



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/Event Planning Services /2024/01011

Date:- 29/04/2024

Request for Quotation from Event Planning Services

The Maharashtra Medical Council has proposed to hold a "FMG Counselling" from 02/05/2024 to 08/05/2024. For smooth functioning of the said Counselling & considering number of doctors coming for the Counselling, the said work of management shall be given to the "Event Management" service providers. Therefore, Sealed Quotation was invited by the undersigned on behalf of the Maharashtra Medical Council, Mumbai for Providing of Event Management till the office on or before Monday, **29/04/2024** till 12.00 noon. However, due to low response and non-receipt of required quotations as per procedure not fulfilled, hence, Council has decided to further extend the last date for submission of quotation upto 30/04/2024 till 05.00 p.m. The sealed quotations along with all the required documents must reach the office as per the terms & conditions mentioned below.

Terms & Conditions: -

- a) Envelope should be super-scribed "QUOTATION FROM EVENT PLANNING SERVICES" Quotations need to be submitted on letter head through email (maharashtramcouncil@gmail.com) and 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 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.
- c) Unsealed quotation will be rejected.
- d) Quotations must be submitted on the letter head as per in prescribed Performa.
- e) The quotations received after this deadline shall not be entertained under any circumstances. In case of postal delay this Council will not be responsible.
- f) Overwriting or cutting is not permissible, if found, the quotation shall be summarily rejected.
- g) 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.

- h) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- i) 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.100/- 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 Event Management.
- j) 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.



(Mrs. Ulka Horambe)
Deputy 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
"Request for Quotation from Event Planning Services."

Ref.:- No. MMC/Quotation/Event Planning Services/2024/01011 Date:- 29/04/2024.

Respected Sir,

1. I/We submit the quotation for "Event Planning 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.

Sr. No.	Particular	Qty.	Amount
1.	Chairs	1	
2.	Tables	1	
3.	Coolers	1	
4.	Fans	1	
5.	Flooring Mats	1	
6.	Curtains/White Cloths	1	
7.	Lights/Halogen Light	1	
8.	Breakfast with tea/coffee (per person)	1	
9.	Lunch (per person)	1	
10.	Gangway	1	
11.	Water Dispenser	1	
12.	Disposable Glasses	1	
13.	Dustbin	1	
14.	Laptop	1	
15.	Printer	1	
16.	Projector with Screen	1	
17.	Mic with speakers	1	
18.	Number Token	1	
Total			
GST			
Total Cost			

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
"Request for Quotation from Event Planning Services."

Ref: No. MMC/Quotation/Event Planning Services/2024/01011 Date:- 29/04/2024.

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