



## **MAHARASHTRA MEDICAL COUNCIL, MUMBAI**

Established by Government of Maharashtra Under MMC Act 1965

189-A, Anand Complex, 1<sup>st</sup> 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/Office Cabin /2024/02740**

**Date:- 24/10/2024**

### **Inviting quotation for Office Cabin**

The effectiveness and efficiency of the office is based on the adequate availability of Office Cabin and forms. Therefore, sealed quotations are hereby invited for Office Cabin 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 30/10/2024.

#### **Terms & Conditions: -**

- a) Envelope should be super-scribed "QUOTATION OFFICE CABIN ". 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, 1<sup>st</sup> Floor, Sane Guruji Marg, Arthur Road Naka, Chinchpokali (West), Mumbai - 400011.
- b) List of Office Cabin is available as per Schedule-I.
- c) 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.
- d) Unsealed quotation will be rejected.
- e) Quotations must be submitted on the letter head as per in prescribed Performa.
- f) The quotations received after this deadline shall not be entertained under any circumstances. In case of postal delay this Council will not be responsible.
- g) Overwriting or cutting is not permissible, if found, the quotation shall be summarily rejected.
- h) 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.
- i) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.

- j) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
- ❖ Self-attested copy of Firm shall be registered. (must)
  - ❖ Self-attested copy of live 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.500/- stamp paper duly notarized or on firm/agency letter head. (must)
  - ❖ Self-attested copy of Registration Certificate of GST. (must)
  - ❖ Experience letter/work orders related to carpainter.
- k) 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.



**Registrar**  
Maharashtra Medical Council

## QUOTATION FORM

To,  
The Registrar,  
Maharashtra Medical Council,  
189-A, Anand Complex, 1<sup>st</sup> Floor,  
Sane Guruji Marg, Arthur Road Naka,  
Chinchpokali (West), Mumbai - 400011.

**Sub:-** Notice Inviting  
"Quotation for Office Cabin."

**Ref.:-** No. MMC/Quotation/Office Cabin/2024/02740    Date:- 24/10/2024.

Respected Sir,

1. I/We ..... submit the quotation for "Office Cabin" at Maharashtra Medical Council, 189-A, Anand Complex, 1<sup>st</sup> 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.	Particulars	Total (Amt)
1.	Partition Walls	
2.	Sliding Door	
3.	Officer Table	
4.	Electrical work	
5.	Remove Additional Kabad	

**Note:**

1. The vendor should report actual calculation of project accessories and financial implications physically.
2. GST extra as applicable.

Place- \_\_\_\_\_

(Signature of Authorized Person)

Date- \_\_\_\_\_

(Name)

(Designation)

Name of Firm/Company/Agency

Contact Detail

