

OFFICE OF THE DIVISIONAL MANAGER, CTU & DIRECTOR TRANSPORT, U T, CHANDIGARH.  
(Plot No. 701, Industrial Area, Phase I, Chandigarh)

QUOTATION NOTICE

Ref. No. SPA/CTU/2018/8108

Dated : 29/8/18

Chandigarh Transport Undertaking, Chandigarh invites quotations in sealed cover from the firm/companies/authorized dealer/distributors/stockist/supplier for purchase of following First Aid Kit with Medicine (as per list given below) for buses of CTU, Chandigarh. The offer/price bid form and detail terms and condition of the quotation can be downloaded from the website of CTU Chandigarh or can also be obtained from the office of the undersigned as free of cost. The detail of First Aid Kit with Medicine with quantity required is as under:-

| Sr. No             | Nomenclature/<br>Name of the Item  | Size/ Part No/<br>Specifications | Quantity<br>Required |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
|--------------------|--|----------------------------------|----------------------|-------------------|---------|------------------|---------|--------------------|---------|--------------------|---------|--------------|--|--------------|--------|-----------------|-------|----------------|---------|-------------|--------|--------------|--------|----------|--------|-----|----------|
| 1                  | First Aid Kit With following Medicine:-<br><br><table border="0"><thead><tr><th>Items</th><th>Qty</th></tr></thead><tbody><tr><td>Moov/Diclofence -</td><td>01 nos.</td></tr><tr><td>Burn Heal Cream-</td><td>01 nos.</td></tr><tr><td>Betadine/Cipladine</td><td>01 nos.</td></tr><tr><td>Tab. Paracetamol,-</td><td>10 nos.</td></tr><tr><td>Nimuselide &amp;</td><td></td></tr><tr><td>Paracetamol-</td><td>10 nos</td></tr><tr><td>Dettol Liquid--</td><td>01 pc</td></tr><tr><td>Cotton Bandage</td><td>02 nos.</td></tr><tr><td>Micro Pore—</td><td>01 nos</td></tr><tr><td>Cesar Small-</td><td>01 nos</td></tr><tr><td>Cotton--</td><td>01 nos</td></tr></tbody></table> | Items                            | Qty                  | Moov/Diclofence - | 01 nos. | Burn Heal Cream- | 01 nos. | Betadine/Cipladine | 01 nos. | Tab. Paracetamol,- | 10 nos. | Nimuselide & |  | Paracetamol- | 10 nos | Dettol Liquid-- | 01 pc | Cotton Bandage | 02 nos. | Micro Pore— | 01 nos | Cesar Small- | 01 nos | Cotton-- | 01 nos | NPN | 500 Nos. |
| Items              | Qty  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Moov/Diclofence -  | 01 nos.  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Burn Heal Cream-   | 01 nos.  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Betadine/Cipladine | 01 nos.  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Tab. Paracetamol,- | 10 nos.  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Nimuselide &       |  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Paracetamol-       | 10 nos   |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Dettol Liquid--    | 01 pc  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Cotton Bandage     | 02 nos.  |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Micro Pore—        | 01 nos   |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Cesar Small-       | 01 nos   |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |
| Cotton--           | 01 nos   |                                  |                      |                   |         |                  |         |                    |         |                    |         |              |  |              |        |                 |       |                |         |             |        |              |        |          |        |     |          |

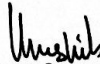
**Note: The quantity of the material can be increased/decreased as per demand/actual consumption of the department.**

For this purpose, the Quotations are invited from the Firms/Companies/ Distributor/Dealers/Suppliers etc. (who is capable) for the supply of above said items. The Firms/Companies/Distributor/Dealers/Suppliers are required to quote their best rates including all taxes/duties/GST (Landed Rate) on the prescribed Performa enclosed with this notice.

The quotations in sealed cover super scribed in bold letters "QUOTATION FOR THE SUPPLY OF FIRST AID KIT WITH MEDICINE" should be sent in the office of Divisional Manager, CTU & Director Transport, UT, 701, Industrial Area, Phase I, Chandigarh by hand/Registered post so as to reach on or before Chandigarh on or before 10.09.18 upto 2.00 PM. The said quotations will be opened in the presence of the representatives of the firms/companies/ distributors/dealers/suppliers whosoever wishes to be present on the **same day at 3.30 P.M.**


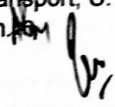
Quotations received late from the stipulated date and time shall not be considered and shall be rejected out rightly.

The undersigned reserves every right to (a) cancel / withdraw / amend the advertisement or extend the due date at his sole discretion or (b) accept or reject any quotation without assigning any reason.

  
Assistant Controller (F&A)  
For Divisional Manager, CTU &  
Director Transport, U.T.,  
Chandigarh.

