

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/Hiring of Accommodation for a Guest House near the MMC office /2024/02429

Date:- 16/09/2024

Inviting quotation for Hiring of Accommodation for a Guest House near the MMC office.

The effectiveness and efficiency of the office is based on the adequate availability of Hiring of Accommodation for a Guest House near the MMC office and forms. Therefore, sealed quotations are hereby invited for Hiring of Accommodation for a Guest House near the MMC office 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 22/09/2024.

Terms & Conditions: -

- a) Envelope should be super-scribed "QUOTATION FOR HIRING OF ACCOMMODATION FOR A GUEST HOUSE NEAR THE MMC OFFICE". Quotations need to be submitted on letter head through 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 envelope must bear the word:-

"Inviting quotation for Hiring of Accommodation for a Guest House near the MMC office."

No.	As	above	dated		

Address: As mentioned in point no. a)

IMPORTANT: - In the absence of information as required under b) above, if an envelope is received & opened inadvertently, the Council will not be responsible and the quotation may not be considered even if quoting the lowest rates.

- c) Near the MMC office An individual/apartment, fully furnished house in Mumbai. The flat/house should have a very spacious 2 BHK with 2BR's having attached toilet and one common toilet and big drawing, hall, kitchen and dining space/balcony, etc.
- d) The lease shall be for a period of 6 months initially and may be mutually extendable for 6 months at the discretion of the Council.
- e) Bidders shall duly fill in all the information sought for in the aforesaid bid documents and endorse their signature with official seal in each page. The General Conditions of the contract are not negotiable and the bidders shall endorse unqualified acceptance of the same.

f) QUOTATIONS SUBMITTED WITH INCOMPLETE INFORMATION OR WITHOUT PROPER SIGNATURE & SEAL OR CONTAINING ILLEGIBLE FIGURES/DATA OR CONTAINING PRICE PART ARE LIABLE TO BE REJECTED.

g) Payment: The payment to the concerned flat owner will be made on a monthly basis through Cheque/NEFT mode.

h) The estimated quantity of items given in the annexure is tentative and shall not be considered as minimum guarantee. The actual purchase may vary as per requirement.

i) Unsealed quotation will be rejected.

j) Quotations must be submitted on the letter head as per in prescribed Performa.

k) The quotations received after this deadline shall not be entertained under any circumstances. In case of postal delay this Council will not be responsible.

1) Overwriting or cutting is not permissible, if found, the quotation shall be summarily rejected.

m) 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.

n) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of Owner / Agent / Licencee.

o) If Quotations found vague and indefinite expressions such as "subject to prior confirmation", "subject to immediate acceptance" etc. will be treated as vague offers and rejected accordingly and such a conditional quotation shall be rejected summarily.

Sd/-**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> :- Notice Inviting

"Quotation for Hiring of Accommodation for a Guest House near the MMC office."

Ref. :- No. MMC/Quotation/Hiring of Accommodation for a Guest House near the MMC office/2024/02429 Date:- 16/09/2024

Sr. No.		Information required	Information furnished by the Service Provider	
1)	Na	me of the Owner / Agent / Licencee		
2)	Address of the owner with telephone no. Fax no. E-Mail			
2)		etc of Owner / Agent / Licencee.		
3)	Ownership of the flat. No objection certificate from landlord/ Society / any other appropriate authority may be submitted if bid is acceptable.			
4)	Fla	t No, position, detailed address including Municipal thority		
5)		nd Alone Building / Housing Complex		
6)	Inc	ome Tax PAN		
7)	Ad	haar No of the bidder		
8)	Annual Property Tax of the flat cleared upto which period			
9)	Submit duly approved plan of the flat / building.			
10)) GSTN No. if any			
11)	Attach a few photographs of the flat / building for necessary consideration			
12)	Qu	alifying Criteria (**)	Bidder to provide information in details	
	a	Location - preferably in the vicinity of near MMC Office.		
	b	Bed rooms with attached toilet (2). Total:2 Bedroom 2 BHK: 2BR with attached toilet +one common toilet		
	С	The overall building / flat interiors shall have		
		proper finishing & painting.		
	d	Drawing room (1 no)		
	е	Dining Area (1 no) (either combined with Drawing Room or separate)		
	f	Kitchen (1) with modular kitchen with adequate storage facility.		
	g	Furnished accommodation & conforming fixture & furniture as stated in the tender		

