

MGM INSTITUTE OF HEALTH SCIENCES CENTRAL PURCHASE DEPARTMENT (CPD)

Plot 1 & 2, Sector -1 Kamothe, Navi Mumbai - 410209

| Tenders invited from re | puted Manufactures of | Derma Chair for supp | ly to MGM Medical College, |
|-------------------------|-----------------------|----------------------|----------------------------|
| | | | |

Vashi, Navi Mumbai in the format given below:

Name of Vendor:____

| Sr. No. | Particulars | Details | | |
|--|---|------------------------|--|--|
| Derma Chair | | | | |
| 1 | Make | | | |
| 2 | Model | | | |
| 3 | Year of Introduction | | | |
| Technical Specifications: | | | | |
| - | Height (Min/ max) | | | |
| | Head Suuport (Fixed/ Detachable) | | | |
| 4 | Dimension of Chair | | | |
| | Back reclines (dimension) | | | |
| | Leg suction can be reclined (dimension) | | | |
| - | Rate with Std. Warranty: Year(s) | | | |
| 5 | Rate with 5 Years Warranty | | | |
| 6 | GST | | | |
| 7 Post Warranty AMC (in %) with Escalation: | | | | |
| 8 Post Warranty CMC (in %) with Escalation: | | | | |
| 9 | Delivery Period | | | |
| 10 Payment Terms: (20% with PO, 50% on Delivery, 30% after Installation) | | | | |
| 11 Breakdown Penalty Clause proposed | | | | |
| 12 | Breakdown Reaponse time needed | | | |
| Kindly email your lowest quotations for above item with your terms and conditions as well as applicable Brochure / Catlog; Client list with respective installation Year and their Contact numbers; to only etenders@mgmuhs.com . | | | | |
| Date | | Signature of Tenderer: | | |
| Seal | | Name: | | |
| | | Designation: | | |
| | | Email ID: | | |
| | | Mobile No.: | | |
| | | Full Address: | | |
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