

**TENDER FOR CARRYING OUT SCAN AND OTHER DIAGNOSTIC
INVESTIGATIONS TO THE PATIENTS OF E.S.I.C. HOSPITAL, K.K. NAGAR,
CHENNAI – 78.**

From

,

To
The Medical Superintendent,
ESIC Hospital,
K.K. Nagar,
Chennai – 78.

Sir,

Sub: Tenders for carrying out scan and other
diagnostic investigations – reg.

We have pleasure in submitting our tenders for carrying out scan and other diagnostic investigations as per the annexure enclosed.

We enclose herewith a DEMAND DRAFT No..... dated
Rs. drawn in favour of the THE MEDICAL SUPERINTENDENT, ESIC
HOSPITAL, K.K. NAGAR, CHENNAI – 78, towards EARNEST MONEY DEPOSIT.

We bind ourselves to the conditions prescribed in the Tender Notification.

We agree to have the Earnest money forfeited in case of our failure in full or part to undertake the contract upon the acceptance of this tender.

The terms and conditions relevant to this tender is enclosed herewith.

OFFICE SEAL:

SIGNATURE:

DESIGNATION:

NAME & ADDRESS:

TERMS AND CONDITIONS FOR CARRYING OUT SCAN AND OTHER DIAGNOSTIC INVESTIGATIONS TO THE PATIENTS OF E.S.I.C. HOSPITAL, K.K. NAGAR, CHENNAI – 78.

1. Sealed tenders will be received till 11 AM on 08/11/11 by the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78
2. The Sealed envelope containing the completed tender in the prescribed forms should be superscribed as “Tender for carrying out Scan and other Diagnostic Investigations.”
3. Sealed envelope should be addressed to the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78 The tender should be dropped in the Tender Box kept in the Medical Superintendent’s chamber
4. Postal delays, if any, will not be condoned.
5. Tenders will be opened at the office of the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78 on 08/11/11 at 11.30 A.M . in the presence of tenderers/representatives who choose to be present.

6. EARNEST MONEY DEPOSIT:

Each Tender must be accompanied by a E.M.D of Rs. 5000/- (Rupees Five thousand only) by way of D.D to be drawn in favour of the Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai-78 payable at Chennai. The tenders not accompanied by EMD is liable for rejection. Advance stamp receipt for refund of EMD should be enclosed.

7. The successful tenderer should furnish Performance Security .
8. E.M.D shall not be accepted in the shape of cash/Postal orders/cheques. Tenders not accompanied by the E.M.D shall be rejected. E.M.D will be returned to the unsuccessful Tenderer on demand by making a claim in this regard. Government institutions are exempted from the payment of E.M.D.
9. The tenders should be typewritten and every correction in the Tender should invariably be attested by full signature by the tenderer with date before submission of the tenders to the authorities concerned failing which the tender will be liable to be rejected.
10. Rate should be quoted separately for each item in the annexure. No tenders with the Remarks “AT CURRENT MARKET RATES” shall be accepted, and tender in which the rates be quoted for the investigation other than the one asked for shall not be considered.
11. The rates should be valid up to **TWO YEARS** from the date of approval of Tender by the competent authority.
12. Successful tenderers shall not be entitled to any rate revision of price for any reason except that allowed by Government of India.

13. One copy containing terms and conditions and Schedule of this tender should be signed by the tenderer at the bottom of each page with the office seal duly affixed and returned along with the tender.
14. Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai reserves to herself the right to reject the tenders or to accept the tenders for any one or more of the items tendered for in a tender without assigning any reason for doing so.
15. Declaration form and institutions profile formats enclosed must be filled in and signed by the tenderer, and enclosed along with the tender. Tenders received without the declaration form shall not be considered.
16. Medical Superintendent, ESIC Hospital, K.K. Nagar, Chennai – 78 will be at liberty to terminate without assigning any reason therefor the contract either wholly or in part within a period of three months from the date of commencement of contract or one month notice. The tenderer will not be entitled for any compensation whatsoever in respect of such termination.
17. No investigation test should be carried out to the patient except on requisition in writing signed by the Medical Superintendent or by an Officer authorized by him in writing to do so.
18. The Investigation report should be submitted to the HOD furnishing all the facts requested by the HOD. The copy of report should also be enclosed with the bill. Failing which the bill will be rejected.
19. Bills are to be submitted giving the consolidated lists of cases investigated. Settlement of the bills will be done within 4 to 6 weeks.
20. The contract should not be sublet without the prior written permission of the Medical Superintendent.
21. The agency is fully responsible for the reliability and authenticity of the reports.

MEDICAL SUPERINTENDENT

The above conditions are accepted unconditionally.

SIGNATURE OF THE TENDERER.

INSTITUTION PROFILE

1. Name of the Institution :
2. Full Address :

3. Telegraphic Address :

4. Telephone No. :
5. Telex/Fax No. :
6. Working Hours :
7. Date of Establishment of firm :
8. Is your Institution registered under
 (a) Companies Act :
 (b) Any other Act (specify) :
9. Name & Address of your Bankers,
 stating the name in which the account stands :
10. Are you on the list of approved contractors
 of any other authority (If so please give
 details) :
11. Give details of any Government contract
 executed during the last 12 months :
12. Details of the Investigation equipments
 available with you (Give details of make and
 other specification of each equipment) :
13. Details of the qualification of persons
 handling the equipments :
14. Is your Institution certified by ISO?
15. Any other information which you consider
 necessary to furnish :

DATE:

SIGNATURE:

NAME & ADDRESS:

DECLARATION FORM

We having our office at do declare that we have carefully read all the conditions of Tender sent to us by the Medical Superintendent, E.S.I.C. Hospital, K.K. Nagar, Chennai – 78 for Tenders floated by him/her for carrying out scan and other diagnostic investigations due ontillA.M.

We further declare that we possess valid license bearing No..... valid upto

DATE:

SIGNATURE:

NAME & ADDRESS:

SEAL: