

## अनुबंध | Contract



अनुबंध क्रमांक | Contract No: GEMC-511687746190608

अनुबंध तिथि | Generated Date : 14-Mar-2024

बोली/आरए/पीबीपी संख्या | Bid/RA/PBP No.: [GEM/2024/B/4603281](#)

अनुसूची नाम | Schedule Name: Schedule 65

| संगठन विवरण   Organisation Details  | खरीदार विवरण   Buyer Details   |
|---|--|
| प्रकार   Type : State Government<br>मंत्रालय   Ministry : -<br>विभाग   Department : Medical Education and Drugs Department Maharashtra<br>संगठन का नाम   Organisation Name : Directorate of Medical Education and Research<br>कार्यालय क्षेत्र   Office Zone : G T Hospital | पद   Designation : Pharmacist<br>संपर्क नंबर   Contact No. : 022-22621464-1308<br>ईमेल आईडी   Email ID : buyer12.dmer.mh@gembuyer.in<br>जीएसटीआईएन   GSTIN : -<br>पता   Address : Gokuldas Tejpal Hospital, Lokmanya Tilak Marg, Fort, Mumbai - 400001, RAIGARH(MH), MAHARASHTRA-400001, India |

| वित्तीय स्वीकृति विवरण   Financial Approval Detail   | भुगतान प्राधिकरण विवरण   Paying Authority Details  |
|--|--|
| आईएफडी सहमति   IFD Concurrence : No<br>प्रशासनिक अनुमोदन का पदनाम   Designation of Administrative Approval: Administrative Officer<br>वित्तीय अनुमोदन का पदनाम   Designation of Financial Approval: AO | Role: PAO<br>भुगतान का तरीका   Payment Mode: Internet Banking<br>पद   Designation : Administrative Officer<br>ईमेल आईडी   Email ID : manelaxmikant.1966@gov.in<br>जीएसटीआईएन   GSTIN : 27MUMG11324F1DS<br>पता   Address: Gokuldas Tejpal Hospital, Lokmanya Tilak Marg, Fort, Mumbai - 400001, MAHARASHTRA-400001, India |

| विक्रेता विवरण   Seller Details   |
|---|
| जेम विक्रेता आईडी   GeM Seller ID : F7DB190001008532<br>कंपनी का नाम   Company Name : VARSHA ENTERPRISES<br>संपर्क नंबर   Contact No. : 09820107467<br>ईमेल आईडी   Email ID : varsha.enterprises@hotmail.com<br>पता   Address : 39, 2ND FLOOR, MEHTA AND VORA CHAMBER, BABU GENU ROAD, KALBADEVI, Mumbai, MAHARASHTRA-400002, -<br>एमएसएमई पंजीकरण संख्या   MSME Registration number : -<br>जीएसटीआईएन   GSTIN: 27AADFV2551N1ZT |

\*जिसके नाम के पक्ष में GST/TAX इनवॉइस पेश किया जाएगा | GST / Tax invoice to be raised in the name of - Buyer

वितरण निर्देश | Delivery Instructions : NA

| #  | आइटम विवरण   Item Description  | आइटम विवरण   Ordered Quantity | इकाई   Unit | इकाई मूल्य (INR)   Unit Price (INR) | कर विभाजन (INR)   Tax Bifurcation (INR) | मूल्य (INR में सभी शुल्क और कर सहित)   Price (Inclusive of all Duties and Taxes in INR) |
|--|--|-------------------------------|-------------|-------------------------------------|---|---|
| 1  | उत्पाद का नाम   Product Name : Measuring Cylinder 50 ML B<br>ब्रांड   Brand : INDIGENOUS<br>ब्रांड प्रकार   Brand Type : Unbranded<br>कैटलॉग की स्थिति   Catalogue Status: Catalogue not verified by OEM<br>कैसे बेचा जा रहा है   Selling As : Reseller not verified by OEM<br>श्रेणी का नाम और चतुर्थांश   Category Name & Quadrant : BOQ (Q3)<br>मॉडल   Model: Measuring Cylinder 50 ML B<br>एचएसएन कोड   HSN Code: 39269099 | 6                             | Numbers     | 600                                 | NA                                      | 3,600   |
| कुल ऑर्डर मूल्य   Total Order Value (in INR) |  |                               |             |                                     |   | 3,600   |

| प्रेषित विवरण   Consignee Detail |  |              |                    |                   |   |  |
|----------------------------------|--|--------------|--------------------|-------------------|---|--|
| क्र.सं.   S.No                   | प्रेषित   Consignee  | वस्तु   Item | लॉट नंबर   Lot No. | मात्रा   Quantity | दिनांक के बाद डिलीवरी शुरू करना है   Delivery Start After | वितरण पूरा कब तक करना है   Delivery To Be Completed By |
|                                  | पद   Designation : -<br>ईमेल आईडी   Email ID : buyer12.dmer.mh@gembuyer.in<br>संपर्क   Contact : 022-22621464-1308 |              |                    |                   |   |  |

