

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 Prosthetics and Orthotics Workshop at IPGME&R and SSKM Hospital
(Discipline- Prosthetics and Orthotics Workshop)

(Submission of Bid through *online*)

Bid Reference No.: WBMSCL/NIT-477/2023 Dated-14.08.2023

Amendment-II

E. Submission and Opening of Bids

- 32. The following are to be submitted:
 - i) Non statutory documents to be submitted under My Document (Each sub-category item should be in multiple page single PDF file)

Guidelines for uploading documents in My Document:

Sl	, ,	Sub - Category Name	Document Name	
1	CERTIFICATE S	CERTIFICATE S	a) b)	PAN Card 15 – digit Goods and Services Taxpayer Identification Number (GSTIN)

Sl. No.	Category Name	Sub - Category Name	Document Name	
2	CREDENTIAL	CREDENTIAL	Performance Statement Form (For the period of last three calendar years ending December 2021) - Form 7 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	
3	DECLARATIO N	DECLARATIO N1	Income Tax returns for assessment year (2018-19, 2019-20, 2020-21)	
		DECLARATIO N2	Tender Form as per Form 1	
4	EQUIPMENT	MACHINERIE S	Manufacturer's Authorization (If applicable) as per Form 5 of Section V	

(ii) Statutory Documents(a) BID - A (Should be in multiple page single PDF file)

EMD (Scanned copy of the instrument through which EMD have been submitted) in online

(b) BID - B (Should be in multiple page single PDF file)

1	Model of the equipment offered for (Self Declaration) with Technical Data Sheet			
2	Comparative Data Table of the Technical Specifications (Form No. 4 of Section V)			
3	1 set of Brochure of the offered product / model.			
4	European CE (4 digit notified body)/ US FDA/ BIS standard as per technical specifications			
5	Pre-requisites of installation [Power (KVA, Phase, Hz) and any other requirement, if any]			
6	Average Annual Turnover of the Company in medical equipment division during the last 3 Financial Years (2018–19, 2019–20, 2020–21) (in INR) - to be certified by practicing Chartered Accountant as per format given in FORM 9			
7	Form 10: Declaration of Quality Certification of Equipment (as applicable)			