



**GOVERNMENT OF MAHARASHTRA
DIRECTORATE OF MEDICAL EDUCATION & RESEARCH**

Govt. Dental Collge & Hospitla Building, 4th Floor St. George's Hospital Compound, P.D'mello road, Mumbai -400 001
Telephone No - (022) - 22620363 (Extention - 339) E-mail - dmer.cetit@maharashtra.gov.in

No. DMER-11033/3/2022-CETIT

Date - 10.08.2022

NOTICE INVITING QUOTATION

This office intends to engage a reputed and resourceful firm for supply and installation of new digital EPABX machine with accessories to be installed in Directorate of Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001. Interested bidders are requested to quote their rates in respect of above-mentioned work in sealed quotations subject to the fulfilment of General terms and Conditions as stated below.

GENERAL TERMS AND CONDITIONS

1. The sealed cover containing quotation form (Annexure-1) duly filled in all aspects and scribed as **"QUOTATION FOR PROCUREMENT OF EPABX FORDIRECTORATE OF MEDICAL EDUCATION AND RESEARCH,CET IT CELL, MUMBAI"** shall be submitted to the office of the **Directorate of Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001.**
2. The date of submission is up-to 12.00 PM on 17.08.2022 and quotation shall be opened at 3.00 PM on the same day. The supplier if desired can participate in the opening of quotations
3. The supplier should study the schedule and shall be deemed to have full knowledge of the items before the quotation is submitted. The details of the item stated as follows:

ITEM	SPECIFICATION	QTY.
<u>Coral SBDX EPBAX System</u>	Configure with 8 Analogue extensions, 1 PRI port, 4 Trunk ports, 2 Digital extension Ports	1 No.
	Coral Digital Phone	2 Nos.
	Beetel M-59 Caller ID Phone	2 Nos.
	20 Pair MDF box with cable distribution module	1 No

4. The quoted amount shall be inclusive of all taxes, GST, packing and Transportation charges to deliver at the site office, the **Directorate of Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001.**
5. **Terms of payments.**
 - 100% payment will be made to the supplier against delivery of items/goods after inspection and on receipt in good condition and subsequent installation and functioning of EPBX system. The supplier shall furnish the details of their Account duly attested by the Bank in the specific format (Annexure-II).
 - Payment of bill will be made, after (TDS) income tax and other statutory deductions, etc. (if any) to which the supplier may be liable, for the items in good condition and after satisfactory performance certified by the user.

6. **Documents to be submitted:**

- a. The supplier shall submit original bill/invoice copy along with installation report.
 - b. Documentary proofs for the items supplied are as per specifications, and meeting the quality standards stipulated.
 - c. Warranty/ Guarantee card duly signed and sealed should be supplied along with items
 - d. Documentary proofs (Photocopy) of PAN Card, GST registration with current validity
 - e. NIQ document duly sealed and signed
7. The Quotation shall be valid for 60 days from the date of its opening. The ordered items shall be supplied/installed within one week from the date of the purchase order.
 8. Installation & checking of items shall be carried out free of cost at consignee's place. inspection of the equipment's will be carried out by **Directorate of Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001.**
 9. The supplier shall guarantee availability of service warranty for the items for a period of 1(one) year from the date of supply.
 10. The defects liability period will be 12(Twelve) months from the certified date of commissioning/supply of the items. The agency is responsible to make good/ repair/replace any defects noticed during the defect liability period.
 11. No price escalation will be accepted under any circumstances on the quoted price.
 12. **The Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001,** will not be responsible for any dear, loss no-receipt of quotations sent by post.
 13. All disputes arising out of this purchase shall be referred to the **Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001,** Who will be the sole arbitrator and his decision shall be final and binding on both sides.
 14. The supplier has to ensure safe transit of material with good packing, safe loading and unloading.
 15. Items should be new and genuine: repaired / refurbished items will not be accepted. The items should be supplied as per terms and condition and no part supplies will be accepted. Failure to abide by regulations will result in blacklisting of company by **Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001.**
 16. The Bidders shall submit products catalogue for verification of complete technical specification.
 17. Bidders shall submit their offers for the new items in the request for quotation format.

**O/o The Director, Medical Education & Research, CET IT Cell,
4th Floor, Government Dental College & Hospital Building, St.
Georges Hospital Campus, Fort, Mumbai 400 001**

Signed by Deelip
Govindrao Mhaisekar
Date: 10-08-2022 16:00:01
Reason: Approved

**Director,
Medical Education & Research, Mumbai**

FORM OF QUOTATION
(SUPPLY OF Coral SBDX EPBAX System FOR O/o The Directorate of Medical
Education and Research, CETIT, Mumbai)
(To be duly filled in and enclosed in sealed envelope)

1) Name of Agency:

2) Address of the Agency :

- 3) The Agency shall fill in their quote in the schedule of Quantities table (SL. No. 8) in all columns and the quoted price shall be entered in the both figure and words.
- 4) The rate quoted shall be inclusive of all taxes/ duties, transportation to O/o **The Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001** Site and testing and commissioning of the items.
- 5) **The Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001** reserves the right to reject any or all quotations and will not be found to accept the lowest quotation.
- 6) The supplier shall sign in the place provided as a proof of acceptance of terms and conditions and the same (full set) may be returned along with the schedule duly filled in original.
- 7) In case of any dispute, the decision of **The Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001** is final and will be binding on both the parties.

Signature of the Authorized signatory with date and seal

8) SCHEDULE OF QUANTITY

SI NO	Item with specification	Unit Price Rs.	Qty.	Amount quoted Rs.
i	Supply of Coral SBDX EPBAX System at O/o the Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001 <u>Make :</u> <u>Model :</u>		1 No.	
ii	Configure with 8 Analogue extensions, 1 PRI port, 4 Trunk ports, 2 Digital extension Ports		1 No.	
iii	Coral Digital Phone		2 Nos.	
iv	Beetel M-59 Caller ID Phone		2 Nos.	
v	20 Pair MDF box with cable distribution module		1 No.	
vi	Installation, Testing and Commissioning of EPABX system at O/o the Director, Medical Education & Research, CET IT Cell, 4th Floor, Government Dental College & Hospital Building, St. Georges Hospital Campus, Fort, Mumbai 400 001		1job	
Total Quoted Amount Rs.				
Rupees :(.....)				

Signature of the Agency with date and seal

Annexure II

Bank Account details:

1.	Name of the account holder	
2.	Name of the Bank	
3.	Name of the Branch	
4.	Branch code	
5.	IFSC/NEFT code	

Signature of the Agency with date and seal