

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

 $\textbf{Website:} \ www.maharashtramedical council.in$

Email Id: maharashtramcouncil@gmail.com

No. MMC/Quotation/Keyboard Sliding Tray/2022/02143 Date:- 01/07/2022

Inviting quotation for Keyboard Sliding Tray

Sealed Quotations are hereby invited from reputed firms/carpenter of Keyboard Sliding Tray by the undersigned on behalf of the Maharashtra Medical Council, Mumbai for Keyboard Sliding Tray as per terms & conditions mentioned below. The sealed quotations along with all the required document must reach in the office of the undersigned on or before **11/07/2022**.

Terms & Conditions: -

- a) Envelope should be sealed and super-scribed "Quotation for Keyboard Sliding Tray". Quotations need to be submitted by speed post/registered post/hand delivery in office of Maharashtra Medical Council, 189-A, Anand Complex, 1st Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (West), Mumbai 400011.
- **b)** 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.
- **c)** Unsealed quotation will be rejected.
- **d)** Quotations must be in the prescribed Performa on duly signed by the Proprietor/ Partner/ Director or their authorized representative.
- **e)** 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.
- 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 Registration.
 - Self-attested copy of PAN/TAN card. (must)
 - ❖ 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. (must)
 - Self-attested copy of Registration Certificate of GST. (must)
 - ❖ Income Tax Return Certificate of last Assessment years. (must)
 - * Experience letter/work order to support experience related to carpenter.
- 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.

(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.

<u>Sub</u> :- <u>Notice Inviting</u>
"Quotation for Keyboard Sliding Tray"

Ref. :- No. MMC/Quotation/Keyboard Sliding Tray/2022/02143 Date:- 01/07/2022.

Respected Sir,

- 1. I/We submit the quotation for "Keyboard Sliding Tray" 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	Per Rate	GST	Total	
1.	Keyboard Sliding Tray (Work with labours & materials)					
	a)	Wooden Keyboard drawer	Per Drawer			
		or	rei Diawei			
	b)	Wooden Sliding Tray	Per Tray			
		or				
	c)	Metal Sliding Channel	Per Channel			

71	(0)
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 - 4000	
_	board Sliding Tray " on/Keyboard Sliding Tray/2022/02143 2.
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: Sig	gnature of Authorized Person
Date: Na	me
De	esignation
Se	al