

ANNEXURE – III
DECLARATION FORM

I / Wehaving My / our
.....office
at.....do declare that I / We have
carefully read all the terms & conditions of tender of the, HEALTH AND
WELLNESS CENTRE, for the supply of The approved rate will remain
valid for a period of one year from the date of approval. I will abide with all the terms & conditions set
forth in the tender paper Reference no.

I/We do hereby declare I/We have not been de-recognized / black listed by any State Govt. /
Union Territory / Govt. of India / Govt. organization / Govt. Health Institutions for supply of Not of
Standard Quality (NSQ) items / part-supply / non-supply. I/We agree that the Tender Inviting
Authority can forfeit the Earnest Money Deposit and or Security Deposit and blacklist me/us for a
period of 5 years if, any information furnished by us proved to be false at the time of inspection /
verification and not complying with the Tender terms & conditions.

I / We further declare that I / We possess valid manufacturing license / authorized distributor
bearing no.Valid upto..... I / We
..... do hereby declare that I /
we will supply the _____ as per the terms, conditions & specifications of the tender
document. I / we further declare that I / we have a service centre / will establish a service centre within
one month of installation of the equipment in Chhattisgarh.

Signature of the bidder:

Date :

Name & Address of the Firm:

**Note: This certificate should be in letter head of issuing agency with seal and signature of the
competent authorized person.**

ANNEXURE – IV

MANUFACTURER’S AUTHORISATION FORMAT

To

CHIEF MEDICAL AND HEALTH OFFICER,
HEALTH AND WELLNESS CENTRE
Chhattisgarh, Bilaspur

Ref: _____.

Dear Sir,

We _____ who are established and reputed manufacturer’s of (name and description of items offered) having factories at (Address of Factory) do hereby authorize M/s (Name and address of Distributor / Agent) to submit a bid and sign the contract with you against the above referred tender. We also extend our full guarantee for the items quoted by M/s. _____ as per the terms and conditions in your tender under reference above.

Yours faithfully,

Name of the Manufacturer

(Signature with seal)

Note: This letter of authority should be on the letter head of the manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included in the bid submitted by the tenderer if the tenderer is not the manufacturer.

ANNEXURE - V

TOTAL TURNOVER CERTIFICATE

AFFIDAVIT

To

To

CHIEF MEDICAL AND HEALTH OFFICER,
HEALTH AND WELLNESS CENTRE
Chhattisgarh, Bilaspur

We hereby certify that M/s _____ (the name of participant in the tender) who is participating the tender for supply of IT equipments called by Chief Medical & Health Officer, HEALTH AND WELLNESS CENTRE. Chhattisgarh, Bilaspur having their office at _____ (Address of office) has a sales turnover given as below :-

Turnover in the year of 2016-2017. RS.

Turnover in the year of 2017-2018. RS.

Turnover in the year of 2018-2019. RS.

The above information is correct and true.

CHARTERED ACCOUNTANT

ON Rs.50/- STAMP PAPER

The document should be notarized.

NOTE: The turnover of other than participant will not be accepted.

ANNEXURE - VI

Performa for Performance Statement

(Supplies within last 3 years)

Name of the Firm

Sl. No	Order placed by (Full Address of Purchaser) (1)	Order No. and Dated (2)	Description and Quantity of ordered equipment	Value of order	Date of Completion of delivery	Remarks indicating reasons for late delivery, if any	Has the equipment been satisfactorily functioning? (Attach a certificate from the Purchaser/Consignee in format enclosed)
1							
2							
3							
4							
5							

Signature and Seal of the Bidder.....

.....

Note: Format may be used in landscape, certificates from the purchasers in the format enclosed.

Enclosure to ANNEXURE - VI

To

To

CHIEF MEDICAL AND HEALTH OFFICER,
HEALTH AND WELLNESS CENTRE
Chhattisgarh, Bilaspur

We hereby acknowledge that M/s (the name of participant in the tender) having their office at.....(Address of office) is associated with us Since..... They have supplied us (Name of the equipment). We certify that the Equipment supplied and post supply service of the Agency is satisfactory.

Signature:

Seal

Note: This certificate should be in letter head of issuing agency.

ANNEXURE – VII

NON BLACK LISTED AFFIDAVIT

I / Wehaving My / our
office at
eat.....

.....do hereby declare I/We have not been de-recognized / black listed by any State Govt. / Union
Territory / Govt. of India / Govt. organization / Govt. Health Institutions for supply of Not of Standard
Quality (NSQ) items / part-supply / non-supply of the article
..... (Equipment code and Name) I/We agree that the
Tender Inviting Authority can forfeit the Earnest Money Deposit and or Security Deposit and blacklist
me/us for a period of 5 years if, any information furnished by us proved to be false at the time of
inspection / verification and not complying with the Tender terms & conditions.

Signature of the bidder:

Date :

Name & Address of the Firm:

ANNEXURE – VIII

DETAILS OF THE BIDDER & LOCAL CONTACT PERSON

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Chhattisgarh.
Name & Full Address		
Telephone Nos., Landline		
Mobile		
Fax		
E – Mail		
Date of Inception		
Manufacturing / Import License Nos. & Date		
Name of the issuing Authority		
License valid up to		

Signature of the Tenderer:

With seal

ANNEXURE – IX
PRODUCT SPECIFICATION
(To be uploaded in Cover B: Technical Bid)

Equipment Code:

Name/ Description of Equipment:

A	B	C	D
Desired Specification of TIA	Manufacturer's Specification	Deviation	Remark

Note: This form is product/Equipment specific

- Desired Specification should be taken from Annexure – II (Specification of equipments)
- Manufacture/Bidder should quote their specification in Column 'B'.
- Column 'C' and 'D' should kept blank for evaluation purpose.

Signature and Seal of Bidder

Format may be used in Landscape.

ANNEXURE – X

(Refer Clause No. ITB 7, GCC 14, SCC 1,)

WARRANTY / GUARANTEE UNDERTAKING

(To be submitted on Rs.50/- stamp paper)

Tender ref. No. _____

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

I / we / M/s _____ hereby declare that

i. I / we do Accept / Agree for the warranty / guarantee for 2/3 years from the date of installation & commissioning and CMC for 3 years after expiry of warranty /guarantee as per this tender clause No. _____

ii. I / we will not charge / quote any extra price on account of the above said warranty / guarantee.

iii. I / we do accept / agree to provide uptime guarantee 95% as per this tender clause No. _____.

iv. The 2 year warranty is valid from dt._____ to dt._____.

v. The 3 year CMC is valid from dt._____ to dt._____.

Date:
authority

Signature of the competent

Place:

on behalf of the company / firm.

Seal of the firm.

N.B: 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.

ANNEXURE – XI

UNDERTAKING

(To be submitted on Rs.50/- stamp paper)

Tender ref. No. _____ Due for opening on _____

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

Sir,

I / we _____ hereby declare that

1. I / we am / are the manufacturers / authorized agents / distributors of _____.
2. I / we do accept / agree for the all clauses including the warranty 2/3 years followed by 3 years CMC and payment terms and conditions of this tender.
3. I / we do hereby confirm that the prices / rates quoted are fixed and are at par with the prices quoted by me / us to Govt. of India / any other state Govt. Hospitals / Medical Institutions. I / we also offer to supply the stores at the prices and rates not exceeding those mentioned in the price bid.
4. I / we agree to abide by my / our offer for a period of 365 days from the date of approval of the tender.
5. I / we have necessary infrastructure for the maintenance of the equipment and will provide all the accessories / spares as and when required (As per clause _____).
6. I / we also declare that in case of change of Indian Agent or for any other change, merger, dissolution solvency etc. in the organization of our foreign principles, we would take care of the Guarantee / warranty / maintenance of the machinery / equipment and have provided written confirmation for the same.
7. I / we shall provide assistance to the consignee in clearance and delivery of store at consignee's stores / premises.

8. The demurrage / storage charges, if any, payable to the customs department, due to non-receipt of required documents in time by the hospital / delay due to incorrect entries, mistakes to the documents etc. shall be borne by me / us.

9. I / we have carefully read and understood all the terms and conditions of the tender and shall abide by them.

10. I / we undertake to get the equipment's repaired within 7 days of receiving of the complaint from the indenting hospital / consignee failing which a penalty @ 0.5% of the item valed from performance security per day may be deducted from performance security deposited from 8th day onwards

Signature of the witness

Signature of the Tenderer

Name & address

Name & address

Dated

Seal of the firm.

N.B: 1. To be attested by Notary Public.

1. Only to be submitted by the approved supplier, tenderer to the consignee and a copy to the purchaser before release of payment.

ANNEXURE – XII

(Refer Clause No. ITB 8.6, GCC 11)

UNDERTAKING FOR SUPPLY OF SPARE PARTS

(To be submitted on Rs.50/- stamp paper)

Tender ref. No. _____

Name of the equipment:

Date of Installation:

Name of the Consignee:

Name of the purchaser:

I / we / M/s _____ hereby Undertake that I / we will ensure Uninterrupted supply of adequate spares of (Name and code of Equipment) for at least a period of 05 years. In the event of termination of production of the spare parts, we shall give advance notification to the purchaser pending termination (not less than 2 years) and I/we shall carry sufficient inventories to assure ex-stock supply of consumable spares for the Good. At any time we will provide the required spare parts within a maximum period of 15 days from the notification by the purchaser.

Date:

Signature of the competent authority

Place:

on behalf of the company / firm.

Seal of the firm.

N.B: 1. To be attested by Notary Public

2. Only to be submitted by the approved supplier / tenderer to the consignee and a copy to the purchaser before release of payment.

ANNEXURE - XIII
CONSIGNEE RECEIPT CERTIFICATE/ INSTALLATION REPORT

(To be given by consignee and the user of the item)

The following equipments has / have been received in good condition:

Name of item supplied	
Name of the Supplier / Manufacturer	
Quantity supplied	
Purchase Order reference no.	
Serial Nos of equipment supplied	
Name and Address of the Consignee along with tel. no. and fax no.	
Date of receipt by the Consignee	
Date of Installation	
Installation Location at Hospital.	
Accessories supplied and the serial numbers of Accessories	
Training cum orientation satisfactorily completed Yes/No	
Name and Designation of Personnel trained.	
Date of commencement of warranty	
Date of expiry of warranty	
Stock Book page no. where the items have	
Signature of Authorized Representative of	
Name and designation of the authorized Representative	
Seal of the consignee	

Note: In case of Hospital or for CHC PHC and SHC the Nodal officer (NCD) will in Incharge of the above concerned would be treated as consignee for receipt of Goods and the User are of the following Hospital ,CHC, PHC and SHC Medical Head incharge.

(Nodal Officer / Office In charge)

(UserDepartment)

NOTE:

- Select the product for which bid to be quoted and calculate EMD.
- Make RTGS/DRAFT payment for EMD and Tender processing Fee
- Detail of RTGS/NEFT Payment :
 - **Bank Name State bank of India**
 - **Account Name : District Health Society NCD**
 - **Account No 31951766165**
 - **IFSC Code SBIN0004571**

Upload relevant documents in cover A, B and C (as indicated in ITB Clause 4 and SCC clause 14)

ANNEXURE – XV

FORMAT OF TABLES TO BE FILLED IN COVER C

Item wise price (Ultimate cost to purchaser)

Table C-1

Sl No.	Equipment Code	Equipment Name	Equipment Make & Model No.	No. of unit	Price/unit in figure (UCP)	Price/unit in Words (UCP)	Total Price in Figure

Note:

UCP: Ultimate cost to purchaser, it includes price of equipment, packing, transportation, incidental charges, all forms of taxes, installation - commissioning, turnkey, training and services within warranty period as described in tender conditions.

Cont...

NOTE:

- Select the product for which bid to be quoted and calculate EMD.
- Make RTGS/DRAFT payment for EMD and Tender processing Fee
- Detail of RTGS/NEFT Payment :
 - **Bank Name State bank of India**
 - **Account Name : District Health Society NCD**
 - **Account No 31951766165**
 - **IFSC Code SBIN0004571**

Upload relevant documents in cover A, B and C (as indicated in ITB Clause 4 and SCC clause 14)

Table C-2
Price Schedule

1	2	3	4	5							6	7
				PRICE FOR EACH UNIT								
Equip ment Code.	Item Description	Quantity & Unit	Country of origin	Ex-factory Ex- warehouse Ex- showroom off-the shelf (a)	Excise duty if any (b)	Packing & forwarding (c)	Inland transport, Insurance, Handling, Installation ,Turn Key and Incidental costs incidental to delivery (d)	Incidental services as listed in clause 6 of SCC (e)	Customs duty (f)	GST/ Sales/ Octrai duty and other taxes payable if contract is awarded (g)	Unit price a+b+c+d+e+f +g Ultimate Cost to Purchaser UCP/Unit	Total price per schedule for delivery at final destination (3 x 6)

Cont..

Item wise cost for CMC after warranty period.

Table C-3

S. No.	Equipment Code	Name of Equipment	CMC	
			Year	% of quoted price
1			1 st	
			2 nd	
			3 rd	

ANNEXURE – XVI

FORMAT FOR SUBMITTING LIST OF ITEM FOR WHICH BID IS QUOTED

Sl No.	Equipment Code	Name Of the Equipment	EMD
1	HWC/EQUP/001	TABLET	22000
2	HWC/EQUP/002	LAPTOP	110000

Total EMD Paid:

UTR / RTGS/Draft Transaction No:

To be submitted in letter head of the bidder.