

**REF No: CSVTU/TEQIP/QUOTATION/2019-20/04**



**Chhattisgarh Swami Vivekanand Technical University, Bhilai  
(State Government owned)**

Address: Newai, Bhilai, Chhattisgarh 491107

Phone: 0788 220 0062,

Website: <http://www.csvtu.ac.in>

Email: [teqip3.csvtu@gmail.com](mailto:teqip3.csvtu@gmail.com)

**QUOTATION FOR THE SUPPLY OF PORTABLE ECG MACHINE FOR RESEARCH HUB  
TO CHHATTISGARH SWAMI VIVEKANAND TECHNICAL UNIVERSITY, BHILAI**

**YEAR 2019-20**

**LAST DATE FOR SUBMISSION OF QUOTATION: 15/07/2019 (Time: 5:00PM)**

## QUOTATION DOCUMENT

### Important Dates

| Sr. No. | Particulars                          | Date                             |
|---------|--------------------------------------|----------------------------------|
| 1       | Date of quotation Publication        | <b>08/07/2019</b>                |
| 2       | Document Download Start Date         | <b>08/07/2019</b>                |
| 3       | Closing date and time for Submission | <b>15/07/2019 (Time 5:00 PM)</b> |
| 4       | Opening of quotation                 | <b>16/07/2019 (Time 1:00 PM)</b> |

### ELIGIBILITY CRITERIA & TECHNICAL CRITERIA

Sealed quotations are invited from intending original manufacturer / Authorized dealer / Distributors having GST/ relevant documents for supply of Portable ECG Machine at CSVTU Bhilai, should be submitted to CSVTU, Newai, Bhilai distt. Durg (C.G.)

| S.N. | Item name | Qty. | HSN | Make/Model | Unit Price(Rs.) | GST(%) | Unit Price incl GST | Total (Rs.) |
|------|-----------|------|-----|------------|-----------------|--------|---------------------|-------------|
| 1.   |           |      |     |            |                 |        |                     |             |
|      |           |      |     |            |                 |        |                     |             |

(Above table will be price bid)

### Terms & Condition:

1. Rate should be mentioned in word and figures both.
2. Taxes/GST, if any (Should be clearly mentioned).
3. Turnover:- Minimum average turnover of 3 years must be 5 times of quoted price.
4. No any additional documents related to this quotation will be entertained after opening of quotation.
5. Price should be F.O.R. Destination basis.
6. LD @ 0.5% of delayed supply per week or part of week for delay of supply of material subject to maximum up to 10% of delayed supply should be deducted.
7. Quotation No/Name and Due date of opening must be written on top of the envelop.

8. 90% payment against received and acceptance of material and 10% after performance satisfactory.

9. No claim will be entertained regarding interest on any payment.

10. Where there is a statutory requirement for tax deduction at source, such deduction towards income tax and other tax as applicable will be made from the bills payable to the Supplier at rates as notified from time to time.

11. No payment shall be made for rejected stores. Rejected equipment's must be removed by the supplier within 15 days of the date of issue of rejection advice at their own cost & replace immediately. In case these are not removed these will be auctioned at the risk and responsibility of the suppliers without notice.

12. Brand and make should be clearly mentioned in offer as well as quotation specific authorization may be submit with the offer/Bid.

13. GST rate applicable on your quoted item may please be confirmed. HSN code for each item should be clearly mentioned.

14. The GST registration details may please be furnished.

16. CSVTU reserves the right to place the order for full or part quantity to one or more items.

17. Validity of offer should not be less than 60 days.

18. Supply, installation and commissioning will be done by firm (if applicable).

19. Minimum warranty should not less than one year.

20. Delivery Schedule – within 30 days from the date of issue of PO.

21. CSVTU reserves the right to accept or reject any or all the quotation in part or in full, without assigning any reason thereof.