**TERMS AND CONDITIONS FOR THE SUPPLY OF MATERIAL/ FIRST AID KIT WITH MEDICINE.**

1. The rates quoted should be F.O.R. destination i.e. Main Store of CTU Depot No.1, Workshop, Industrial Area, Phase I, Chandigarh or the place designated by this office, specifically mentioned and it must include all Taxes, packing, forwarding, fitting to use the Items along with warranty period.
2. Every quotation shall be valid for six months from the date of issue of rate acceptance letter.
3. Standard material of same Make as mentioned in the column of "Make of the Item" will only be accepted as approved by the inspection committee constituted for the purpose.
4. The successful bidder shall supply the items (as per requirement) to office of Director Transport, UT, Chandigarh (main store Depot No.1 or place designated by the office) within seven days from the date of the purchase order issued by this office, failing which, the said items will be purchased from the other sources without any intimation and at the risk/cost of the successful bidder.
5. Un-standard item will be returned at bidder's risk and cost or it may be kept in our depot workshop at bidder's risk and bidder will have to make replacement of these items within seven days, failing which, the recovery will be made from the payment of bills.
6. Incomplete/conditional quotations will not be entertained.
7. All the documents/GRs must be sent direct to this office. The payment will be made through bank draft/RTGS.
8. Payment will be made within 45-60 days from the date of receipt the material in the CTU in good condition and duly checked by the inspection committee.
9. The successful bidder is required to attend any type of repair/defect during guarantee/warranty/validity period immediately after getting complaint call from the department without any charges.
10. Any conditional terms and conditions mentioned by the firm in their covering letter or in the tender documents will not be considered.

  
Assistant Controller (F&A)  
For Divisional Manager, CTU &  
Director Transport, U.T.,  
Chandigarh. 

**OFFER / PRICE BID**

The undersigned \_\_\_\_\_ M/s. \_\_\_\_\_ S/o Shri \_\_\_\_\_ of which I am a partner /proprietor/Director/Manager/ Partner \_\_\_\_\_ (please tick mark) hereby submit my offer as under: -

1. I am duly authorized to submit this Offer/Price Bid.
2. I have read all the Terms and Conditions etc., in detail and on the basis of my full study of the above mentioned terms and conditions and the Quotation Notice, I undertake to supply the material exactly in accordance with the above said terms and conditions.
3. I undertake that I/my firm/company has not been blacklisted by the Department of Govt. of India or any State Govt. or any Union Territory or any Public undertaking.

| Sr. No.                      | Nomenclature/<br>Name of the Item  | Size/ Part No./<br>Make | Rate quoted per pc/<br>unit including all<br>taxes/ duties &<br>landed rate in<br>figures (in Rs.) | Rate quoted per pc/<br>unit including all<br>taxes/ duties &<br>landed rate in words<br>(Rs.) |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
|------------------------------|--|-------------------------|--|---|---------|------------------|---------|--------------------|---------|--------------------|---------|------------------------------|--------|-----------------|-------|----------------|---------|-------------|--------|--------------|--------|----------|--------|-----|--|--|
| 1                            | First Aid Kit With following<br>Medicine:-<br><table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Items</th> <th style="text-align: right;">Qty</th> </tr> </thead> <tbody> <tr> <td>Moov/Diclofence -</td> <td style="text-align: right;">01 nos.</td> </tr> <tr> <td>Burn Heal Cream-</td> <td style="text-align: right;">01 nos.</td> </tr> <tr> <td>Betadine/Cipladine</td> <td style="text-align: right;">01 nos.</td> </tr> <tr> <td>Tab. Paracetamol,-</td> <td style="text-align: right;">10 nos.</td> </tr> <tr> <td>Nimuselide &amp;<br/>Paracetamol-</td> <td style="text-align: right;">10 nos</td> </tr> <tr> <td>Dettol Liquid--</td> <td style="text-align: right;">01 pc</td> </tr> <tr> <td>Cotton Bandage</td> <td style="text-align: right;">02 nos.</td> </tr> <tr> <td>Micro Pore—</td> <td style="text-align: right;">01 nos</td> </tr> <tr> <td>Cesar Small-</td> <td style="text-align: right;">01 nos</td> </tr> <tr> <td>Cotton--</td> <td style="text-align: right;">01 nos</td> </tr> </tbody> </table> | Items                   | Qty  | Moov/Diclofence -   | 01 nos. | Burn Heal Cream- | 01 nos. | Betadine/Cipladine | 01 nos. | Tab. Paracetamol,- | 10 nos. | Nimuselide &<br>Paracetamol- | 10 nos | Dettol Liquid-- | 01 pc | Cotton Bandage | 02 nos. | Micro Pore— | 01 nos | Cesar Small- | 01 nos | Cotton-- | 01 nos | NPN |  |  |
| Items                        | Qty  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Moov/Diclofence -            | 01 nos.  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Burn Heal Cream-             | 01 nos.  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Betadine/Cipladine           | 01 nos.  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Tab. Paracetamol,-           | 10 nos.  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Nimuselide &<br>Paracetamol- | 10 nos   |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Dettol Liquid--              | 01 pc  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Cotton Bandage               | 02 nos.  |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Micro Pore—                  | 01 nos   |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Cesar Small-                 | 01 nos   |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |
| Cotton--                     | 01 nos   |                         |  |   |         |                  |         |                    |         |                    |         |                              |        |                 |       |                |         |             |        |              |        |          |        |     |  |  |

Signature of the Bidder \_\_\_\_\_  
 Name of the Bidder \_\_\_\_\_  
 (With Rubber Stamp)  
 Address \_\_\_\_\_  
 Mobile No. \_\_\_\_\_  
 Tel No. \_\_\_\_\_  
 PAN/TAN NO. \_\_\_\_\_  
 GST No. \_\_\_\_\_  
 E-Mail ID \_\_\_\_\_

**NOTE:-**

1. The bid should be unconditional. Conditional bids shall be out-rightly rejected.
2. There should not be any cutting or overwriting in the Offer/Price Bid form. Photo copy/typed form can also be used in case of damage or cuttings etc.
3. In case of difference in the bid amount expressed in figures and words, the amount expressed in words will be considered.