Note: Qualifying Criteria (**) & other requirements / furniture / amenities etc. of guest house – will be assessed & cleared by Council

of certificates/ documents in res	pect of all the aforesaid information.
Place	(Signature of Authorized Person)
Date	(Name)
Name of Owner / Agent /	Licencee
Contact Detail	

This sheet has to be filled up by the bidders and to be submitted of the quotation with copies

TO BE SUBMITTED WITH PART - I

Sco	ope (of Work includes			
1)	The desired flat should be located in a suitable residential area which is preferably in the				
	vicinity of nearby MMC office, Mumbai.				
2)		e overall building / flat interiors shall have proper finishing & painting.			
3)		e flat/house, having Built Up area, should contain :-			
	a)	02 bed rooms with 2 attached toilets and one common toilet. Carpet area of each bed			
	•	room and each attached toilet.			
	b)	1 Drawing room			
	c)	1 Dining Area (either combined with Drawing Room or separate).			
	d)	1 Kitchen with modular kitchen with adequate storage facility.			
	e)	1 separate room for cook cum attendant, either in the same flat or in the same			
		building with common toilet & bathing facility is required.			
4)	Mi	nimum requirement of furniture etc. in each transit house :-			
	a)	Each bed room should have double cot either wooden / steel frame with wood, with			
		good quality mattress are required			
	b)	The floor of the room may be marble / tiles finished.			
	c)	Curtains in all windows.			
	d)	Split / Window AC - for all bed rooms of adequate capacity.			
	e) In event of partial electrical back up from the housing complex an inverter of				
	suitable capacity for running of 01 fan & 01 light in each bedroom for 04 hours to be				
		provided.			
	f) Ceiling fan – 01				
	g)	Tube light / Night Lamp / Table lamps – 01 each or as appropriate.			
5)		e flats should be painted / varnished sufficiently lighted and ventilated.			
6)	Fol	lowing minimum furniture are required in Drawing Room & Dining Room :-			
	a)	Three Seater Sofa (wooden / leatherite) – 1 no			
	b)	Single Seater Sofa (wooden / leatherite) – 2 nos			
	c)	Centre Table with glass top – 1			
	d)	Window or Split AC machine - Desirable.			
	e)	Ceiling Fan – 01 / 02 as per requirement			
	f)	Dining Table (8 seater) with Chairs – 01 set			
	g)	Curtains in all windows & doors			
	h)	Carpet below the Centre Table			
7)	Fol	lowing minimum fixture / facilities are required in each Toilet :-			
	a)	WC with hand faucet - 1 No			
	b)	Wash Basin with Mirror - 1 No			
	c)	Geyser - 1 No			
	d)	Exhaust Fan - 1 No			
	e)	Light as per requirement			
	f)	Towel Racks / Rods / hooks - do			
	g)	Shower, Mixer - 1 no			

Quality Parameters: (For evaluation of bids)		
Sr.	Quality parameters	Scale
No.	Quality parameters	Scarc
	House No.	0-10
1)	Type of Building (Old/ new building)	0-10
2)	Carpet area	0-10
3)	Individual house/ standalone building/ house complex	0-10
4)	Fully furnished house as per Annexure-A	0-10
5)	No of bedrooms with attached toilet	0-10
6)	Living /Hall	0-10
7)	Bedroom	0-10
8)	Toilet	0-10
9)	Kitchen	0-10
10)	Dining (Either combined with drawing room or separate)	0-10

11)	Inside Parking	0-10
12)	Water connection (Bore well +Cauvery water)	0-10
13)	Approach Road	0-10
14)	Appearance of building or elevation/ the overall building/flat	0.10
	interiors shall have proper finishing	0-10
15)	Power Connection	0-10
16)	Power Backup	0-10
17)	Servant Room with Toilet (either in the same flat or in the same	0.10
	building with common toilet)	0-10
18)	AC Connection with AC in bed rooms	0-10
19)	Distance from Mantralaya, Vidhan Bhavan, Vidhan Parishad, High	0.10
	Court and Government Offices	0-10
20)	Flooring	0-10

Annexure-A

Sr. No.	Description	Availability
1)	Air Conditioner.	Yes/ No
2)	Refrigerator.	Yes/ No
3)	Double beds	Yes/ No
4)	Cupboard	Yes/ No
5)	Sofa Set (with centre table)	Yes/ No
6)	Mattresses.	Yes/ No
7)	Dressing Table & stool	Yes/ No
8)	Geyser	Yes/ No
9)	Curtains/ blinds	Yes/ No
10)	Carpet.	Yes/ No
11)	Wall clocks/ Table lamp/ painting/ wall hangings and other items of decorative.	Yes/ No
12)	Gas stove	Yes/ No
13)	Microwave oven	Yes/ No
14)	Exhaust chimney	Yes/ No
15)	WC with health faucet.	Yes/ No
16)	Wash basin with mirror.	Yes/ No
17)	Shower, Mixer.	Yes/ No
18)	Towel rods/ hooks	Yes/ No

Note: Acceptance of offer/quotation is subject to internal Council decision.

Any Other Information:-

Place	(Signature of Authorized Person)
Date	(Name)
Name of Owner / Agent / Licencee	
Contact Detail	

QUOTATION FINANCIAL FORM

Date.		
Date.	 	

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 Hiring of Accommodation for a Guest House near the MMC office." $\,$

Ref. :- No. MMC/Quotation/Hiring of Accommodation for a Guest House near the MMC office/2024/02429 Date:- 16/09/2024

Full particulars of the legal owner of the premises:

- a) Name:
- b) Address (office & residence):
- c) Telephone & Mobile No:
- d) E-Mail ID:
- e) Telefax:
- f) Address of Property Offered:

Sr. No.	Requirement	Offered carpet area in Sq ft	Offered 1	Facilities	Amount Per month (Rs.)
01	2 BHK	-	No. of Bed		
	An individual/ apartment		Rooms with		
	fully furnished house in the		attached		
	vicinity of near MMC office.		bathroom		
	The flat/house should have				
	very spacious 2 BHK with		Hall	Yes/No	
	2BR's having attached toilet				
	and one common toilet and		Kitchen	Yes/ No	
	big drawing, hall, kitchen				
	and dining space/balcony		Servant	Yes/ No	
	etc. (including all municipal		Room		
	taxes, maintenance charges,				
	cess, power backup and any		Power	Yes/No	
	other charges).		Backup		
	Note: The electricity charges,		Dining	Yes/No	
	if any as per actual		_		
	consumption will be borne		Water	Cauvery	
	by Council		facility	water/Bore	
		well water			
	Total monthly rent excluding tax (A)				
Total Annual Rent including tax. B= 12*A					

Note:

1. Advance/ Deposited Amount Rs	/(Rupees	;only)
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- 2. GST, if applicable shall be paid extra at actuals.
- 3. Copy of ownership document to be attached.

Place:	Signature of Authorized Person
Date:	Name

DECLARATION

(Only for Agent / Licencee)

				Date
To,				
The Registrar	,			
Maharashtra	Medic	al C	ouncil,	
189-A, Ananc	d Com	plex	1st Floor,	
Sane Guruji N	Marg, 1	Arth	ır Road Naka,	
Chinchpokali	i (West	t), M	umbai - 400011.	
	<u>Sub</u>		Notice Inviting "Quotation for Hiring of Accommodation the MMC office."	
	Ref.	:-	No. MMC/Quotation/Hiring of Accommoderate House near the MMC office/2024/02429	
Respected Sir	·,			
I / We		•••••	hereby confirm that ou	r firm has not been banned
or blacklisted	d by a	ny g	overnment organization/Financial institu	tion/ Court /Public sector
Unit / Centra	l Gove	rnm	ent and no police/Vigilance enquiry/ crim	inal case is pending against
us.				
DI				
Place:			Signature of Authorized Pers	on
Date:			Name	
			Designation	
			Seal	