

**DIRECTORATE OF HEALTH SERVICES.**

(MAHARASHTRA STATE)

Arogya Bhavan, St. George's Hospital Compound, P.D'Mello Road,
Mumbai-400 001.

Office: Director (Personal) Jt. Director (Hospital) Jt. Director (PDF) Jt. Director (NCD) Jt. Director (Procur.) Jt. Director (Estt.)	Tel.No. 22621031-36 22621006 22611471 22620249 22621186 22626282 22616755	Website : http://maha-arogy.gov.in Email : dhs_2005@rediffmail.com Email : miscell@rediffmail.com Fax No. 022-22621034 / 22620234 (DHS) 022-22679044 (Hosp.) 022-22622155(CAO) 022-22703785(Control Room) 022-22621047 (NCD) 022-22625799(Procurement Cell)
		No. // 2 / E-294/C-6/ Printing of Registers/15-16 Date : 30/03/2016

To
M/s. Adinath Print Services,
Gala No. 6, Old Unic Industrial Estate,
Dr. R.P. Road , Muland (East),
Mumbai- 4000080.
Email : info@adinathprintservice.com

Subject : Printing of Registers.

- Reference: 1) Bid reference No : E-294/ PC/NHM/ Printing of Registers /15-16
2) Your Bid For: Tender No. E-294/PC/NHM/PC/ Printing of Registers/15-16
3) Purchase Committee approval date – 22.03.2016

This is to inform you that your bid cited under reference No. 2, has been accepted. You are requested to supply the goods as per terms and conditions of bid document as described below.

Sr. No	Item Description	Specification of Item	Qty.	Rate Per Unit Rs.	Total cost Rs.
1	OPD screening registers	Size-11"*17" Number of pages-300 Paper:80 GSM.S.S. MapLitho A Grade should be confirming to I.S.1848 Made of virgin pulp frame A Grade Printing – 1 Colour Printing Binding –hard board binding with Regzin paper centre section sewing	6707	169.00/	1133483
2	Screening Abstract	Size-11"*17"	6696	84/-	562464

Q. Q. Q.

	register	Number of pages-100 Paper:80 GSM.S.S. MapLitho A Grade should be confirming to I.S.1848 Made of virgin pulp frame A Grade Printing – 1 Colour Printing Binding –hard board binding with Regzin paper centre section sewing			
3	Confirm diagnosis register	Size-11"*17" Number of pages-200 Paper:80 GSM.S.S. MapLitho A Grade should be confirming to I.S.1848 Made of virgin pulp frame A Grade Printing – 1 Colour Printing Binding –hard board binding with Regzin paper centre section sewing	1188	140/-	166320
4	Follow up register	Size-11"*17" Number of pages-100 Paper:80 GSM.S.S. MapLitho A Grade should be confirming to I.S.1848 Made of virgin pulp frame A Grade Printing – 1 Colour Printing Binding –hard board binding with Regzin paper centre section sewing	2779	88/-	244552
					2106819

(Rupees Twenty One Lakh Six Thousand Eight Hundred Nineteen only)

Notwithstanding any terms and conditions applicable to this contract, your attention is also invited to the following terms and conditions.

(1) **Technical Specifications:**

Technical Specification of Printing of Registers is as per description of in Bid meeting

(2) **Name of Printer :**

M/s. Adinath Print Services,
Gala No. 6, Old Unic Industrial Estate,
Dr. R.P. Road , Muland (East),
Mumbai- 400080.



(3) **Delivery period:**

Submission of proof within 15 days from the date of signing of the contract and delivery to be completed within 30 days from the date of approval of proof, delivery to the consignee destination on door delivery basis as per bidding conditions.

(4) **Inspection:**

Pre-dispatch inspection for quality and quantity etc. will be carried out by authorized official representative(s) from the Purchaser. If goods are offered for inspection all expenditure shall be borne by the tendere. the sample drawn during Pre-dispatch inspection will be tested in approved/authorized Laboratories, if required, the sample obtained in the PDI will be sent for analysis. Clearance to the Supplier to go ahead for delivery to the consignees will be issued subsequently.

(5) **Payment:** 100% payment shall be paid on receipt and acceptance of stores in good conditions by the consignee.

(6) **Bills:** Bills for the Stores to be supplied in compliance of this contract must be prepared in triplicate and sent to the respective District Malaria Officer for the payment Govt. will not incur any liability and pay interest on bills the payment of which is delayed for any reasons whatsoever.

(7) The Bidder Should Submit Demand Draft Amounting to 1.5% of Order value i.e. Rs. 31602/- to meet expenditure of tender processing i.e. publicity charges, expert honorarium, stationary charges ,sample testing fee and other incidental expenditure.

(8) **Acceptance & Receipt::** In Prescribed format enclosed. It should be submitted in original certificate copy to the purchasing authority along with triplicate copies of the invoice.

Note: If supplier found to receive acceptance certificate he should contact this office immediately on email id; procurementcell.receipt@gmail.com

(9) **Warranty:**

Warranty period shall be **12 (twelve) months** from date of acceptance of goods after complete supply at final destination.

(10) **Liquidated damages: (Page 26 – Clause 23.1)**

If the Supplier fails to deliver any or all of the goods or to perform the services within the time period(s) specified in the Contract, the Purchaser shall, without prejudice to its other remedies under the Contract, deduct from the Contract Price, as liquidated damages @ 0.5 percent per week or part thereof; and the maximum deduction is 10% of contract price and once the maximum is reached, the Purchaser may consider termination of the Contract.



(11) **Performance security and Contract Agreement:**

Bidder should submit security deposit within 7 days from date of receipt for an amount of 5% of the contract value, valid up to 60 days after the date of completion of warranty obligation and enter into contract Agreement on Rs 100/- non judicial stamp paper. The security Deposit should be in the form of Bank guarantee in the favor of Jt. Director of Health services, Procurement cell, Mumbai payable at Mumbai from any nationalized or schedule bank (Annexure 7) of the tender documents enclosed herewith. If the bidder fails to submit performance security and contract agreement within stipulated period order will stand cancelled and action against bidder will be taken as per rule.

(12) Consignee: As per list enclosed.



Joint Director of Health Services
(Procurement Cell), Mumbai

Copy Forwarded with Compliments to :

- 1) Joint Director, Health Services (NCD) Pune for further necessary action.
- 2) Civil Surgeon, Nashik, Nandurbar,,Pune,Amravati,Nanded, Wardha,Bhandara,Buldhana, Chandrapur,Gadchiroli,Washim, Pharbani, Satara, Sindhudurg, Thane, Jalna, Ratnagiri.

Schedule - Consignees list for

Reporting formats and registers printing requirements district wise

Sr.No.	Districts	OPD Screening Register	Screening Abstract register	Confirm diagnosis register	Follow up register
1	Amravati	407	406	74	407
2	Bhandara	237	236	43	237
3	Chandrapur	412	411	72	412
4	Gadchiroli	435	434	58	435
5	Wardha	218	217	36	218
6	Washim	187	186	33	187
7	Nandurbar	364	363	73	74
8	Osmanabad	261	260	54	55
9	Parbhani	256	255	41	42
10	Satara	490	489	89	90
11	Sindhudurg	298	297	49	50
12	Thane	593	593	101	102
13	Pune	660	660	121	122
14	Nashik	709	709	132	133
15	Ratnagiri	457	457	79	80
16	Jalna	264	264	51	52
17	Nanded	459	459	82	83
Total		6707	6696	1188	2779

Joint Director of Health Services
(Procurement Cell), Mumbai

Performa for Inspection Call

From :

Ref. No. _____

Date _____

To

The Joint Director of Health Services (Procurement Cell), Mumbai

Subject : Inspection call

Reference : Supply order No.
dated

Dear Sir,

Please arrange to inspect the following stores lying ready with us. It is certified that the stores offered have been inspected by us and found to be conforming to the relevant specification(s)/drawing(s) mentioned in the Purchase Order.

