Telephone : 0542-2307612,

2307613

# **BANARAS HINDU UNIVERSITY**

(EMPLOYEES HEALTH CARE COMPLEX)
JODHPUR COLONY, BHU CAMPUS, VARANASI-221005 (INDIA)

Ref. No. UEHCC/2014-15/ Date: 10.09.2014

### ENQUIRY LAST DATE OF SUBMISSION

01.10.2014

1600 HOURS (I.S.T.)

Dear Sir/s,

Please quote your lowest rates for the items given below so as to reach this office on or before the date and time noted above. *Observance of Conditions of Purchase and Important Instruction/ Notes is essential failing which your Quotation is liable to be rejected.* Further, if you want to quote any additional features you are suggested to use a separate sheet. It must be ensured, before submission of the quotations that each and every submitted paper has been signed and the seal of the firm affixed.

S.NO.	PARTICULARS	SPECIFICATION
1.	200 mA General	The high power general radiography system should have a High
Radiography System		Frequency inverter type generator with Floor mounted telescopic tube support for quick and easy positioning. The unit should be AERB Approved.
		System Configuration:
	(High Frequency	1. 16 kW Generator
	X ray machine)	2. Floor Mounted tube support
	A ray maomino,	3. Multi Leaf Collimator
		4. X Ray tube
		5. Floating table top bucky table
		6. Wall bucky stand
		A. X-ray High Voltage Generator :
		- 16 kW High voltage generator with inverter frequency of not less than 50 kHz
		- Three Phase supply (440v)
		- Maximum output : 16 kW
		- Radiographic kV range: 40-125 kV at 1 kV steps
		- Radiographic mA range: 63-200 mA at 12.5% steps
		- Radiographic mAs range: 0.5-320 mAs at 12.5% steps
		- Anatomical program memory – user programmable – 400 programs or
		more
		- LED readout for parameter display.
		- Microprocessor controlled
		- Console compact wall mounted with sheet key design.

#### **B.** Floor Mounted Tube Support

- X-ray tube support should be floor mounted tube support
- The Cross-arm should not be extended beyond the column.
- Tube support height should not be more than 7 feet.
- Should have electromagnetic locks (the unit should lock automatically when power is Off)
- Should have longitudinal movement of not less than 2500 mm.
- Should have Transverse movement of 250 mm.
- Vertical movement should be in range of 400 to 1950 mm.
- Should have X-ray tube rotation on horizontal axis: +/- 180 degree.
- **C.** Multi leaf collimator with a maximum field size of 43 x 43 cm at 100 cm SID. Light switch with automatic switch off function should be quoted.
- **D.** The Multi-leaf collimator should not loosen or fall off even if the Rotation lock is loosened.
- E. Bucky Table
- Floating type horizontal Bucky table
- 4 way floating table top with electromagnetic locks.
- Should have table top size of 2000 x 800 mm
- Longitudinal slide of table top- Not less than 1000 mm
- Lateral slide of table top Not less than 125 mm
- Cassette size Max 14" x 17"
- Grid 10:1, 40 Lines/cm at f=100 cm
- The Grid should be moving type and not stationary
- Electromagnetic locking system controlled by foot treadle
- The Locking system should be enabled automatically when mains power is OFF.
- **F.** Wall Bucky Stand (Optional)
- Wide vertical travel to accommodate all range of patients and studies.
- Bucky to Floor distance: 630 to 2100 mm
- Electromagnetic Locks, (should lock when mains power is OFF also)
- Grid 12:1, 40 Lines/cm at f=170 cm
- The Grid should be moving type and not stationay
- Cassette size Max 14" x 17"
- **G.** X-Ray Tube
- High Speed Rotating anode tube.
- **H.** The Unit should have Type approval certificate from AERB. Please attach certificate copy along with Tender documents.

Sample unit should be demonstrated in nearby suitable location in the same state especially the locking system when power is off. Also demonstrate the safety pf the patients in case of power goes off. Also demonstrate the collimator mounting not loosening after the rotation lock has been released for rotation. In addition the floor mounted Tube stand ease of movement and positioning to be demonstrated. The compact wall mounted sheet key console to be demonstrated (no tear to happen in the sheet key)

Yours faithfully,

**Chief Medical Officer Incharge** 

#### CONDITIONS OF PURCHASE

1.	The offers addressed to the <b>Chief Medical Officer Incharge</b> , University Employees Health Care Complex					
	Jodhpur Colony, BHU Campus, Banaras Hindu University, Varanasi – 221 005.					
	MUST be sealed and marked as:					

"Enquiry No. \_\_\_\_\_ Dated \_\_\_\_\_ Due Date \_\_\_\_\_" on the face of the envelope.

- 2. Apart from other specifications in respect of the quality, standard, terms, etc., the offer should specifically clarify the points noted below, in the following order:
- ii. Time of Delivery: You have to state the minimum period during which the supplies will be effected by you in full.
- **iii. Place of Delivery:** You should mention clearly the place of destination and mode of transit by which the supplies will be effected without any extra charges. The University prefers F.O.R. Varanasi prices in case of outstation suppliers, and Delivery at Our Site in case of Local suppliers.
- **iv. Central Sales Tax**: Here you have to state the present rates leviable. In case the same is not applicable mention 'Not Applicable", and if the prices are inclusive of this sales tax please write 'Included in the Prices'. The Sales Tax Registration No. should invariably be quoted in the offer, failing which the offer will not be considered.
- v. *Provincial Sales Tax*: As detailed under (iv) above.
- vi. Excise Duty: As detailed under (iv) above.
- vii. Insurance: If the rates are inclusive of insurance, please write 'Included in the prices, otherwise state 'Not Included'. In case of local suppliers where insurance is not necessary, they may mention "Not Applicable".
- viii. Packing and Forwarding Charges: If these charges are accounted for in the prices quoted by you, please mention 'Included in the Prices'. Otherwise please give approximate charges thereof. It may be noted that the University will pay only the actual expenses on these accounts.
- ix. Other Incidental Charges: Here other charges which are not fully accounted for in the above paras, may be mentioned.
- **3.** Specifications and quantities mentioned in the enquiries made by the University may be changed, altered or even cancelled altogether.
- 4. Suppliers having Rate Contract with Central or Provincial Government should quote alongwith a certified copy of the current Government Rate Contract. Old Rate Contracts shall not be considered.
- 5. The offers must be accompanied by the relative catalogues, leaflets, brochures and samples wherever possible. While every effort is made to return the samples to the suppliers, the University cannot accept any responsibility in this respect.
- **6.** All quotations should be net, after showing discounts etc, duly deducted.
- 7. The University normally does not accept documents through bank, nor makes payments in advance. Every payment is made after satisfactory execution of the order.
- **8.** Where an order is executed in parts and the suppliers are not so instructed, the payments will be made when all supplies are satisfactorily received.
- **9.** If the terms of the quotation etc. are vague, incomplete, contradictory and confusing, the offer will summarily be rejected without any information.
- 10. The suppliers desirous of having offers acknowledged must send them 'Registered Acknowledgement Due'.

  No quotation will be separately acknowledged.
- 11. The suppliers will be informed of the decision in due course in case of decision in their favour and any interim enquiries about offers will not be attended to.
- **12.** The University may ask the suppliers to deposit the earnest money in case of our acceptance of their offer, wherever necessary.
- 13. Wherever substitutes are offered in place of our enquiry, the difference thereof must clearly be indicated in the quotation. If not, the quoters will be held responsible for any difference between our demand and actual supply and the defective stores supplied shall be returned at supplier's risk and cost.
- 14. Once the offer is accepted by the University and the order is given on that basis, the suppliers will have to deliver the goods accordingly within the stipulated time, or meeting the compensation for loss, if any, on account of non execution of the supply order.
- **15.** Bank commission where applicable will have to be borne by the suppliers.
- 16. All disputes are subject to "Varanasi jurisdiction" only.



## BANARAS HINDU UNIVERSITY (EMPLOYEES HEALTH CARE COMPLEX) VARANASI - 221 005

### **IMPORTANT INSTRUCTIONS/NOTES**

# PLEASE GO THROUGH THE FOLLOWING INSTRUCTIONS/NOTES CAREFULLY OTHERWISE YOUR OUOTATION IS LIABLE TO BE REJECTED

#### 1. LAST DATE OF SUBMISSION OF THE OFFERS

Your sealed offer should reach the office of the undersigned *latest by* **01.10.2014.** Any offer received after the last date shall not be entertained. Along with offer the following should also be submitted:-

- i. Printed copies of the Catalogue/Price List of the products.
- ii. Attested photocopy of current manufacturing license, if available, issued by competent authority.
- iii. List of organizations where the firm is on rate contract or has been supplying the items, along with their performance certificates, if available, and attested photocopies of rate contracts.
- iv. The enclosed certificates and proforma duly filled in and signed by the authorized official.

#### 2. RATES

Please quote your lowest rate F.O.R. Destination only otherwise your offer may not be considered. Please quote for those items/specifications only which have been asked for. The rates should include insurance coverage, if necessary for safe delivery. The University shall not pay separately for transit risk insurance. The firm shall be responsible until the stores arrive in good condition at the Destination.

Further, if there is any damage or loss to the stores in transit, the firm will get the stores replaced/repaired (if possible) to the entire satisfaction of the consignee otherwise will be deducted for items found in broken/unserviceable conditions or short in quantities.

#### 3. DISCOUNT

Kindly indicate the maximum discount allowed.

#### 4. TAXES AND DUTIES

Please clearly specify the rates for the taxes, duties and other expenses applicable on the stores even if the rates are net. The rate as applicable should be clearly mentioned in the offer.

In case of sales made by local dealer, only UPTT can be charged. UPTT is also not payable to the second importers of the goods in the state.

The CST will be paid only when supplies are made from outside the state of U.P. and are not reimbursable to the local dealers.

Excise duly will be reimbursed only when the claim is supported by a valid gate pass.

#### 5. VALIDITY OF THE OFFER

The rates quoted should remain firm and fixed, at least for three months from the last date of receipt of quotations and no revision shall be entertain during this period however, in the event of deduction or increase in Govt. duties/levy during the period of execution of the order, the rates shall be suitably adjusted with effect from the date notifying said reduction or increase in the Government levy/duty upto the 31<sup>st</sup> March of the financial year and no request for rate revision shall be entertained during this period.

#### 6. FALL CLAUSE

- i. The prices charged for the stores supplied by the firm in no event should exceed the lowest price at which the firm sells the stores or offers to sell the stores of <u>identical</u> description to any individual/organization/body etc. during the currency of the validity of the offer.
- ii. If at any time during the said period, the firm reduces the sales price, sells or offers to sell such stores to any person/organization/body (including dealers) etc. at a price lower than the price quoted, it shall forthwith inform such reduction or sale or offer to sale to the undersigned and the price payable for stores supplied after the date of coming into force of such reduction or sale of offer to sale shall stand correspondingly reduced. However, if it is discovered later on that the firm failed to inform the University about the reduction in the sale price and continues to charge higher rates, it is liable to be debarred from doing any business with the University in future.

#### 7. EXECUTION OF SUPPLIES AND BILLING

It is desirable that the supplies be made by a manufacturer directly. However, if a manufacturer is not in a position to execute supplies directly and intends to make the same through authorized dealer(s) their name(s) and address(es) should be declared in advance at the time of submission of the offer.

As for as possible the rates should be quoted by the manufacturer only. However, if the rates are being quoted by the authorized dealer, a certificate of authority for quoting rates on behalf of the manufacturer, should be enclosed. Also, the manufacturer should clearly indicate whether the orders will be placed with it or its authorized dealer(s). In such cases, no extra charges by way of any local Taxes/Trade Tax in addition to Central Sales Tax by admissible in case of supplies received from local authorized dealer(s).

#### 8. PAYMENT TERMS

As usual, payments shall be on bill basis after receipt of materials in good condition and satisfactory performance report by the user.

#### 9. REJECTION CLAUSE

If the stores received do not confirm to the description and quality as contained in the quotation or have deteriorated (and the decision of the University in that behalf will be final and binding) the University reserves the right to reject the said items or such portion, thereof, as may be discovered not to conform to the said description and quality. On such rejection the firm at its cost will replace the goods.

#### 10. THE UNIVERSITY RESERVES THE RIGHT TO:

- i. Reject the quotation in absence of not furnishing the documentary evidence in respect of Trade Tax Registration (C.S.T./U.P.T.T.), Income Tax and Trade Tax clearance certificates together with the performance of supplies in various branches/institutions.
- ii. Reject the supplies already made, if not found upto the mark. Random checking may be adopted to test the correctness of the supply.
- iii. To reject any addition/alteration in respect of local dealerships intimated by the Principals after consideration of the case by the University.
- iv. To reject any offer which is not supported/submitted along with the catalogue/pricelist within the scheduled time.
- v. To reject any or all the offers without assigning any reasons thereof.

The decisions of the University in all respects shall be final and binding on all.

Please ensure that your offer is complete in all respect as no further clarifications shall be sought from you and reaches us within the last date mentioned above. The University shall not be responsible for any postal delays/losses in transit etc.

Please mention our reference number and the due date on the sealed envelope; otherwise your quotation may not be entertained.

Yours faithfully,

**Chief Medical Officer Incharge** 

# **UNDERTAKING**

#### WE HEREBY UNDERTAKE THE FOLLOWING:

- **1.** We will not sell the product (s) to other institutions, bodies and also in the market on the rates less than those quoted by us to the University.
- 2. The goods on which Sales Tax has been charged are not exempted for payment of Sales Tax under C.S.T. Act or U.P.S.T. Act or the rules made there under and the amount mentioned on account of Sales Tax on goods is not more than what is payable under the provisions of the relevant Act or Rules made there under.
- **3.** The rate of Excise Duty mentioned in the quotation is in accordance with the provisions of the rules and the same is payable to the Excise Authorities in respect of the stores.
- **4.** The goods / Stores / articles offered shall be of the best quality and workmanship and their supply will be strictly in accordance with the technical specifications and particulars as detailed in the quotation.
- **5.** The information furnished by us in the quotation is true and correct to the best of our knowledge and belief.
- **6.** We have read and understood the rules, regulations, terms and conditions and agree to abide by them.

Authorized Signatory (Seal)



# **BANARAS HINDU UNIVERSITY**

## EMPLOYEES HEALTH CARE COMPLEX VARANASI – 221 005

# TO BE RETURNED WITH QUOTATION

Following proforma should be filled in and duly signed by the firm and sent alongwith the quotation. (Please refer to the detailed instructions/notes before filling this proforma).

1.	Validity of the offer			:
2.	Approximate Delivery Period			:
3.	(a) Whether rates have been quoted F.O.R. site covers packing forwarding and insurance ch		:	YES / NO
	(b) If not, please mention the same			:
4.	<ul><li>(a) Whether the prices are inclusive of Sales Taxother taxes.</li><li>(b) If not, kindly specify the amount / rate</li></ul>		:	YES / NO
	(b) If not, kindly specify the amount / fate	• •••••	• • • • • • • • • • • • •	
5.	If the Sales Tax is charged extra, declaration for charging Sales Tax correctly attached.	· :		YES / NO
6.	(a) Whether supply will be made directly or throany Local / Regional / Authorized Dealer / S		:	Directly / Stockist / Authorized Dealer
	(b) If through a Stockist / Dealer : - (i) Name and full address of the Party	:		
	(ii) Whether the order to be placed with the	: :		/ Stockist / Dealer
	(iii) Who will raise the bill	:	•	/ Stockist / Dealer
	(iv) Cheques will be drawn in favour of	:	-	/ Stockist / Dealer
	(v) Whether any Delivery, Packing and Forwa	ardino		YES / NO
	Charges will be payable to local Stockist		:	(Please specify the amount/percentage etc, if any)
7.	Our terms of payment (Please indicate your prebe accepted.  (a) For Local Firms or if the bills are raised Local Dealers.	-	a (✔) marl	x). Please note that no other payment terms are likely to
	(i) 100% Payment on bill basis  OR			
	<ul> <li>(ii) 100% payment against Proforma Invoice receipt of materials in good condition, if and satisfactory report.</li> <li>(Only under exceptional cases)</li> </ul>	ce after installation		:
	<ul><li>(ii) 100% payment against Proforma Invoice receipt of materials in good condition, in and satisfactory report.</li></ul>	ce after installation		:
	<ul> <li>(ii) 100% payment against Proforma Invoided receipt of materials in good condition, it and satisfactory report. <ul> <li>(Only under exceptional cases)</li> </ul> </li> <li>(b) If the bills are raised by outstation Firms <ul> <li>(i) 100% Payment on bill basis</li> <li>OR</li> </ul> </li> </ul>	nstallation		:
	<ul> <li>(ii) 100% payment against Proforma Invoided receipt of materials in good condition, it and satisfactory report.</li> <li>(Only under exceptional cases)</li> <li>(b) If the bills are raised by outstation Firms</li> <li>(i) 100% Payment on bill basis</li> </ul>	installation		
	<ul> <li>(ii) 100% payment against Proforma Invoice receipt of materials in good condition, is and satisfactory report. <ul> <li>(Only under exceptional cases)</li> </ul> </li> <li>(b) If the bills are raised by outstation Firms <ul> <li>(i) 100% Payment on bill basis</li> <li>OR</li> <li>(ii) 100% payment against Proforma Invoice receipt of materials in good condition, instand satisfactory report</li> </ul> </li> </ul>	installation after tallation		:

	(v) 90% payment against Proforma Invoice (at site) or documents through bank and 10% after receipt of materials in good condition, installation and satisfactory report (Only under special Circumstances).		:
0	·		
8.			YES / NO
	If yes, indicate the amount / percentage.		%
9.	Whether any installation charges are payable extra.	:	YES / NO
	If yes, amount to be specified.	:	
10.	Whether any discount for educational institution offered on the printed price list of the manufacturer.	:	YES / NO
	Please mention the amount / percentage.	:	
11.	Whether the product is on DGS &D/D.I. Rate contract. If yes, please enclose a photocopy of the same.	:	YES / NO
12.	Whether the product bears I.S.I. Mark.		YES / NO
	If yes, please mention the I.S.I. License no.	:	
13.	(a) Whether the firm is Sales Tax payer.	:	YES / NO
	If yes, please mention the Sales Tax Numbers.	:	
	(b) Whether the Local Dealer(s) is / are Sales Tax payer(s)	:	YES / NO
	If yes, please mention the Sales Tax numbers of each	:	
14.	Whether printed / authenticated price list of the Firm's Products and Catalogue etc. enclosed.	•	YES / NO
15.	Please specify the period of free after sale service / Annual maintenance contract of product in years.	:	

OR

Signature of the Authorised Official with Seal