

Notice Inviting e-Tender

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

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SUPPLY & INSTALLATION OF 128 Slice CT SCANNER & 16 SLICE CT SCANNER MACHINE IN
THE MEDICAL COLLEGE AND HOSPITAL OF GOVERNMENT OF WEST BENGAL.

(Submission of Bid through *online*)

Bid Reference No.: WBMSCL/NIT-214/2018

Dated-12.10.2018

Amendment-VIII

128 Slice CT Scan

5. (b) Payment Terms

128 Slice CT SCANNER & 16 SLICE CT SCANNER MACHINE

I. General Terms

- (i) The payment to Manufacturer/ Indian Distributor will be made under Delivered Duty Paid contract.
- (ii) The Tenderers should only quote in INR.

II. Payment terms for Manufacturer/Indian Distributor

- A. 80 % of the Basic Price of the Equipment shall be paid after commissioning of the goods subject to acceptance of the goods by WBMSCL or its authorized representatives through inspection and furnishing of Consignee Receipt Certificate (CRC) as per format given in **Form 3a** and Satisfactory Installation Certificate (SIC) as per format given in **Form 3b**. The SIC shall be signed by the facility / end user or issued after joint certification by authorised official(s) from WBMSCL and the facility/ end user.
- B. Remaining 20% of the Basic Price of the Equipment shall be paid after submission of claim supported by the acceptance certificate issued by the consignee/purchaser's representative in **Form 3c of Section V** of the NIT, inter alia mentioning therein that the date of completion of 90 days satisfactory and faultless functioning of the equipment and subject to other provisions of the agreement. The cost of site preparation including interiors etc. will be paid together with the balance 20% payment.

However, WBMSCL will furnish to the seller Bank Guarantee to be issued by United Bank of India, Sector-V, and Salt Lake Branch for payment of the price of the goods on its delivery to the WBMSCL at the place of installation.

Note:

Submission of required Performance Bank Guarantee and signing of Agreement are mandatory for the processing of any Payment.

Basic Price of Equipment(s) includes value of goods, accessories & ancillaries, duties, freight charges, insurance, installation , commissioning, end user training as many number of times as required during the period of warranty and any other charges as applicable excluding applicable taxes.

Form 3c: PROFORMA OF CERTIFICATE

Certificate of commissioning of equipment and its satisfactory and faultless
Functioning for 90 days after commissioning



(To be issued jointly by the Superintendent & HOD)

This is to certify that the equipment(s) as detailed below is functioning satisfactorily since it was
commissioned on

- a) Contract No. / Supply Order No. Dated :
- b) Description of the equipment (s) :
- c) Serial no. of the equipment (s) :
- d) Quantity :
- e) Name of the Health Facility :
- f) Date of commissioning :
- g) **Date of completion of 90 days satisfactory and
faultless functioning of equipment** :

Signature of Authorized Signatory of Facility
(Rubber stamp to be affixed)

Signature of HOD
(Rubber stamp to be affixed)

Signature of the equipment Supplier
(Rubber stamp to be affixed)