1. Purchase Order No. & date : _____
2. Purchasing Organization : _____
3. Manufacturer's Name : _____
4. Place of inspection with address : _____
5. Working hours & Non-working days : _____
6. Persons to be contacted & Phone No. : _____
7. Description of stores for inspection : _____
as per Purchase order
8. Quantity on Order : _____
11. Quantity now offered : _____
12. Value of stores offered for inspection : _____
13. Installment number : _____
14. Inspection to be arranged on (date) : _____
15. Delivery period as per Purchase : _____
Order/Amendment to Purchase order
16. Proforma Invoice at the time of issue : _____
of Inspection Certificate
17. Remarks : _____

Thanking you
Authorized Signatory

RECEIPT / FINAL ACCEPTANCE CERTIFICATE

To
The Joint Director of Health Services (Procurement Cell)
Directorate of Health Services, 1st floor, Arogya Bhavan,
St. George Hospital, Mumbai 400 001.

Following equipment (s) has/have been received in good condition as described below:

Sr. No.	Name of equipment	Quantity	Date of delivery
1			

Supply order No. _____, dated _____

Name of Supplier : _____

Name of Manufacturer: _____

Entered in Stock Book on page No. _____ date _____

It is certified that the above-mentioned Equipment has/have been received in good condition and acceptable.

Place :

Date :

Signature

Name _____

Designation

Seal

PERFORMANCE SECURITY FORM

To: _____ (Name of Purchaser)

WHEREAS..... (Name of Supplier)

hereinafter called "the Supplier" has undertaken , in pursuance of Contract No..... dated,..... 200... to supply..... (Description of Goods and Services) hereinafter called "the Contract".

AND WHEREAS it has been stipulated by you in the said Contract that the Supplier shall furnish you with a Bank Guarantee by a recognized bank for the sum specified therein as security for compliance with the Supplier's performance obligations in accordance with the Contract.

AND WHEREAS we have agreed to give the Supplier a Guarantee:

THEREFORE WE hereby affirm that we are Guarantors and responsible to you, on behalf of the Supplier, up to a total of..... (Amount of the Guarantee in Words and Figures) and we undertake to pay you, upon your first written demand declaring the Supplier to be in default under the Contract and without cavil or argument, any sum or sums within the limit of (Amount of Guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

This guarantee is valid until theday of.....200.....

Signature and Seal of Guarantors

.....
.....
.....

Date.....200....

Address:.....

.....

CONTRACT FORM

THIS AGREEMENT made theday of....., 200... Between..... (*Name of purchaser*) of..... (*Country of Purchaser*) (Hereinafter "the Purchaser") of the one part and..... (*Name of Supplier*) of..... (*City and Country of Supplier*) (Hereinafter called "the Supplier") of the other part :

WHEREAS the Purchaser is desirous that certain Goods and ancillary services viz. (*Brief Description of Goods and Services*) and has accepted a bid by the Supplier for the supply of those goods and services in the sum of..... (*Contract Price in Words and Figures*) (Hereinafter called "the Contract Price").

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. In this Agreement words and expressions shall have the same meanings as are respectively assigned to them in the Conditions of Contract referred to.
2. The following documents shall be deemed to form and be read and construed as part of this Agreement, viz.:

- (a) The Bid Form and the Price Schedule submitted by the Bidder;
- (b) The Schedule of Requirements;
- (c) The Technical Specifications;
- (d) The General Conditions of Contract;
- (e) The Special Conditions of Contract; and
- (f) The Purchaser's Notification of Award.

3. In consideration of the payments to be made by the Purchaser to the Supplier as hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the goods and services and to remedy defects therein in conformity in all respects with the provisions of the Contract.
4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of the goods and services and the remedying of defects therein, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

Brief particulars of the goods and services which shall be supplied/provided by the Supplier are as under:

Sr. No.	BRIEF DESCRIPTION OF GOODS & SERVICES	QUANTITY TO BE SUPPLIED	UNIT PRICE	TOTAL PRICE	DELIVERY TERMS

TOTAL VALUE:

DELIVERY SCHEDULE:

IN WITNESS whereof the parties hereto have caused this Agreement to be executed in accordance with their respective laws the day and year first above written.

Signed, Sealed and Delivered by the

Said..... (For the Purchaser)

in the presence of:.....

Signed, Sealed and Delivered by the

Said..... (For the Supplier)

In the presence of...

**Joint Director of Health Services
(Procurement Cell), Mumbai**