



MAHARASHTRA MEDICAL COUNCIL, MUMBAI

Established by Government of Maharashtra Under MMC Act 1965

189-A, Anand Complex, 1st Floor, Sane
Guruji Marg, Arthur Road Naka,
Chinchpokali (West), Mumbai - 400011.

Tel No.: 022-23007650

Website: www.maharashtramedicalcouncil.in

Email Id: maharashtramcouncil@gmail.com

No. MMC/Quotation/Change of Panel Light & Down Light in MMC Office/2025/02866 Date:- 11/06/2025

Inviting quotation for Change of Panel Light & Down Light in MMC Office

The effectiveness and efficiency of the office is based on the adequate availability of Change of Panel Light & Down Light in MMC Office and forms. Therefore, sealed quotations are hereby invited for Change of Panel Light & Down Light in MMC Office as per terms & conditions mentioned below. The sealed quotations along with all the required document must reach in the office of the undersigned on or before 16/06/2025.

Terms & Conditions: -

- Envelope should be super-scribed "QUOTATION FOR CHANGE OF PANEL LIGHT & DOWN LIGHT IN MMC OFFICE". Quotations need to be submitted on letter head through speed post/registered post/hand delivery in office of Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (West), Mumbai - 400011.
- The envelope must bear the word:-
"Inviting quotation for Change of Panel Light & Down Light in MMC Office"
No. _____ As above dated _____
Address: As mentioned in point no. a)
IMPORTANT: - In the absence of information as required under b) above, if an envelope is received & opened inadvertently, the Council will not be responsible and the quotation may not be considered even if quoting the lowest rates.
- List of Change of Panel Light & Down Light in MMC Office is available as per Schedule-I.
- The estimated quantity of items given in the annexure is tentative and shall not be considered as minimum guarantee. The actual purchase may vary as per requirement.
- Unsealed quotation will be rejected.
- Quotations must be submitted on the letter head as per in prescribed Performa.
- The quotations received after this deadline shall not be entertained under any circumstances. In case of postal delay this Council will not be responsible.
- Overwriting or cutting is not permissible, if found, the quotation shall be summarily rejected.

- i) L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified. L1 will be decided for the overall value of quotation and not item wise.
- j) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- k) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
- ❖ Self-attested copy of Firm shall be registered. (must)
 - ❖ Self-attested copy of live PAN/TAN card. (must)
 - ❖ Certificate of non-inclusion in the black list as per given format attached in annexure "2" need to be provided on Rs.500/- stamp paper duly notarized or on firm/agency letter head. (must)
 - ❖ Self-attested copy of Registration Certificate of GST. (must)
 - ❖ Experience letter/ work orders related to Change of Panel Light & Down Light in MMC Office.
- l) If Quotations found vague and indefinite expressions such as "subject to prior confirmation", "subject to immediate acceptance" etc. will be treated as vague offers and rejected accordingly and such a conditional quotation shall be rejected summarily.



Registrar
Maharashtra Medical Council

QUOTATION FORM

To,
The Registrar,
Maharashtra Medical Council,
189-A, Anand Complex, 1st Floor,
Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (West), Mumbai - 400011.

Sub:- Notice Inviting
"Quotation for Change of Panel Light & Down Light in MMC Office."

Ref.:- No. MMC/Quotation/Change of Panel Light & Down Light in MMC
Office/2025/02866 Date:- 11/06/2025.

Respected Sir,

1. I/We submit the quotation for “Change of Panel Light & Down Light in MMC Office” at Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (West), Mumbai - 400011.
2. I/We thoroughly examined and understood terms & conditions given in the enquiry document.
3. I/We hereby offer to supply at the following rates. I/ We undertake that I/ We are not entitled to claim any enhancement of rates on any account during the validity of rate.

Sr. No.	Particulars	New Rate for Per Unit	Old Rate Per Unit (Rebate Rate)	GST (New Rate for Per Unit)	Total
1.	P&F panel light of 600x600 36 W size as per existing light fitting place complete with all fitting like driver and connector to panel fitting.				
2.	Fitting charges for fixing panel light fitting with removing exiting light and fixing new panel light on exiting place.				
3.	P&F down light of 15/20 W size as per exiting down light place complete with all fitting like driver and connector to down light.				
4.	Fitting charges for down light fitting removing existing light and fixing new light on exiting place.				

Note :-

- 1) This is to inform that as per given cost for panel light and down light the brand shall be Panasonic/syska.
- 2) Light guarantee will be one year for any technical mistake.
- 3) The selected service provider shall be required to conduct a site visit to inspect the existing lights before finalizing and quoting the rebate rate per unit for each light being replaced.

Place- _____
Date- _____
(Designation)
Name of Firm/Company/Agency
Contact Detail

(Signature of Authorized Person)
(Name)

DECLARATION

Date.....

To,
The Registrar,
Maharashtra Medical Council,
189-A, Anand Complex, 1st Floor,
Sane Guruji Marg, Arthur Road Naka,
Chinchpokali (West), Mumbai - 400011.

Sub:- Notice Inviting
"Quotation for Change of Panel Light & Down Light in MMC Office."

Ref.:- No. MMC/Quotation/Change of Panel Light & Down Light in MMC
Office/2025/02866 Date:- 11/06/2025.

Respected Sir,

I / We hereby confirm that our firm has not been banned
or blacklisted by any government organization/Financial institution/ Court /Public sector
Unit /Central Government and no police/Vigilance enquiry/ criminal case is pending against
us.

Place:	Signature of Authorized Person.....
Date:	Name.....
	Designation.....
	Seal