



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/Ext. Date/Quotation/Panasonic EPABX-Card/2020/02081 Date:- 14/09/2020

Extension of Date for Submission of quotation for Panasonic EPABX-Card

Sealed Quotations are hereby invited by the undersigned on behalf of the Maharashtra Medical Council, Mumbai for Panasonic EPABX-Card. Last date for submission of quotation was 10/09/2020. However, response was less, therefore due to non-receipt of quotation, Council has decided to further extend the last date for submission of quotation till 21/09/2020. However, other terms and conditions remain unchanged. Interested parties may please note that eligibility and other details pertained to above work is available on the website: maharashtramedicalcouncil.in/quotation or Maharashtra Medical Council, Mumbai web-site. The Envelope containing the quotation would please be sealed and super scribed as under:-

“QUOTATION FOR PANASONIC EPABX-CARD “

Terms & Conditions :-

- a)** Envelope should be super-scribed “Quotation for Panasonic EPABX-Card“. Quotations need to be submitted by speed post/registered post/hand delivery placed in Registrar, Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (West), Mumbai - 400011. The quotations received after this deadline shall not be entertained under any circumstances whatsoever. In case of postal delay this Council will not be responsible.
- b)** Unsealed quotation will be rejected.
- c)** Quotations must be in the enclosed prescribed Performa and forwarding letter on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, in case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- d)** Rates must be quoted as per the format specified taxes extra if any must be written separately. The rates must be quoted in figures as well as in words.
- e)** In general no overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected. However, except rate all cuttings and over writings must be signed by the authorized person of the firm.

- f)** Becoming 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.
- g)** RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- h)** 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.
 - ❖ Self-attested copy of PAN/TAN card.
 - ❖ Certificate of non-inclusion in the black list as per given format attached in annexure "2" need to be provided on Rs.100/- stamp paper duly notarized.
 - ❖ Self-attested copy of Registration Certificate of GST.
 - ❖ Income Tax Return Certificate of last Assessment year.
 - ❖ Experience letter/work orders related to office and computer stationery.
- i)** Quotations qualified by such vague and indefinite expressions such as "subject to prior confirmation", "subject to immediate acceptance" etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.
- j)** The supplier may be asked to submit a sample of the product, which will be evaluated by a technical evaluation committee. Price bids of only those firms will be opened which qualifies technically as per the recommendation of the committee.
- k) Delivery Period:-** 15 days from award of work.


(Sanjay Deshmukh)

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 Panasonic EPABX-Card".

Ref.:- No. MMC/Ext. Date/Quotation/Panasonic EPABX-Card/2020/
02081 dt. 14/09/2020.

Respected Sir,

1. I/We submit the quotation for "Panasonic EPABX-Card" 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.	Item Details	Quantity	Rate	GST	Total
1	8 Card 5173-85L7 Card (As per Actual)	1			
2	Fix Card NS 5180 Card	1			
3	Card Configuration Charges	1			

Place- _____

(Signature of Authorized Person)

Date- _____

(Name)

(Designation)

Name of Firm/Company/Agency

Contact Detail

DECLARATION

Date.....

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

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02081 dt. 14/09/2020.

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