



Notice Inviting Tender

West Bengal Medical Services Corporation Limited

Swasthya Sathi

GN-29, Salt Lake, Sector-V

Kolkata-700091

Phone No (033) 40340307/320

Email: procurement@wbmsc.gov.in

SUPPLY AND COMMISSIONING OF DIFFERENT TYPES OF ONCOLOGY EQUIPMENT IN THE MEDICAL COLLEGES OF THE GOVERNMENT OF WEST BENGAL
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Bid Reference No.: WBMSCL/NIT-468/2023

Dated - 11.08.2023

(Submission of Bid through *online*)

2nd call of Bid Reference No.: WBMSCL/NIT-239/2023, Dated-11.05.2023

Amendment-IV

Form 3(b) in Section-V of the Bidding Documents (Bidding Forms) is to be replaced with the following Form 3(b):



West Bengal Medical

Services Corp. Ltd.

Form 3b: Satisfactory Installation Certificate (SIC)

Bid Reference :

Award of Contract Reference :

Description of Equipment/Service :

Date of Commissioning :

This is to certify that the equipment(s) as detailed below has/have been received in good condition along with all the standard and special accessories, consumables, set of spares in accordance with the contract/technical specification of the equipment and site preparation including interiors as per bid document.

Details of equipment, accessories, consumables, spares, etc

Sl	Description	Quantity	Serial No. / Part No.
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

In case of space deficiency, another sheet with the same format can be annexed.

The supplier has also submitted the following,

1. Tools for maintenance
2. Detailed operation and maintenance manual both in hard and soft copy for each item of supply at each location

The proving test has been done to our entire satisfaction. The equipments, its accessories and ancillaries of the site preparation including interiors is functioning satisfactorily and faultlessly

Declaration by Unit Head (HOD/MO-IC/Others):

Sticker designed by WBMSCL is fitted with the equipment ☐ Yes ☐ No

Signature with stamp:

P.T.O. →

The following operators/ end users have been trained to operate the equipment(s),

Sl	Name	Designation	Contact No	E-mail ID (In CAPS)	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					
12					
13					
14					
15					

In case of space deficiency, another sheet with the same format can be annexed.

Countersigned by the head of the institute/ hospital:

Signature_____

Name _____

Designation with Stamp _____

Date _____

Phone No_____

Signature of Unit Head:

(HOD/MO-IC/Others)

Name (in Block):

Designation with Stamp: