



REGISTRATION OF VENDORS

Applications are invited from reputed Manufacturers/ Authorized Distributors etc. for registration as “Registered Vendors” to provide various suppliers/ services to Homi Bhabha Cancer Hospital & Research Centre, New Chandigarh for the following categories. The suppliers/ service providers registered through this notification may receive enquiries from this hospital for purchase/ hiring of suppliers/ services. The various categories under which registration is presently open as here under. The registration is subject to verification of the claimed credentials of the suppliers/ service providers.

Applications are to be sealed in envelope of suitable size & super-scribed ‘**Registration of Vendor- Category *.....***’, addressed to the “ **Administrative Officer III (Purchase & Stores), Homi Bhabha Cancer Hospital & Research Centre , New Chandigarh, Medicity, Plot no.1, New Chandigarh, Mohali, Punjab 140901 Ph. 0160-2810000 Ext No. 3605**” should reach Purchase Department on or before **31 Jul 2024 up to 05:00 PM**

S. No.	Category	Name of the items (Broadly classified under)
1.	A.	Electrical Items & Spares, Motor, Pumps, Electrical works & ELV works
2.	B.	Hardware Items, Tools, Tackles, Batteries Accessories
3.	C.	Chemicals& Reagents
4.	D.	Medicines,Medical/Surgical Consumables
5.	E.	Security, Safety Items, Fire Fighting Equipment. & Appliances
6.	F.	Lab. Chemicals Acid Resistant Items, Glass wear & Sundries
7.	G.	Industrial Paints & Anticorrosive Coatings
8.	H.	Industrial Gases/Medical Gases
9.	I.	Measuring & Process Control Instruments
10.	J.	Pipes & Fittings & Ducts, HVAC works, MGPS works
11.	K.	Industrial Valves & Spares
12.	L.	Material Handling Equipment, Power Transmission System
13.	M.	Industrial Screen Cloth, Perforated Sheets, Curtains, Frosted/ Sun films etc.
14.	N.	Civil Construction Items & Tools, Plumbing & Sanitary items
15.	O.	Thermal Ins. Items (Mineral Wool, Insulation Bricks)
16.	P.	Automobile Equipment & Spares
17.	Q.	Oil & Lubricants, Grease, Transformer Oil, Hydraulic Oil, Welding Generator Oil& Generator Coolant
18.	R.	Workshop Machines, Accessories & Spares
19.	S.	Computers, Office Equipments, Surveillance System Etc
20.	T.	Medical Equipment, Appliances, Instruments, CSSD materials, Surgical instruments, IV Fluids, Ortho implants, Orthoprosthesis Physiotherapy items
21.	U.	Hospital&Office Furnitures
22.	V.	Stationery, Paper & Printing Items
23.	W.	Kitchen items /equipment’s/utensils, Gardening Items, Horticulture Items
24.	X.	Scraps
25.	Y.	Glossaries, Cooking Oil, Spices

26.	Z.	Fruits & Vegetables
27.	AA.	Gardening items, plants& plant seeds
28.	BB.	Toilet/bathroom/floor cleaning liquid, Mop, Broom, Soap liquid etc.
29.	CC.	Photography, Videography & concerned materials
30.	DD.	Mementos, Frames, Certificates, Signage boards, Flex Boards & banners.
31.	EE.	Sports items& Gym Equipment
32.	FF.	Supply of Diesel/petrol/lubricants
33.	GG.	Catering Services
34.	HH.	Tent & light Services
35.	II.	Transportation services

VENDOR CAPABILITY PROFORMA

Details of the Vendor for Company: M/s. _____

Vendor Name:	
Address (Reg) Office:	
Address Factory:	
Telephone No:	Fax No:
Email:	
Contact Person Name:	
Designation:	
Mobile No:	
Types of establishment: Manufacturer/Distributor/Dealer/Trader/Agent	
Constitution of company: Proprietary/Partnership/Limited/Other	
Year of Establishment:	
Items proposed to be supplied to the hospital:	
Name and address of Bankers & Account No.:	
Bank Name:	
Account No.:	
IFSC Code:	
Branch Address:	
Credit limit:	
PAN No:	
Sales Tax registration No or GST No.:	
FDA license No. (if required)	
Factory Act License/SSI Registration/Shops and establishment license No.:	

Commercial Information

Are you in Rate Contract with DGS & D/ Railway/MCGB/BPT/ Any other hospital:		
Principal customers Name and address	Product supplied	Value in Rs. Lacs/ year

Other information

Please enclosed the following:
1. PAN COPY (Must)
2. GST COPY (Must)
3. CANCEL CHEQUE (Must)
4. Balance sheet and P&L A/c for last three years (Must)
5. ITR 3 YEARS (Must)
6. Latest Income Tax Clearance Certificate
7. Copy of Sales Tax Licence, if required
8. Copy of FDA License if required
9. Factories ACT License/SSI Registration/Shops and establishment License

Signature of the Vendor:

Date:

For HBCH&RC, New Chandigarh office use only

Inspection carried out by:
Inspection date:
Vendor Code:
Signature of inspector:
Approved / Rejected by:

AO –III (P&S)

APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILL IN BANK ACCOUNT BY
NEFT

1. NAME OF THE VENDOR :
2. ADDRESS, TELEPHONE NO.
MAIL ID :
3. PARTICULARS OF BANK A/C :
4. BANK NAME :
5. BRANCH NAME :
6. 9 -DIGIT CODE NO OF THE
BANK AND BRANCH APPEARING
ON THE MICR CHEQUE ISSUED
BY THE BANK :
7. NEFT / IFSC CODE :
8. ACCOUNT TYPE
(S.B.A/C – CURRENT A/C –
OR CASH CREDIT) :
9. LEDGER NO. / LEDGER FOLIO NO. :
10. ACCOUNT NUMBER
(AS APPEARING ON THE CHEQUE BOOK) :
11. PAN NO. :

I HEREBY DECLARE THAT THE PARTICULARS GIVEN ABOVE ARE CORRECT AND COMPLETE. IF THE TRANSACTION IS DELAYED OR NOT EFFECTED AT ALL FOR REASONS OF INCOMPLETE INFORMATION, I WOULD NOT HOLD THE USER INSTITUTION RESPONSIBLE. I HAVE READ THE OPTION INVITATION LETTER AND AGREE TO DISCHARGE THE RESPONSIBILITIES OF ME AS A PARTICIPANT UNDER THE SCHEME.

SIGNATURE OF THE INVESTOR/ CUSTOMER

CERTIFIED THAT THE PARTICULARS FURNISHED ABOVE ARE CORRECT AS PER RECORDS.

SIGNATURE OF THE AUTHORISED /
OFFICIAL FROM THE BANK/INVESTOR/ CUSTOMER

BANK'S STAMP:

DATE: