



CHENNAI PORT TRUST

Office of the Chief Medical Officer
Chennai Port Trust Hospital,
Chennai – 600 001.

Telephone: 044-2536 0448
Telefax : 044-2538 3376

No. MS4/3514/2017/H

Dated: 14/07/2017

From

The Chief Medical Officer,
Chennai Port Trust Hospital,
Spring Haven Road (Opp. R.B.I.),
Chennai – 600 001.

To

Firms

Sir,

Sub: QUOTATION – Quotation for supply of “230 bar Dry Nitrogen
Cylinder Regulator’– Called for – Reg.

Kindly offer your rate for supply of “230 bar Dry Nitrogen Cylinder Regulator” to Chennai Port Trust in a single sealed cover superscribed as **Quotation for “230 bar Dry Nitrogen Cylinder Regulator” Enquiry No. MS4/3514/2017/H** and addressed to ‘The Chief Medical Officer, Chennai Port Trust Hospital, Spring Haven Road, Chennai – 600 001’ as per the enclosed format. The said cover should be submitted at A.C.O.S.(M) office, 1st Floor of Main Hospital on or before **25.07.2017** by 2.30 p.m

Yours faithfully,

Sd/xxxx

Dy. CHIEF MEDICAL OFFICER

Encl: 1. Price Bid Format
2. General Conditions.

CHENNAI PORT TRUST HOSPITAL

QUOTATION FOR SUPPLY OF “230 bar Dry Nitrogen Cylinder Regulator”

Sl. No.	Description	Specification	Brand	Rate Per No. (Exclusive of GST) Rs.	GST (mention % only)
1.	230 bar Dry Nitrogen Cylinder Regulator (Qty –one)	<ul style="list-style-type: none">• Input300 bar pressure,• Out put10 bar pressure• Double stage regulator• ¾ bsp female thread			

VALIDITY OF QUOTATION: 90 Days from the date of opening of this quotation.

DECLARATION:

The acceptance of this quotation by the Chief Medical Officer shall constitute a binding contract between me/us and Chennai Port Trust.

Office Seal of the Tenderer

Signature of the Tenderer

CHENNAI PORT TRUST HOSPITAL
GENERAL CONDITIONS

1. The firms are expected to send the quotations in the prescribed form sent along with the tender. However if any tenderer, wishes to quote in their own quotation form / letter head, all the important details as per the quotation / form should be furnished without fail.

2. **SPECIFICATION :**

Even if the offer is as per Trust's enquiry, the entire specification shall be repeated in the offer. If it is a counter offer, declare so (i.e.) "Counter Offer" and then provide the full description of your offer.

3. **TERMS OF DELIVERY:**

The delivery period to the Trust shall be 30 days from the date of issue of Purchase Order.

4. **TAXES AND DUTIES:**

(i) The Trust is not eligible for 'C' or 'D' form. Therefore, Tenderer shall quote full tax applicable.

(ii) Kindly indicate your TIN,GST number & PAN in your quotation.

(iii) GST any other taxes applicable shall be indicated separately in the quotation.

(iv) Vendor should submit Excise Invoice and Excise Duty should be separately indicated in Invoice for availing CENVAT credit under service tax, if applicable.

5. **TERMS OF PAYMENT:**

The Standard terms of payment of Chennai Port Trust is within 30 days from the date of acceptance of supplies. The tenderer shall confirm the above payment terms in their quotation. The payment will be made only through ECS, hence furnish MICR number, IFSC code, Name of the Bank, Branch, Account number and type of account.

6. **VALIDITY:**

The offer must be valid for a minimum period of 180 days from the date of opening of the quotation.

7. **GENERAL CONDITIONS:**

a. The envelope should be superscribed with the Trust's enquiry number and due date without fail.

b. **Make / Brand** of the item quoted may be stated wherever applicable.

c. Chief Medical Officer of Chennai Port Trust reserves the right to order (+) or (-) 25% of the quantity awarded.

d. It may be specified whether the goods offered will be supplied with ISI mark wherever applicable.

e. Guarantee: The 12 months guarantee may be given with the supply from the date of delivery wherever applicable.

f. If the Tenderer fails to complete the supply in all respect within the period specified or within the extended period the tenderer may be debarred for one year for participating further tenders.

SIGN & SEAL OF THE
TENDERER

CHIEF MEDICAL OFFICER
CHENNAI PORT TRUST

Proforma for GSTIN

S. No	GSTIN Details	Data to be filled up
1	Name of the Firm	
2	Type of Customer whether registered under GSTIN or not	YES/No
3	Name & Address as registered in GSTIN	
4	GTSTIN No (Copy should enclose) *	
5	State of registration of GSTIN	
6	Status of GSTIN Registered customer whether SEZ/EOU/DTA/Govt/Local Authority	
7	PAN No (Copy should enclose) *	
8	Mobile No	
9	e-mail id	

SEAL & SIGNATURE