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MUMBAI DISTRICTS AIDS CONTROL SOCIETY

Established by

BRIHANMUMBAI MUNICIPAL CORPORATION



Regd. No. 891/980

MDACS /Quo/ 18 / PO-Prevention

Date: /o . 09. 2025

To,

Dear Sirs,

Sub: Invitation of quotation for procurement of Hepatitis consumables under NVHCP program.

You are invited to submit your most competitive quotation for the following:

Sr. No.	Description	Qty	Specifications
1	Yellow gel tube – 5ml(1 box – 100pcs)	200	
2	Hand Sanitizer 200 ml	100	Separate sheet attached
3	Black Bags- 1 pac 30 bags	30	
4	Red Bags- 1 pac 30 bags	30	
5	Yellow Bags- 1 pac 30 bags	30	
6	Blotting paper (100 sheets per roll)	200	
7	Cotton Bundles 1 roll 500 gm	100	

1. Bid Price

- a. The contract shall be for the full quantity as described above. Corrections, if any, shall be made by crossing out
- b. All duties, taxes and other Levis payable on the raw materials and components shall be included in the total price.
- c. GST in connection with the sale shall be shown separately.
- d. The rates quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
- e. The Prices shall be quoted in Indian Rupees only.
- 2. Each bidder shall submit only one quotation.

3. Validity of Quotation

Quotation shall remain valid for a period not less than 45 days after the deadline date specified for submission. The withdrawal of the offer before validity period will entail forfeiture of EMD.

4. Evaluation of Quotations

The Purchaser will evaluate and compare the quotations determined to be substantially responsive i.e. which are

- a) properly signed; and
- b) Conform to the terms and conditions and specifications.

The quotations would be evaluated for each item separately.

Keep the Promise

GST in connection with sale of goods shall be taken into account in evaluation.

5. Award of Contract

The Purchaser will award the contract to the bidder whose quotation has been determined to be substantially responsive and who has offered the lowest evaluated quotation price.

- 5.1 Notwithstanding the above, the Purchaser reserves the right to accept or reject any quotations and to cancel the bidding process and reject all quotations at any time prior to the award of contract.
- 5.2 The bidder whose bid is accepted will be notified of the award of contract by the Purchaser prior to expiration of the quotation validity period. The terms of the accepted offer shall be incorporated in the purchase order
- 6. Payment shall be made within 30 days from the receipt of bill along with report of the delivery with stamp and signature of authorized person as acknowledgement.
- 7. As per prevailing rules TDS / SGST / CGST will deducted at source towards income tax / SGST / CGST from all the bills submitted to the department. The TDS / SGST / CGST certificate shall be generated on line by Finance section of Mumbai Districts AIDS Control Society.
- 8. Purchaser reserves the right at the time of contract award to increase or decrease the quantities indicated above by 25% without any change in the unit price or any other terms and conditions.
- 9. Normal commercial warranty / guarantee shall be applicable to the supplies goods.
- 10. The quotation should be sealed with wax.
- 11. Incomplete, irregular, unsealed, unsigned and Quotations received after the due date and time will not be considered.
- 12. The Quotationers must fill up the rates in the format given along with the Quotations notice. The quotation must be stamp and signed by authorized person. If it is filled up in any other format, the same shall be rejected outright.
- 13. The Quotationers must submit the EMD of Rs. 12,590/- by Demand Draft, Banker's cheque, Bank Guarantee from any bank or payment online in an acceptable form. The Demand Draft should be drawn in favor of Mumbai Districts AIDS Control Society. The withdrawal of the offer before validity period will entail forfeiture of EMD. The EMD should be paid up one day prior to the opening of the Quotation. A copy the EMD Receipt should be kept should along with quotation. EMD Receipt no. should be mentioned on the Envelope.
- 14. Notwithstanding the above, the MDACS reserves the right to accept or reject any quotations and to cancel the bidding process and reject all quotations at any time prior to the award of the contract without assigning any reason.
- 15. Copy of GST Certificate & PAN card should be submitted.
- 16. The Quotationers must paginate the quotation properly.

17. Performance Security:

The successful bidder will have to pay 5% as Security Deposit by Demand Draft, Banker's cheque or bank guarantee from any bank or payment online in on acceptable form only within 15 days on receipt of the purchase order. If they fail to pay the Security Deposit within stipulated period, the contractor will be charged extra Rs. 100/- as a penalty.

Security Deposit will be refunded after two months from completion of satisfactory warranty period.

