

DEENDAYAL PORT AUTHORITY

ISO 9001:2015-
ISO 14001:2004

Office of the Chief Medical Officer,
Gopalpuri, Gandhidham-Kutch
Gujarat- Pin Code – 370 240.
Telephone:- 02836-220711
Fax- 02836-232288

No: MH/SP/117/24-25

Date: / 08 /2024.

To,

NAME OF WORK: - Quotation for Purchase of Dental Items.

Sir,

Quotations are invited for the above subject work and the same can be downloaded from DPT website www.deendayalport.gov.in and submit on or before 15/08/2024 up to 3.00 p.m. and the same will be opened on 15/08/2024 at 4.30 p.m.

This is for your information and participation please.

Yours faithfully,


Chief Medical Officer
Deendayal Port Authority

Copy to :

5. AO(Pay)
6. Sr. D. D. (EDP) FOR HOISTING THE SAME ON DPA WEBSITE

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ISO 14001:2004

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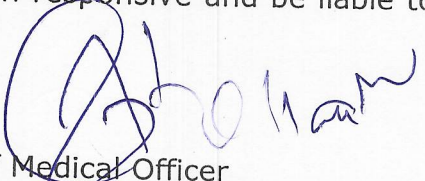
No. MH/SP/117/2024-25

Date:- -08-2024.

M/s. _____,

1. Sealed Quotations are invited from reputed manufacturers; sole authorized agents, C & F Agents, Authorized Distributors and Dealers for "**Purchase of Dental Items**" mentioned in the proforma attached which is required for Hospital use only.
2. The "**Purchase of Dental Items**" supplied by the firm should be as per the norms Prescribed by the Drug Controller General of India and Regulations laid By Drug and Cosmetic Rule. The undersigned holds power to reject the material
3. The party should quote their rates in the prescribed format only and should send to this office in the sealed envelopes by Courier / Registered AD / Speed Post / Hand Delivery.
3. Material to be delivered F.O.R. DPA Hospital Gopalpuri.
4. Please specify GST Number and provide copy of GST registration.
6. Please mention the Quotation No. and date, due date and senders address on the top of the envelope. The quotation, if received late i.e. after the scheduled time of submission of quotation, the same will not be entertained.
7. Only sealed quotations will be accepted. Unsealed quotation/unsigned quotation will not be accepted.
8. Quotation must reach this office before 3.00 p.m. of 15/08/2024 after which no quotation will be considered.
9. Quotation should not be written in pencil. Such quotation will be rejected.
10. Quotations will be opened on 15/08/2024 after 4.30 p.m. in the office of the Chief Medical Officer at Gopalpuri, in the presence of Questioners or their accredited representative who may wish to be present.
11. The quotations should be valid for 180 days from the date of opening of the quotations.
12. Material offered should confirm to ISS specification (or BSS) wherever Applicable. In every case, the Brand and the name of manufacturing should invariably be mentioned.

13. In case your quotation is accepted and order is placed on you, it is imperative that the delivery period stipulated therein should be strictly adhered to. Any delay in supply of material beyond the stipulated period, compensation for delay at the rate of ½% per week or part thereof will be charged till supply of whole material as per supply/work order subject to maximum of 10% of contract value. Even in case of part supply, the compensation for delay will be levied on whole contract value unless extension is obtained in writing from this office before expiry of the delivery period on valid grounds.
14. Chief Medical Officer reserves the right to cancel the supply order without prejudice to any other action that he may care to make against the supplier(s) if he/they fail(s) supply the stores mentioned in the supply order within the due date or if the stores supplied are not according to the specifications mentioned in the supply order.
15. The rates quoted should be excluding of GST (GST rate to be quoted separately) and Registration No. thereof should be mentioned if claimed.
16. Chief Medical Officer reserve the right to accept the offers by individual items and to reject the lowest offers without assigning any reasons thereof.
17. In case of part supplies payment to the extent of 90% will be made for the supplies and the balance 10% after the completion of the supply order in full provided the extension if obtained before the expiry of the delivery period as stated above.
18. Quotation should be as per description/ specifications given. In case the supplier desires to give an alternative, he should say so and also give details as to how it is equivalent.
19. If the suppliers are having separate hospital rate, the same concessional rates should be quoted.
20. The contractor shall affix SEAL along-with SIGNATURE in the quotation, failing which the bid / quotation will be considered as non responsive and be liable to discharge.


Chief Medical Officer
Deendayal Port Authority

Note:- Please sign and seal on the prescribed Terms & Conditions and send to this office along-with the quotation.

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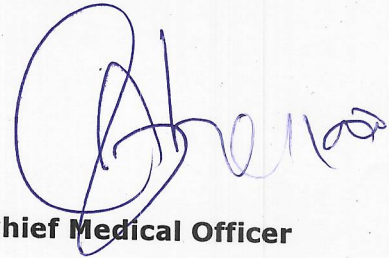
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TERMS AND CONDITIONS

(Please read all the documents, terms and conditions carefully before submitting quotation. Sign all the documents before sending quotation. In absence of necessary documents and unsigned documents quotation will not be considered which may please be noted.)

