



## Notice Inviting e-Tender

West Bengal Medical Services Corporation Limited  
Swasthya Sathi  
GN-29, Salt Lake, Sector-V  
Kolkata-700091

Phone No (033) 40340308/319

E mail: [procurement@wbmsc.gov.in](mailto:procurement@wbmsc.gov.in) / [mp@wbmsc.gov.in](mailto:mp@wbmsc.gov.in)

SUPPLY AND COMMISSIONING OF MEDICAL EQUIPMENTS FOR BLOOD COMPONENT SEPARATION UNIT FOR THE HOSPITALS AND MEDICAL COLLEGES OF THE GOVT. OF WEST BENGAL.

(Submission of Bid through *online*)

Bid Reference No.: WBMSCL/NIT- 76 /2018

Dated-25.04.2018

The following amendments have been made in the tender document,

(Applicable for Schedule XI)

### Amendment-VII

## Section I: Instructions to Tenderers

### A. Important information at a glance

(The item suffixed by "E" in bracket indicates Eligibility Criteria for a bidder)

#### 4. Annual Turnover requirements: (E)

The Tenderers should have annual sales turnover (i.e. total turnover of the company) of minimum on an average of last three financial years (2014-15, 2015-16, 2016-17 or 2015-16, 2016-17, 2017-18) as per the Audited Accounts of the Organization as mentioned in the table below:

SCHEDULE	ITEM	Annual Turnover in Crore Rs.
Schedule-XI	Blood Collection Monitor	2.0

## **Amendment-VIII**

### **E. Submission and Opening of Bids**

35. The following are to be submitted:

(ii) Statutory Documents

(b) **BID – B** (Should be in multiple page single PDF file)

6	Average Annual Turnover of the Company in medical equipment division during the last 3 Financial Years (2014-15, 2015-16, 2016-17 or <b>2015-16, 2016-17, 2017-18</b> ) (in INR) - to be certified by practicing Chartered Accountant as per format given in <b>FORM 10</b>
---	---

## **Amendment-IX**

### **Form 2: CHECK-LIST**

<b>BID - B</b>				
<b>Sl. No.</b>	<b>Activity</b>	<b>Yes/No/N A</b>	<b>Page No in the Bid</b>	<b>Remark</b>
26	Average Annual Turnover of the Company in medical equipment division during the last 3 Financial Years (2014-15, 2015-16, 2016-17 or <b>2015-16, 2016-17, 2017-18</b> ) (in INR) - to be certified by practicing Chartered Accountant as per format given in <b>FORM 10</b>			

## **Amendment-X**

### **Form 10: TURNOVER CERTIFICATE**

I certify that Average Annual Turnover of *(insert the name of the company)* in India in medical equipment division during the last 3 Financial Years 2014-15, 2015-16, 2016-17 or **2015-16, 2016-17, 2017-18** is Rs. .... as per the Audited Accounts of the Organization.

Signature and seal of Chartered Accountant

---