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Hospital Administration,
F-541, 4th Floor, BARC Hospital,
Anushaktinagar,
Mumbai – 400 094.



भारत सरकार

Government of India

भाषा परमाणु अनुसंधान केंद्र

BHABHA ATOMIC RESEARCH CENTRE

चिकित्सा विभाग

MEDICAL DIVISION

Ref: MD/HA/12(52A)/2022/ 1896

Jan , 2023
Feb-03

NOTICE INVITING TENDER

Repairing & Replacement of Token Indicator System installed in ENT Unit, BARC Hospital

Sealed Quotations are invited by Head, Medical Division, BARC Hospital, Anushakti Nagar, Mumbai – 400 094 for “Repairing & Replacement of Token Indicator System installed in ENT Unit, BARC Hospital.

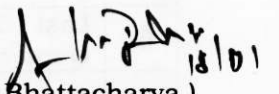
1.	Name of Item	Token Indicator System
2.	Scope of work	Repairing & Replacement
3.	Quantity	02 Sets
4.	Location of work	ENT Unit, BARC Hospital
5.	Estimated cost of work	₹ 15,000/- (Inclusive of Taxes)
6.	Last date of receipt of Sealed Quotations	22.02.23 at 13:00
7.	Date of Opening	22.02.23 at 15:00

The Quotation must be placed in a sealed cover with the name of work and quotation number clearly written on the envelope addressed to “Administrative Officer – III, BARC Hospital, Anushakti Nagar, Mumbai – 400 094”. It should reach to Assistant Personnel Officer, Hospital Administration, F-541, 4th Floor, Annex Building, BARC Hospital, Anushaktinagar, Mumbai – 400 094 by Post only on or before 22.02.23 at 13.00 hrs. and it will be opened at **15.00 hours on the same day.** The Quotations should have the **seal of the Company, Signature of the Proprietor of the firm, PAN and GSTN registration Number,** failing which your quotation is liable to be rejected.

General Terms and Condition

1.	The work should be completed within 45 Days from the receipt of Work order.
2.	The firm should give rates, showing taxes, if any, and levies, packing forwarding and insurance charges separately giving full breakup details.
3.	The offers should be legibly hand written or type written giving full address of the firm. The tenders should quote in figures as well as in words the rates amount tendered by him. Any discrepancy between the figures and words, the amount written in words will prevail. Alterations/overwriting, unless legibly attested by the tenderer, shall disqualify the tenders.
4.	The tender rates should be kept open / valid for a period of six month from the date the tenders are opened.
5.	In case of non supply of materials/items, non completion of work, within the due date/ within the date of delivery, the Head, Medical Division will have the right to impose penalty, as deemed fit, to resort to risk purchase in full or part thereof at his/her discretion, his/her decision shall be final and binding.
6.	Any other statutory levy imposed by the Govt. of India from time to time will be paid extra on demand with adequate proof thereof.
7.	The Head, Medical Division shall be the final authority to reject full or any part of the supply/service which is not confirming to the specification/s and other terms and conditions.
8.	Payment shall be made through Electronic Clearing System only after satisfactory completion of work.

Yours faithfully,


(A Bhattacharya)

Administrative Officer III
Work Order Initiated By

1. AAO, BARC

(TO BE SUBMITTED ON COMPANY LETTER HEAD)

NIT NO : MD/HA/12(52A)/2022

Date :

ANNEXURE

Sr No	Particulars	Sets	Amt
	Repair/Replacement of 3 Digit, wireless Token Indicator set with Voice Announcement: - Ent Unit		
1	Specification : 1. External Display : 10" L x 5" H x 2.25" CH Height Bright Red Bar Type 7 segment display with built in powerful speaker for clear and Loud audio voice announcement. 2. Sturdy Control Unit with key board made of Instrument grade plastic Or powder coated MS Body and clear bar type 3/4" LED Display. 3. Wireless communication between control unit and external Display Using RF wave, Range - 100 meter. 4. Volume Control at Display/control Unit. 5. Provision for entering any numeric value or next number. 6. Warranty : 2 years	02	
	Total		

Note : Mounting Bracket or any other items required for installation should be inclusive

APPENDIX

Date	Site	Description
		1. General location of the site, including a map reference.
		2. Name of the landowner or agency.
		3. Type of vegetation or land use.
		4. Date of collection.
		5. Name of the collector(s).
		6. Number of specimens collected.
		7. Other notes or remarks.
		8. Signature of collector.

Form 100-100-100, as of 10/10/10, is hereby approved for use by all BLM field offices.