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U.T.ADMINISTRATION OF DNH & DAMAN AND DIU
OFFICE OF THE DEPUTY DIRECTOR, DMHS/ CHIEF MEDICAL OFFICER, DAMAN
COMMUNITY HEALTH CENTRE, MOTI DAMAN
EMAIL ID: ghddmn@gmail.com

No. DMHS/DMN/DD/AMC-X-RAY/QUOTE/2024-25/ 863

DATED:20.09.2024

Sub: Quote Notice for AMC of Fixed X-ray Machine (Model- Heliophos)

Quotation is hereby invited by the office of the Deputy Director, DMHS/ Chief Medical Officer, Daman for the following

Sr. No.	Equipment Name	Scope	AMC Rate per Unit (incl. GST)	Amount (incl. GST)
1	Fixed X-ray Machine (Model- Heliophos)	AMC Duration-One Year	Rs.	Rs.

TERMS AND CONDITIONS:

01. The rate should be quoted inclusive of all taxes, Transport charge, labour charges except the Spare and consumables. No extra charges for emergency visit charges etc will be paid on the rates quoted.
02. The rate should be quoted only for the specified scope of work as per the list of requirement.
03. The bidder should provide 4 preventive service and unlimited breakdown calls during the year and attend calls within 48 hour after call log.
04. The sealed quotations should be super scribed by words "Quotations for the AMC of Fixed X-ray Machine used at CHC, Moti Daman" and sealed quotations should to be sent to the office of Deputy Director, DMHS/ Chief Medical Officer, Daman, CHC Moti Daman, Fort Area, Moti Daman-396220.
05. The bidder should submit copy of PAN card and GST certificate along with the quotation.
06. Quotations should reach in the office of Deputy Director, DMHS/ Chief Medical Officer, Daman, CHC Moti Daman, Fort Area, Moti Daman-396220. before 30.09.2024 at 3:00 pm and same will be opened on the same day at 4:30 pm if possible.
07. The Payment will be made half yearly only after satisfactory work and submission of service report.
08. The undersigned has the right to accept or reject the quotation.



Deputy Director, DMHS/
Chief Medical Officer,
Daman