DR. BABA SAHEB AMBEDKAR HOSPITAL
GOVT. OF NCT OF DELHI
SECTOR-6, ROHINI, DELHI – 110 085.

No.F.10 (3)/2013/BSAH/R&M/ 13140-158

Dated 17-7-13

To,

M/s...................

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Sub:- Notice inviting Limited Tender for repair of Physiotherapy/Occupational therapy equipments in Dr. BSA Hospital, Rohini, Delhi-110085.

Medical Superintendent, Dr. BSA hospital, Rohini, Delhi, invites limited tender for repair of Physiotherapy/Occupational therapy equipments on terms and conditions enclosed.

Tender should be submitted in sealed envelope and superscribed as 'Tender for repair of Physiotherapy/Occupational therapy equipments' in the Office of MS, Dr. BSA hospital, Delhi in the tender box placed in the chamber of MO I/C R&M on dated 06/8/2013 from 9.AM to 2 PM. In case the tender is sent by post, it must reach in the office of the MS by dated 06/8/2013 up to 2 PM, proof of postage won't be considered as a claim for timely submission of tender. The tender shall be opened on dated 06/8/2013 at 2.30 PM in Hospital Committee room in presence of tenderers or their representatives who wish to be present. In case 06/8/2013 is declared holiday, bids will be opened on next working days at the same time and venue.

Enclosed:-

**Terms & Conditions**

1. Sealed Limited tenders are invited from the reputed firm as well as from authorized distributors for Physiotherapy/Occupational therapy equipments.
2. The Bidder should have at least one year experience for providing repair/maintenance of Physiotherapy equipments (attach proof).
3. Any conditional bid is liable to rejection of tender.
4. EMD of Rs. 5,000/- shall be deposited by tenderer (Except Govt. agencies) by enclosing Demand Draft/FDR in favour of MS, Dr. BSA Hospital.
5. Bidder's detail to be submitted as per Annexure I.
6. All pages of the tender document submitted should be numbered and signed by authorized signatory of participating firms with seal.
7. The firm is requested to inspect the equipments of Physiotherapy / Occupational therapy Deptt. Before submitting the quotations.
8. Parts to be repaired/replaced should be of best quality & workmanship and should be compatible with the equipment.
9. Details of repair work must be specified in the quotation with items name, exact quantity, unit price and total price separately for each item. Work will be awarded to L1 firm item wise.
10. The Firm must provide performance guarantee of repair for at least six months.
11. Successful tenderers shall supply and use the material as per work order on the rates quoted by them and approved by competent authority of hospital.
12. The rates quoted should not be higher than quoted in any other Organization/Institution.
13. Payment to be done after satisfactory work report from the concerned department.
14. The payment shall be made on the basis of the bill submitted by the firm duly verified by the MO I/C Store on actual basis, after completion of all codal formalities.
15. The successful tenderer shall supply the articles & carry out repair within 2 weeks from the date of issue of supply order.
16. The repaired parts replaced must be deposited in the R&M Sub-Store.
17. Law governing the contract:
18. This contract shall be governed by the laws of India.
19. The Courts of Delhi shall alone have jurisdiction to decide any dispute arising out of or in respect of the contract.
20. The Medical Superintendent reserves the right to reject any or all the bids without assigning any reason thereof.
21. The decision of the Medical Superintendent, in case of any dispute will be final and binding to the firm.

(DELAYER KAUSHIK)
MO I/C (R & M)
Ph. No. 011-27055585
**DR. BABA SAHEB AMBEDKAR HOSPITAL**
**GOVT. OF NCT OF DELHI**
**SEC-6, ROHINI, DELHI-110085.**

**BIDDERS DETAILS**
*(To be submitted on letterhead of Firm)*

10. Name, address of firm/agency and Telephone numbers.

11. Registration No. of the Firm/Agency

12. Name, Designation, Address and Telephone No. of Authorized person
    Of Firm/Agency to deal with.

13. Please specify as to whether Tenderer is sole proprietor/Partnership Firm.
    Name and address and Telephone no. Of Directors/partners should specified.

14. PAN number issued by Income Tax Department.

15. Details of Bid Security deposited.
    (i) Amount:-
    (j) FDR No.
    (k) Date of issue:-
    (l) Name of issuing authority

16. ID Proof:
    (Self attested copy of Driving license or voter ID or Passport or AADHAR card to be enclosed)

17. Proof of Experience as per tender document.

18. Declaration by the bidder:-

    This is to certify that I/We before signing this tender have read and fully understood all the terms
    and conditions contained herein and undertake myself/ourselves abide by them

    (Signature of the bidder)
    Name and Address (with seal)
List of equipments in Department of Physiotherapy/Occupational therapy:-

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Equipments</th>
<th>Qty.</th>
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<tbody>
<tr>
<td>1.</td>
<td>Short Wave Diathermy Timpac 500</td>
<td>One</td>
</tr>
<tr>
<td>2.</td>
<td>Short Wave Diathermy Physiomed</td>
<td>one</td>
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<tr>
<td>3.</td>
<td>Ultrasonic Therapy TUS 749</td>
<td>one</td>
</tr>
<tr>
<td>4.</td>
<td>Infraphil Lamp</td>
<td>one</td>
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<tr>
<td>5.</td>
<td>Tens Timpac</td>
<td>one</td>
</tr>
<tr>
<td>6.</td>
<td>Combination Therapy Londson expert (IMPORTED)</td>
<td>one</td>
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<tr>
<td>7.</td>
<td>Static Cycle</td>
<td>one</td>
</tr>
<tr>
<td>8.</td>
<td>Traction Table IMI-2730</td>
<td>one</td>
</tr>
<tr>
<td>9.</td>
<td>Traction Table IMI-2725</td>
<td>one</td>
</tr>
<tr>
<td>10.</td>
<td>Rowing Machine</td>
<td>One</td>
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(DR. SHALAINDER KAUSHIK)
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