



Notice Inviting e-Tender

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

Phone No (033) 40340307/320

E mail: procurement@wbmsc.gov.in

Supply and Commissioning of Medical Equipment for Physical Medicine & Occupational Therapy Equipment at IPGME&R and SSKM Hospital
(Discipline-Physical Medicine & Occupational Therapy Equipment)

(Submission of Bid through *online*)

Bid Reference No.: WBMSCL/NIT-478/2023

Dated-14.08.2023

Amendment-II

E. Submission and Opening of Bids

32. The following are to be submitted:

i) Non statutory documents to be submitted under My Document

(Each sub-category item should be in multiple page single PDF file)

Guidelines for uploading documents in My Document:

Sl. No.	Category Name	Sub - Category Name	Document Name
1	CERTIFICATES	CERTIFICATES	a) PAN Card b) 15 - digit Goods and Services Taxpayer Identification Number (GSTIN)

Sl. No.	Category Name	Sub - Category Name	Document Name
2	CREDENTIAL	CREDENTIAL	<p>Performance Statement Form (For the period of last three calendar years ending December 2021) - Form 7 of Section V</p> <ol style="list-style-type: none"> Submitted document should be supported with Work order / supply order copy Proof of installation (Installation certificate / Service report duly signed by the hospital / healthcare facility) against the work order <p>OR</p> <p>Proof of payment against supply and installation against the work order</p> <p>that the bidder have supplied medical equipment in Hospitals in India during the last 3 (three) calendar Years</p>
3	DECLARATION	DECLARATION1	Income Tax returns for assessment year (2018-19, 2019-20, 2020-21)
		DECLARATION2	Tender Form as per Form 1
4	EQUIPMENT	MACHINERIES	Manufacturer's Authorization (If applicable) as per Form 5 of Section V

(ii) Statutory Documents

(a) BID – A (Should be in multiple page single PDF file)

EMD (Scanned copy of the instrument through which EMD have been submitted) in online

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

1	Model of the equipment offered for (Self Declaration) with Technical Data Sheet
2	Comparative Data Table of the Technical Specifications (Form No. 4 of Section V)
3	1 set of Brochure of the offered product / model.
4	European CE (4 digit notified body)/ US FDA/ BIS standard as per technical specifications
5	Pre-requisites of installation [Power (KVA, Phase, Hz) and any other requirement, if any]
6	Average Annual Turnover of the Company in medical equipment division during the last 3 Financial Years (2018-19, 2019-20, 2020-21) (in INR) - to be certified by practicing Chartered Accountant as per format given in FORM 9
7	Form 10: Declaration of Quality Certification of Equipment (as applicable)

