



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 equipments for setting up of Sports Medicine unit at
IPGME&R and SSKM Hospital of the Govt. of West Bengal
[3rd call of bid reference no. WBMSCL/NIT-383/2021, (Schedule- IV, IX &XIII); Dated-25.11.2021]

Bid Reference No.: WBMSCL/NIT-147/2022

Dated-13.04.2022

Amendment-IV

REVISED CHECKLIST

Non statutory documents to be submitted under <u>My Document</u>				
Sl. No.	Activity	Yes/No/NA	Page No in the Bid	Remark
1	PAN Card			
2	15 – digit Goods and Services Taxpayer Identification Number (GSTIN)			
3	Performance Statement Form (For the period of last three calendar years ending December 2020) - 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 (2018-19, 2019-20, 2020-2021)			
5	Tender Form as per Form 1			
6	Manufacturer's Authorization (If applicable) as per Form 5 of Section V			
BID - A				
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)			
BID - 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			
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 (2018-19, 2019-20, 2020-2021) (in INR) - to be certified by practicing Chartered Accountant as per format given in FORM 9			
14	Form 10: Declaration of Quality Certification of Equipment (as applicable)			