



## 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

**Selection of agency for comprehensive maintenance of Bio-Medical equipment at all the Medical Colleges & Hospitals, District Hospitals, Sub Divisional Hospitals, State General Hospitals, Block Primary Health Centres, Rural hospitals, Primary Health Centres, Sub Centres, Urban Primary Health Centre and other Health Units fallen in the Administrative Division of Health and Family Welfare Department under Government of West Bengal  
(Submission of Bid through *online*)**

**Bid Reference No.: WBMSCL/NIT-267/2023**

**Dated-23.05.2023**

## Amendment VIII pg 63

### **"Bank Guarantee Format"**

**(EMD in the form of bank guarantee to be submitted by the bidders in this format)**

Prescribed format for Performance Bank Guarantee by the Bank

INDIAN NON JUDICIAL STAMP PAPER OF RS. 100

Bank Guarantee No:

Date:

Expiry Date:

Amount of Bank Guarantee: Rs..... (Rupees.....) only.

To

Managing Director,

West Bengal Medical Services Corporation Limited

Swasthya Sathi Building, Swasthya Bhawan Campus,

GN-21, Salt Lake, Sector-V,

Kolkata- 700 091.

Whereas.....(name of the firm)..... hereinafter all the supplier as undertaken in pursuance of NIT No ..... , dated ..... to supply of the approved items hereinafter called the 'contract'.

And whereas we have agreed to give the supplier a Guarantee.

Therefore, we have affirm that we are the guarantors and responsible to you , on behalf of the supplier up to a total of Rs. ....(Rupees ..... ) only and we undertake to pay you upon your first written demand declaring that supplier to be in default under the contract and without cavil or arguments, any sums within the limit of Rs. ....( Rupees.....) only as aforesaid, without your needing to prove or to show grounds of reasons for demand or the sum specified therein.

The following Account should be treated as the Pooling Account of the Bank Guarantee:

- a) Bank Name : **ICICI Bank ;**
- b) Branch name : **Salt Lake, Kolkata ;**
- c) Beneficiary name : **WEST BENGAL MEDICAL SERVICES CORPORATION LIMITED ;**
- d) Account No : **105605003391 ;**
- e) IFSC Code : **ICIC0001056**

Notwithstanding anything contained therein before,

1. Our liability under the Bank Guarantee shall not exceed Rs. ....(Rupees ..... ) only
2. This Bank Guarantee shall be remain valid upto..... and claim period upto ..... (i.e. one year after valid date).
3. Our liability to make payment shall arise and we are liable to pay the guarantee amount or any part thereof under this guarantee only and if you serve upon us a written claim or demand in terms of the guarantee on or before .....( expiry date).

We, .....( name of the Bank with code No. ) lastly undertake not to revoke this guarantee during its currency except with the previous consent of the government, in writing. Dated...

For Bank Authority:-

1. Signature :
2. Name :
3. Designation with seal :
4. CBPA NO :
5. Guarantee Bond No. :

Signature of the Branch Manager with Bank's seal