



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

Website: www.maharashtramedicalcouncil.in

Email Id: maharashtramcouncil@gmail.com

No. MMC/Quotation/Catering Services/2021/04051

Date:- 06/12/2021

Inviting quotation for Catering Services

Sealed Quotations was invited by the undersigned on behalf of the Maharashtra Medical Council, Mumbai for Catering Services till 15/11/2021. However, response was less, therefore due to non-receipt of quotation. Therefore, Council has decided to further extend the last date for submission of quotation till **13/12/2021**. However, other terms and conditions will remain unchanged. Interested parties may please note that eligibility and other details pertained to above work is available on the website of Maharashtra Medical Council, Mumbai i.e.- www.maharashtramedicalcouncil.in. The envelope containing the quotation would please be sealed and super scribed as under:-

Terms & Conditions: -

- a)** Envelope should be super-scribed "Quotation for Catering Services". 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. 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.
- b)** Unsealed quotation will be rejected.
- c)** Quotations must be in the enclosed prescribed Performa and forwarding letter on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, in case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- d)** 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.
- e)** In general no overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected. However, except rate all cuttings and over writings must be signed by the authorized person of the firm.
- 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 Registration with shops & Establishment Act.
 - ❖ Self-attested copy of Food License for operation/running of the Catering Services - License from FSSAI. (must)
 - ❖ 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 & Annual Turnover of last three years. (must)
 - ❖ Experience letter/work orders related to Catering Services.
- 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.

Sub:- Notice Inviting
"Quotation for Catering Services."

Ref.:- No. MMC/Quotation/Catering Services/2021/04051 Date:-06/12/2021.

Respected Sir,

1. I/We submit the quotation for "Catering Services" 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.

Items	Unit	Rates
MENU OF MEETING		
Breakfast		
(1) Tea and Coffee (2) Cheese Sandwich (Brown Bread) or Veg. Sandwich (Brown Bread) Corn Rissole Paneer Dhokla Cheese Wafers Kaju Pista Roll Veg Cutlet with slice bread butter, Shira-Upma, Idli-Medu Vada, Punjabi Samosa	} Any two	Per Person
Lunch		
Veg./Non Veg. Cream of Tomato Soup, Asparagus Soup Veg., Sweet Corn Soup, Manchow Soup } Any one Kheema Matar (Mutton) Chicken Malwani Masala } Any one non veg. Fish dish Matar Paneer, Mushroom, Palak Paneer Palak Bhujiya, Chole, Baigan Masala, Aloo mutter, Mix Veg., tawa Veg., Paneer Koliwada, Veg. Jalfrazi, Lasuni Aloo, Methi Chaman, Veg. Hangama, Paneer Do Pyaza, Paneer Kaju Mutter, Veg. Makhani, Veg. Jaypuri, Masala Channa Yellow Dal Steam Rice/Veg. Pulao Tawa Paratha / Chapati Green Salad/Sprouted Moong Salad Soal Kadhi or Buttermilk Papad/Pickle/Thecha/(Green) Pineapple Raita Khandvi/Kothimbirwadi	} Any two veg dish	Per Plate
Sweet Ice Cream/Gulab Jamun/ Angoori Gulab Jamun with Rabari/ Rasgulla/ Halwa/ Rasmalai/ Fresh Fruits in Cut's	} Any one	

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 - 400011.

Sub:- Notice Inviting
"Quotation for Catering Services."

Ref.:- No. MMC/Quotation/Catering Services/2021/04051
Date:-06/12/2021.

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: Signature of Authorized Person.....

Date: Name.....

Designation.....

Seal