18. Penalty

- a. For delay supply $-\frac{1}{2}$ % per week or part thereof after the expiry of the delivery period subject to maximum 10%.
- b. Failure of the supply Earnest Money Deposit cum contract deposit will be forfeited and the material will be purchased at the risk and cost of the suppliers.
- c. Variation in specification material will be rejected and cost of the said material will be recovered from the supplier.
- 19. Last Date and time of receipt of quotations:

The Quotationers must fill up the rates in the format given along with the Quotations notice. Quotationers should submit their sealed Quotation in sealed envelope sealed with sealing wax duly super-scribed on the envelope as "Invitation of quotation for procurement of Hepatitis consumables under NVHCP program." due on 19.09.2025 latest by 1.00 p.m. which will be opened on the due date at 3.00 p.m.

- 20. Quotations will be opened in the presence of the bidders or their representative who choose to attend at 3.00 pm on 19.09.2025 in the office of the Mumbai Districts AIDS Control Society, Wadala, Mumbai 400 031
- 21. We look forward to receiving your quotations and thank you for your interest in this project.

JD (Prevention)

MDACS

DD (Procurement)

MDACS

Addl. Project Director (I/c)

MDACS

Specifications & Terms and Conditions

Sr.	Doscription	Pack Size	Qty	
No.	Description	Fack Size	Qty	
1	Yellow gel tube	5ml(1 box – 100pcs)	200	
2	Hand Sanitizer	200 ml	100	
3	Black Bags	1 pac 30 bags	30	
4	Red Bags	1 pac 30 bags	30	
5	Yellow Bags	1 pac 30 bags	30	
6	Blotting paper	(100 sheets per roll)	200	
7	Cotton Bundles	1 roll 500 gm	100	

Note:

1) The products should be of good quality.

2) Delivery period – Within 30 days from the receipt of supply order.

Jt. Director (Prevention)

MDACS

FORMAT OF QUOTATION

Sr. No.	Description of Goods	Specification	Pack Size	Name of the Manufactur e	Total Qty (in Packs.)	Unit rate in Rs.	Total amount (in Rs.)	Amount In Words (in Rs.)
1	2	3	4	5	6	8	9	10
01.	Yellow gel tube		5ml (1 box – 100pcs)		200	1		
02	Hand Sanitizer	Separate Sheet attached	200 ml		100			
03	Black Bags		1 pac 30 bags		30			
04	Red Bags		1 pac 30 bags		30			
05	Yellow Bags		1 pac 30 bags		30			
06	Blotting paper		(100 sheets per roll)		200			
07	Cotton Bundles		1 roll 500 gm		100			
	Total Amount							
	GST % (HSN Code:)							
	Gross Total						**	

we agre	ee to	supp	ny the	above	goods II	n accordanc	ce wi	tn tne spe	спіса	tions for a total contract
price	of	Rs.	s <u> </u>			(amount	in :	figures)	Rs.	-
								(amou	nt in '	words) within the period
specifie	d in t	the in	vitatior	n for Qu	otation	S.				
		_								
We here	eby	certify	that y	we have	e taken	steps to e	nsure	that no p	ersor	n acting for us or on our
behalf w	vill e	ngage	in brib	ery.						

Signature of Supplier & Rubber Stamp

INFORMATION TO BE FILLED IN BY THE QUOTATIONER / TENDERER

Sr. No.	Particulars	To be filled by Quotationer / Tenderer						
1	Quotation / Tender No and Date	Tenderer						
2	EMD Amount, Receipt no. and date							
3	Quotationer / Tenderer Firm Name							
4	Quotationer / Tenderer Address							
5	Name of Contact Person and Contact No.	-						
6	E-mail ID							
6	If is proprietary concern if so name of the owner							
7	If it partnership concern Name of Each partner							
8	Partnership deed and copy of registration certificate							
9	If it is company if so the documentary proof to show that the company is registered Name of the Director							
10	Details of the bank							
	1) Name of the bank							
	2) Name of the Branch							
	3) Address of the branch							
	4) Type of bank Account							
	5) Bank account No.							
	6) IFC Code							
	7) MICR Code							
11	Registration under GST Act	Yes / No						
12	GST Registration No.							
13	GST Registration Certificate							
14	The Certificate of PAN documents and Photograph Self-attested							

Bank Details for online EMD & SD Payment MUMBAI DISTRICTS AIDS CONTROL SOCIETY Ackworth Complex, R.A. Kidwai Marg, Wadala (W), Mumbai 400031

Name of the A/c.		MUMBAI DISTRICTS AIDS CONTROL SOCIETY DBS
Name of the Bank		BANK OF BARODA
Name of the Branch		WADALA
RTGS Code no.		BARBOWADALA (5th Character is Zero)
NEFT Code no.		BARBOWADALA (5th Character is Zero)
Saving Bank A/C No.	•	04210100016262

Note:

Kindly submit the details of Transaction ID to mdacs.procurement@gmail.com & mdacs.procurement