22. Firm neither blacklisted by any Central/State Government/Public Undertaking/institute nor is any criminal case registered / pending against the firm or its owner / partners anywhere in India.  
Annexure-II

23. Specification as per Annexure-I.

### Checklist for Bidder

| Sr. No. | Document to be submitted                             | Original manufacturer | Authorized dealer / Distributors | MSME / NSIC firm | Remark              |
|---------|--|-----------------------|----------------------------------|------------------|---------------------|
| 1.      | Manufacturing Certificate                            | ✓                     | NA                               | NA               |                     |
| 2.      | Authorization certificate from Original manufacturer | NA                    | ✓                                | ✓                |                     |
| 3       | GST Certificate                                      | ✓                     | ✓                                | ✓                |                     |
| 4       | Turnover Certificate                                 | ✓                     | ✓                                | NA               | As per Annexure-II  |
| 5       | Self declaration certificate                         | ✓                     | ✓                                | ✓                | As per Annexure-III |
| 6       | Purchase Order Details                               | ✓                     | ✓                                | NA               | As per Annexure-IV  |



|  |  |  |   |
|--|--|--|---|
|  |  |  | <p>±5 BPM</p> <p>Display more than 4 inch Color TFT LCD with 480 x 272 pixel resolution; 65k Color</p> <p>Startup Time 3 to 5 seconds</p> <p>Record Storage Min 200 ECGs in internal memory</p> <p><b>RECORDING</b></p> <p>Recording System Thermal printer</p> <p>Paper Transport Speed 5 mm/sec or 12.5 mm/sec or 25mm/sec or 50 mm/sec</p> <p>Print Channel 3 Channel + 1 Rhythm or 3 Channel;</p> <p><b>PC CONNECTIVITY</b></p> <p>Paperless Workflow ECG Data Export feature to multiple formats enables this specification</p> <p>PC Connectivity over USB (Optional) Real-time ECG transfer to PC</p> <p><b>STANDARD ACCESSORIES (2 Sets each item)</b></p> <p>Patient Cable 1 No.</p> <p>Limb Electrodes 4 Nos.</p> <p>Chest Electrodes 6 Nos.</p> <p>Thermal Paper Roll 1 No.</p> <p>Cardijelly Bottle 1 No.</p> <p>User Manual 1 No.</p> <p>Earth cable 1 No.</p> <p>Power Cord 1 No.</p> |
|--|--|--|---|

**Annexure-II**

**Annual Turnover Certificate**

**(Letterhead of firm)**

**To,**

**The Registrar,  
CSVTU, Bhilai (C.G.)**

| <b>Criteria</b>                       |                       |                        | <b>Remark</b>                                    |
|---------------------------------------|-----------------------|------------------------|--|
|                                       | <b>Financial year</b> | <b>Turnover in Rs.</b> |  |
| Bidder's<br>Annual<br>Turnover<br>for | 2017-18               |                        | Supporting<br>Documents<br>are to be<br>attached |
|                                       | 2016-17               |                        |  |
|                                       | 2015-16               |                        |  |

Date:

Authorized Signatory & seal

**Annexure -III**

**SELF DECLARATION CERTIFICATE**

(Letterhead of firm)

I hereby certify that the firm neither blacklisted by any Central/State Government/Public Undertaking/institute nor is any criminal case registered / pending against the firm or its owner / partners anywhere in India. I also certify that the above information is true and correct in any every respect and in any case at a later date it is found that any details provided above are incorrect, any contract given to the above firm may be summarily terminated and the firm blacklisted.

Date:

Authorized Signatory

Place:

Name:

Designation:

Seal:

Contact No.:



**Annexure –IV**

**Purchase Order Details**

| <b>S. No.</b> | <b>Criteria</b>  | <b>Name of the Purchaser &amp; PO date</b> | <b>Remark</b>                           |
|---------------|--|--|---|
| 1             | List of Purchase Order / Work Order where the similar type of Work executed by you during the last 3 years |  | Supporting Documents are to be attached |
| 2             |  |  |   |
| 3             |  |  |   |

Date:

Authorized Signatory

Name:

Place:

Designation: