

Bhagat Phool Singh Govt. Medical College, Khanpur Kalan, Sonipat

Email: bpsgmc.purchase@gmail.com

Invitation for Sealed quotation for Repairing of Microwave Therapy cum computerized traction

Inquiry No: Purchase/25/ 8906

Inquiry Issue Date: 26.08.2025

Last Date of Submission: 10.09.2025 at 11:00 AM

Sealed/e-Quotations are hereby invited by the undersigned on behalf of the Director, BPSGMC for Women, Khanpur Kalan, Sonapat for repairing as per **Annexure-1** for the Institute as per terms & conditions mentioned below.

The sealed/e-quotations received reach in the office of the undersigned on or before 10.09.2025 at 11:00 AM. The Envelope containing the quotation would please be sealed and super scribed as under:-

1. Terms & Conditions:

- The quotations received after this deadline & unsealed projected shall not be entertained under any circumstances whatsoever. In case of any delay this Institute will not be responsible.
- Quotations must be in the enclosed prescribed Proforma on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative. In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be submitted in the office of undersigned before deadline of submitting the quotation.
- Rates must be quoted in **Indian Rupees** and as per the format specified taxes extra if any must be written separately.
- Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- The rates quoted must be valid as per department and State Govt. instruction issued from time to time, from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
- Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- Any conditional quotation shall be rejected summarily.
- Payment Terms:** Payment will be only after satisfactory completion of work /commissioning of material and after inspection by Inspection Committee.
- BPSGMC Khanpur Kalan, Sonapat reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the BPSGMC Khanpur Kalan, Sonapat will be final in this regard.
- BPSGMC Khanpur Kalan, Sonapat reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the BPSGMC, Sonapat will be final in this regard.

2 Special Terms & Conditions:

- a) Bidder must quote the product as per specification provided in Annexure 1.
- b) Inspection committee will check the work thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then BPSGMC Khanpur Kalan, Sonipat has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained


S. Accounts Officer

Encl.: Annexure 1 (Demand)

Annexure 2 (Format of price bid)

Annexure-1

Sr. No	Name of the Item	Terms and conditions
1	Repairing of microwave therapy cum computerized traction in the Department of Physiotherapy	1. Submit quotation after Onsite visit of Machine 2. Provide at least 6-12 months warranty for the above said repair or items purchased.

ANNEXURE "2"**[On the letterhead of firm]****PRICE BIDFORM**

To,
Director Officer,
BPSGMC,
Khanpur Kalan, Sonipat

1. I/We Submitted the quotation for Enquiry No. "QUOTATIONFOR SUPPLY..... AGAINST THE INQUIRY NO: Purchase/25/.... due on dated.....at BPSGMC, Khapur Kalan, Sonipat.
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

Sr. No	Particular	Quantity	Quoted Make	Price/Unit Exclusive Tax (INR)	of	GST/CST/ST
1.						
2.						

Date _____

Place _____

(Signature _____ of

(Name) _____

Phone No: _____

Authorized _____