



GOVT. OF INDIA

LAKSHADWEEP DISTRICT PANCHAYAT

OFFICE OF THE STORE SUPERINTENDENT

LAKSHADWEE ADMINISTRATION OFFICEWILLINGTON ISLAND, KOCHI-3

EMAIL: lakshadweepmedicals@gmail.com, PHONE: 0484 2667135, Fax 0484 2666211

F. No. 1/09/2020-21-LMS

Dated 12-03-2020

LIMITED TENDER

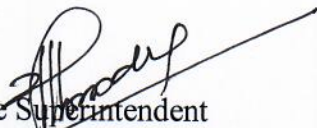
Sealed Tenders are invited by the under signed for transportation, loading and unloading of Departmental materials/medicine packages etc from medical store to ship and vice versa. The terms and conditions and details of work are given below. Tender forms containing terms and conditions, list of items required can be had from this office (on working days) or from the website www.lakshadweep.gov.in from **12-03-2020 to 25-03-2020 12:30PM** GST registration certificate should be enclosed along with the Tender. Tenders addressed to the **Store Superintendent, Lakshadweep Medical Store, Indira Gandhi Road, Wellington; Kochi-682 003** should reach on or before **11AM on 25-03-2020**. Any tenders received after due date and time specified will be rejected.

The acceptance of the tenders will be subject to the following terms and conditions

TERMS & CONDITIONS

1. All cover containing Tenders shall be sealed and clearly super scribed "Tender for transportation, loading and unloading of medicine package/materials". Tenders will be opened by the under signed at 3 PM on 25-03-2020 in the presence of intending tenders if any present on the occasion.
2. A sum of rupees 10,000(ten thousand) only is to be deposited as EMD along with the tenders by way of DD(encashable at Syndicate bank, w/island, Kochi) in favor of Store Superintendent, LMS, W/island, Kochi. The offer made without EMD will be rejected. Cheque will not be accepted as EMD.
3. The contractor shall also enquire and ascertain from LMS Kochi whether any cargo to be loaded/unloaded in all ship programs.
4. The contact for the work will be for two years from the date of awarding work order by the DHO (HS) of Lakshadweep, Kavaratti. If the DHO (HS) DP desires that the period of contract will have to be extended by three months, He shall intimate the contractor who shall carry out the work till the date at the same rates and conditions in the tender.
5. The rate quoted should be valid for acceptance up to three months from the date of opening of the tender in the event of tender being accepted. The contractor should carry out the work at the quoted rates for the period from or till the extended date as may be decided by the DHO (HS) DP, Kavaratti without anything extra.
6. The intending tenders should have minimum two year experience in the similar field. Necessary certificate in this regard should be attached along the tender. Tenders submitted without the experience certificate will be rejected.
7. The details of work to be carried out during the period of contract are as per list attached herewith.

8. The tender shall sign the tender at the place provided in the tender form including the terms and conditions affixing his office seal and date. Otherwise the tender is liable to be rejected.
9. Contractor should be arranged their own vehicle for the transportation.
10. The contractor shall be responsible for any kind of damage losses during transportation loading unloading from store to ship and vice versa.
11. It shall be responsibility of the contractor to ensure that the shipping bills are get passed and other formalities for the shipment of cargo completed within the time so that there hindrance to the shipment of cargo.
12. Recoveries towards all damage /losses or discrepancies of any nature shall be made from the contractor during transportation, loading and unloading.
13. Income tax at prevailing rate will be deducted at source from time to time.
14. Violation of any terms of tender will entail cancellation.
15. **The DHO (HS) DP, Kavaratti UT of Lakshadweep reserves that right to accept or terminate the contract and his decision in the matter shall be final and no appeal shall file over it.**


Store Superintendent
Lakshadweep Medical Store
Kochi
STORE SUPERINTENDENT
LAKSHADWEEP MEDICAL STORE
WILLINGTON ISLAND
COCHIN-682 003

Signature of the quotationer
Name of quotationer
Address of the quotationer
Date and Seal

Copy submitted to the DHO (HS) DP, Kavaratti for favor of information and taken may kindly be ratified.
Copy to all head of the department, Lakshadweep office complex with request to display in the notice board