaking enclosed in the form of Annexure-I, including confirmation of validity of Rate till supply of 100 % of the approved quantity.
10. Dispute Clause: The contract shall be governed by the laws and procedures established by

Govt. of India. Any dispute relating to the enquiry shall be subject to the jurisdiction of the court at Mangalore only.

11. Quotation should be free from corrections/Erasers. In case there is any unavoidable corrections it should be properly attested, if not quotation will not be considered for evaluation.
12. Quotations should be strictly as per the format mentioned in tender without any deviation. Conditional offers will not be accepted / entertained.
13. Quotation written in pencil will not be considered.

  
Chief Medical Officer i/c

**Port Authority Hospital, NMPA**  
ವಿಮಾನ ನಿಲ್ದಾಣ ಆಸ್ಪತ್ರೆ / Port Authority Hospital  
ನವ ಮಂಗಳೂರು ವಿಮಾನ ನಿಲ್ದಾಣ/ಒಳ  
New Mangalore Port Authority  
ಬೆಂಗಳೂರು, ಕೆ-ಆರ್/ Bananour, Mangalore - 575001

  
21/10/2023

**BOQ**

Sl. No	Items Description	Size	Required Quantity	Manufacturer	Rate per Unit (Excl. GST)	Total Amount exclusive of GST	GST in %
1	2	3	4	5	6	7	8
1	Digital X-Ray films	8 X 10 inch	300	Fuji films			

Note: Evaluation shall be done excluding GST.

**Signature of the Authorized Person with seal**

**UNDERTAKING**

To,

The Chief Medical Officer,  
Port Authority Port Hospital,  
New Mangalore Port Authority,  
Panambur -575010

1. I / we here by confirm that the Rates Quoted/accepted will be valid for One year from the date of issue of order.
2. I / we have not supplied the Digital X- Ray films lesser than this rate to any Government/Semi government/Reputed Private organizations.
3. I / we undertaking that, in case of any of the supplied Digital X- Ray films for which the consumption has been reduced and if it is not possible to utilize the Digital X- Ray films within the period, we agree to replace the quantity with the fresh batch having longer shelf life free of cost, within 30 days after receipt of letter/information for replacement of the stock, I/we also agree if the stocks are not replaced by us and lying in the Main Medical store till the date of expiry of items, the value of the stock expired will be deducted from the bills payable.
4. I / we willing to accept the all conditions of the RFQ.

**(Signature of the Authorized Person with seal)**

**AUTHORIZATION CERTIFICATE (If Applicable)**

To,

The Chief Medical Officer  
Port Hospital,  
New Mangalore Port Authority  
Panambur -575010

Sir / Madam,

Sub : Authorization for Quoting / Supply of Digital X- Ray films for quotation :-

Reg

Ref:- Tender No..... dtd.....

I/We \_\_\_\_\_ (Manufacturer) do hereby authorize  
\_\_\_\_\_ (distributor) to quote, supply & receive payments on behalf  
of us in the afore mentioned tender/ RFQ at reference. Further, we confirm that we will provide  
all possible back end support to our authorized representative for timely supply of Digital X-  
Ray films to Port Hospital.

**Contact details of the Authorized firm:-**

- 1) Contact person from the authorized firm.
- 2) Designation.
- 3) Address with Pin code
- 4) E-mail details.
- 5) Contact Number
- 6) GST, PAN & Bank Details.

**Seal & Signature of the Bidder**

**Bank Information for E-Payment**

1	Name and full address of the Bidder	
2	Credit Account No. (Should be full 14 digit)	
3	Account type (SB or CA or OD)	
4	Name of the Bank	
5	Branch (Full address with Telephone No.) .....	
6	MICR code (should be 9 digit)	
7	Telephone/Mobile /Fax No. of the Bidder	<b>Telephone:</b>
		<b>Mobile:</b>
		<b>Fax:</b>
8	Xerox copy of a cheque should be enclosed	

**(Signature of the Authorized Person with seal)**