



## 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

**Procurement of Urodynamic Machine and Uroflowmetry for the Department of  
Urology at R.G. Kar Medical College and Hospital  
(Submission of Bid through online)**

**Bid Reference No.: WBMSCL/NIT-064/2024**

**Dated-18.01.2024**

### **Amendment-III**

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

[Please fill in and include with your Bid]

**Note 1:** It is essential that all documents in hard copy are to be placed before the Committee and arranged in the same sequence as given in the Check List. All the documents should be appropriately flagged.

**Note 2:** If any document is written in any language other than English, an English translation of the document duly authenticated is to be submitted.

**Note 3:** The documents listed at Sl. No. 1,2,3,5,7 & 9 must be submitted online during online bid submission or else the bid would be liable to be summarily rejected.

**Note 4:** After opening of the technical bids, if it is found that any of the documents required to be submitted with the bids is wanting, WBMSCL shall reserve the right to allow late submission of such document at its discretion within a specified time limit.

<b>Non statutory documents to be submitted under My Document</b>				
<b>Sl. No.</b>	<b>Activity</b>	<b>Yes/No/NA</b>	<b>Page No in the Bid</b>	<b>Remark</b>
1	PAN Card			
2	15 – digit Goods and Services Taxpayer Identification Number (GSTIN) and CDSCO Certificate / Registration / License to be submitted.			
3	Performance Statement Form (For the period of last three calendar years ending December 2023) - Form 6 of Section V 1. Submitted document should be supported with Work order / supply order copy 2. Proof of installation (Installation certificate / Service			

	report duly signed by the hospital / healthcare facility) against the work order  OR  Proof of payment against supply and installation against the work order  that the bidder have supplied medical equipment in Hospitals in India during the last 3 (three) calendar Years			
4	Income Tax returns for assessment year ( 2019-20, 2020-21,2021-22 or 2020-21,2021-22,2022-23 )			
5	Tender Form as per Form 1			
6	Manufacturer's Authorization (If applicable) as per Form 5 of Section V			
<b>BID - A</b>				
Sl. No.	Activity	Yes/No /NA	Page No in the Bid	Remark
7	Earnest Money Deposit (EMD) (Copy of receipt of online submission of EMD)			
<b>BID - B</b>				
Sl. No.	Activity	Yes/No/NA	Page No in the Bid	Remark
8	Model of the equipment offered for (Self Declaration) with Technical Data Sheet			
9	Comparative Data Table of the Technical Specifications (Form No. 4 of Section V)			
10	1 sets of Brochure of the offered product / model.			
11	CE ("Conformite Europeene") from European Union notified body having 4 digit identification number/ US FDA (as applicable)/CE ("Conformité Européene") Certificate should be from EU Notified Bodies authorized to conduct audits/BIS (Bureau of Indian Standards) as per technical specifications			
12	Pre-requisites of installation [Power (KVA, Phase, Hz) and any other requirement, if any]			
13	Average Annual Turnover of the Company in medical equipment division during the last 3 Financial Years ( 2019-20, 2020-21,2021-22 or 2020-21,2021-22,2022-23 ) (in INR) - to be certified by practicing Chartered Accountant as per format given in <b>FORM 9</b>			
14	<b>Form 10:</b> Declaration of Quality Certification of Equipment (as applicable)			

**Amendment-IV**

**Form 9: 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 (2019-20, 2020-21, 2021-22 or 2020-21, 2021-22, 2022-23) is Rs..... as per the Audited Accounts of the Organization.**

Signature and seal of Chartered Accountant with MRN

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