|   |  |                               |   |   |             |             |
|---|--|-------------------------------|---|---|-------------|-------------|
| 1   | जीएसटीआईएन   GSTIN : -<br>पता   Address : Gokuldas Tejpal Hospital, Lokmanya Tilak Marg, Fort,<br>Mumbai - 400001,<br>RAIGARH(MH), MAHARASHTRA-400001, India | Measuring Cylinder 50<br>ML B | - | 6 | 14-Mar-2024 | 04-Apr-2024 |
| <b>विनिर्देश   Specification1</b>   |  |                               |   |   |             |             |
| <a href="#">विशिष्टता दस्तावेज़   Specification Document</a>  |  |                               |   |   |             |             |
| <a href="#">क्रेता बीओक्यू दस्तावेज़   Buyer BOQ Document</a>   |  |                               |   |   |             |             |
| <a href="#">बीओक्यू विशिष्टता और सहायक दस्तावेज़ का अनुपालन   Compliance of BOQ Specification And Supporting Document</a>   |  |                               |   |   |             |             |
| <p><b>टिप्पणी   Note::</b> Seller has given an undertaking that it has made arrangements for getting the stores from an authorized distributor / dealer / channel partner of the OEM of the offered product. At the time of delivery of goods, Seller will provide necessary chain documents (in the form of GST Invoice) to prove that the supplied goods are genuine and are being sourced from an authorized distributor / dealer / channel partner of the OEM. In case of any complaint about genuineness of the supplied products, Seller shall be responsible for providing genuine replacement supplies.</p>   |  |                               |   |   |             |             |
| <p><b>टिप्पणी   Note::</b> Seller has given an undertaking that it has made arrangements for getting the stores from an authorized distributor / dealer / channel partner of the OEM of the offered product. At the time of delivery of goods, Seller will provide necessary chain documents (in the form of GST Invoice) to prove that the supplied goods are genuine and are being sourced from an authorized distributor / dealer / channel partner of the OEM. In case of any complaint about genuineness of the supplied products, Seller shall be responsible for providing genuine replacement supplies.</p>   |  |                               |   |   |             |             |
| <b>ईपीबीजी विवरण   ePBG Detail</b>  |  |                               |   |   |             |             |
| सलाहकार बैंक   Advisory Bank :  |  |                               |   |   |             | NA          |
| ईपीबीजी प्रतिशत (%)   ePBG Percentage(%):   |  |                               |   |   |             | NA          |
| <b>नियम और शर्तें   Terms and Conditions</b>  |  |                               |   |   |             |             |
| <p><b>1. General Terms and Conditions-</b></p> <p>1.1 This contract is governed by the <a href="#">General Terms and Conditions</a>, conditions stipulated to this Product/Service as provided in the Marketplace.</p> <p>1.2 This Contract between the Seller and the Buyer, is for the supply of the Goods and/ or Services, detailed in the schedule above, in accordance with the General Terms and Conditions (GTC) unless otherwise superseded by Goods / Services specific Special Terms and Conditions (STC) and/ or BID/Reverse Auction Additional Terms and Conditions (ATC), as applicable</p> <p><b>2. Buyer Added Bid Specific Terms and Conditions-</b></p> <p>2.1 <i>Generic</i><br/>OPTION CLAUSE: The Purchaser reserves the right to increase or decrease the quantity to be ordered up to 25 percent of bid quantity at the time of placement of contract. The purchaser also reserves the right to increase the ordered quantity by up to 25% of the contracted quantity during the currency of the contract at the contracted rates. Bidders are bound to accept the orders accordingly.</p> <p>2.2 <i>Buyer Added Bid Specific ATC:</i><br/>Buyer uploaded ATC document <a href="#">Click here to view the file</a> .</p> <p>2.3 <i>Buyer Added Bid Specific ATC:</i><br/>Buyer Added text based ATC clauses</p> <p>Bidders can also submit the EMD with Payment online through RTGS / internet banking in</p> <p>Beneficiary name Superintendent, G.T. Hospital, Mumbai</p> <p>Account No. 510101000599483</p> <p>IFSC Code UBIN0905364</p> <p>Bank Name UNION BANK OF INDIA</p> <p>Branch address Mumbai Mahapalika Marg .</p> <p>Bidder to indicate bid number and name of bidding entity in the transaction details field at the time of online transfer. Bidder has to upload scanned copy / proof of the Online Payment Transfer</p> <p>.</p> |  |                               |   |   |             |             |
| <p>नोट: यह सिस्टम जनरेटेड फाइल है। कोई हस्ताक्षर की आवश्यकता नहीं है। इस दस्तावेज़ का प्रिंट आउट भुगतान/लेनदेन उद्देश्य के लिए मान्य नहीं है।</p> <p>Note: This is system generated file. No signature is required. Print out of this document is not valid for payment/ transaction purpose.</p>   |  |                               |   |   |             |             |