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KOLKATA PORT TRUST
कोलकाता पत्तन न्यास
HALDIA DOCK COMPLEX
हल्दिया गोदी परिसर

MEDICAL DIVISION / चिकित्सा प्रभाग



Address:
Port Hospital
P.O. Haldia Township
Dist. Purba Medinipore
West Bengal, PIN – 721607
Email: drpb@kopt.in
Telephone No. (03224) 263265
(03224) 264068
Fax (03224) 264722

No. MED/003/X-RAY/1460

Date:31.03.2015

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

Sub: To perform Quality Assurance Testing for two no. of X-Ray machines, Model - COMET-3 & Heliophos – D at Port Hospital, Haldia Dock Complex, West Bengal as per guide line of Atomic Energy Regulatory Board (AERB) for e-licensing of Radiation Application (eLORA).

Dear Sir,

Sealed quotations are invited for subject work.

You are requested to sign and submit the stated annexure – I & II along with your offer as a token of acceptance of the terms & condition stipulated there in.

The sealed offer must be submitted within 21.04.2015 by 13.00 hours at Port Hospital, Haldia Dock Complex and the same will be opened on the same date at 15.00 hours. You may send your representative at the time of opening.

Thanking you,

Yours faithfully,

(Dr.T.Hajra),
Dy. Medical Superintendent,
For Medical Superintendent



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ANNEXURE –I

TERMS & CONDITIONS

1.0 SCOPE OF WORK:

To perform Quality Assurance Testing for two no. of X-Ray machines, Model / COMET-3 & Heliophos – D respectively at Port Hospital, Haldia Dock Complex, West Bengal as per guide line of Atomic Energy Regulatory Board (AERB) for e-licensing of Radiation Application (eLORA).

2.0 COMPLETION OF WORK

Work should be completed within 45 days after receiving the offer letter.

3.0 PRICING OF BIDS:

Charges should be quoted all inclusive (i.e. service tax etc.) e taxes.

4.0 PAYMENT:

Payment would be made through Bank ECS within 7 (seven) days after successful completion of the work.

5.0 OFFFER VALIDITY:

The offer shall remain open for acceptance up to 60 (sixty) days from the date of opening of tender.

6.0 EVALUATION:

Evaluation will be on minimum rate (inclusive of all i.e. statutory levies etc.) quoted against B.O.Q.



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DECLARATION BY THE BIDDER:

I/We confirm that all the laid down terms & conditions have been accepted by me/us and I/We agree to be bound the said terms & conditions.

Signature of the bidder with office seal

Full Name.....

Address.....

Date.....Phone number.....



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ANNEXURE – I

Sl. No.	Description of work	Required Qty.
1	To perform Quality Assurance Testing for two no. of X-Ray machines, Model / COMET-3 & Heliophos – D respectively at Port Hospital, Haldia Dock Complex, West Bengal as per guide line of Atomic Energy Regulatory Board (AERB) for e-licensing of Radiation Application (eLORA).	2 nos. X-Ray machine Model / COMET-3 & Heliophos – D

Signature of the bidder with seal

Date.....



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ANNEXURE – II

PRICE BID

Sl. No.	Description of work	Required Qty.	To be offered		
			Unit Price	Tax	Total Price
1	To perform Quality Assurance Testing for two no. of X-Ray machines, Model / COMET-3 & Heliophos – D respectively at Port Hospital, Haldia Dock Complex, West Bengal as per guide line of Atomic Energy Regulatory Board (AERB) for e-licensing of Radiation Application (eLORA).	2 nos. X-Ray machine Model / COMET-3 & Heliophos – D			

Signature of the bidder with seal