1. Brand name/Specification, rate per unit, GST etc. should be mentioned clearly.
2. Please indicate **rate per unit without GST** both in figures (column No.5a) and in words (column No.5-b). **GST percentage of the item to be quoted in column No.6.** In case of discrepancy between rate in figures and in words, the rate quoted in words shall be considered for evaluation purpose.
3. Quotation should be clear and legible. No correction, over-typing or over-writing shall be permitted in the price Bid.
4. Quotationer who submit their offers shall be deemed to have read, understood, and accepted the terms & conditions of the quotation.
5. Quotationer is therefore advised to quote the rate only if the terms and conditions as prescribed by Deendayal Port Authority are acceptable to them in its entirety and they fulfill all the eligibility criteria.
7. Only proven 'Indigenous' manufacturers /so selling Agent / Authorized Dealer / Distributors are entitled to quote. Necessary authorization letter should be attached with the quotation.
8. In case of Distributors /Suppliers / Authorized Stockiest are submitting the Quotation the necessary valid authorization letter issued by the manufacturer should be accompanied with the quotation is liable to be rejected.
8. In case of Manufacturer submitting the quotation: - The manufacturer has to provide documents along-with quotation in support of your credentials like Drug License /GST Certificate, Certificate of manufacturing and supply orders executed during last two years.

9. Minimum validity period of the rate quoted by the party should be **180** days, in case party has quoted less than 180 days the quotation is liable to be rejected.
10. The Items may be supplied from fresh stock with maximum period of expiry (Between 1 to 2 years)
11. RTGS details should be submitted during the submission of invoice and GST No. of Agency and DPA should also mention in the Invoice.
12. Income Tax as applicable to be recovered from bill.
13. Force Majeure Clause: This is restricted to act of 'GOD' only.



**Chief Medical Officer
Deendayal Port Authority.**

Signature & Seal of the party

RATES OF QUOTATION WILL BE ACCEPTED IN THIS PAPER ONLY

Quotation for " **Purchase of Dental Items** "

(Due on 15/08/2024)

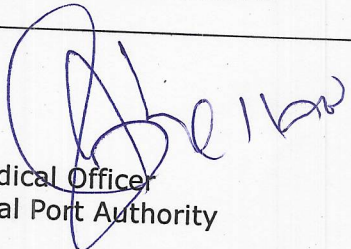
Sr No	Description	Quantity	Brand offered	Rate Per Unit (without GST)		GST in %
				Rs.in figures	Rupees in Words	
1	2	3	4	5(a)	5(b)	6
1	D PULP VITALIZER	2				
2	RC CAL (PRIME)	20				
3	LIQ. FORMOCRESOL	2				
4	Templell-G 40gm	5				
5	RVG SLEEVES	3				
6	MANI K FILES 10,21MM	5				
7	MANI K FILES 15,21MM	5				
8	MANI K FILES 20,25MM	5				
9	MANI K FILES 8,21MM	3				
10	MANI H FILES 10,21MM	5				
11	MANI H FILES 15,21MM	5				
12	ROTARY FILES FLEXICON 17.04,21MM	10				
13	ROTARY FILES FLEXICON 17.04,25MM	10				
14	ROTARY FILES FLEXICON 17.06,21MM	10				
15	ROTARY FILES FLEXICON 17.06,25MM	10				
16	ROTARY FILES FLEXICON 20.04,21MM	10				
17	ROTARY FILES FLEXICON 20.04,25MM	10				
18	ROTARY FILES FLEXICON 20.06,21MM	10				
19	ROTARY FILES FLEXICON 20.06,25MM	10				
20	ROTARY FILES FLEXICON 25.04,21MM	4				
21	ROTARY FILES FLEXICON 25.06,21MM	4				
22	ROTARY FILES FLEXICON 25.04,25MM	4				

23	ROTARY FILES FLEXICON 25.06,25MM	4				
24	G P POINT 20.06 (SURRENDO OR DENTSPLY)	15				
25	G P POINT 25.04	2				
26	G P POINT 25.06	2				
27	MANI DIAMND BURS (BR-31)	4				
28	COMPOSITE KIT	3				
29	SEALPEX	2				
30	GLASS INOMER CEMENT GIC (SHOUFU) 15 G	20				
31	MANI DIAMOND BURS (BR-32)	4				
32	MANI DIAMOND BURS (SF-12)	2				
33	MANI DIAMOND BURS (SF-11)	2				
34	MANI DIAMOND BURS (SI-48)	5				
35	MANI DIAMOND BURS (TF-12)	3				
36	MANI DIAMOND BURS (TR-20)	3				
37	GDC DENTALFORCEP LOWER ROOTS F*74 NS	1				
38	GDC DENTAL FORCECEP LOWER PREMOLARS F*13 S	1				
39	GDC DENTAL FORCECEP LOWER MOLARS F*86 S	1				
40	GDC DENTAL FORCECEP LOWER MOLARS F*73 S	1				
41	GDC DENTAL FORCECEP UPPER 3 MOLAR F*67 AS	1				
42	GDC DENTAL FORCECEP UPPER ROOTS R F*51 AS	1				
43	GDC DENTAL FORCECEP UPPER ROOTS L F*51 AS	1				
44	GDC DENTAL FORCECEP UPPER PREMOLARS F*7 S	1				
45	GDC DENTAL FORCECEP UPPER ANTERIORS F* 1 S	1				
46	GDC DENTAL FORCECEP UPPER MOLAR L F*90 S -CH	1				
47	GDC DENTAL FORCECEP UPPER MOLAR R F*17 S	1				

48	GDC DENTAL FORCEP UPPER MOLAR R F*89S-CH	1				
49	GDC DENTAL FORCEP UPPER MOLAR L F*18 S	1				
50	LIGHTER GAS REFILL	2				
1	F.O.R. (Material to be Delivered)	: DPA HOSPITAL, GOPALPURI ONLY				
2	Payment Condition	: ONE MONTH FROM THE DATE OF INVOICE				
3	Validity Period	: 180 DAYS FROM THE DATE OF OPENING OF QUOTATION				
4	Delivery Period	: 30 DAYS				
5	Remarks, if any:					

Please affix SIGNATURE & SEAL in this Quotation & send back to this office in ORIGINAL

Signature & Seal of the Party


 Chief Medical Officer
 Deendayal Port Authority