

अनुबंध | Contract



अनुबंध क्रमांक | Contract No: GEMC-511687762896421

अनुबंध तिथि | Generated Date : 18-Mar-2024

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|--|---|--|--|--------------------|-------------------------------------|---|---|
| संगठन विवरण Organisation Details | | | खरीदार विवरण Buyer Details | | | | |
| प्ररूप Type : State Government | | | पद Designation : HEAD CLERK | | | | |
| मंत्रालय Ministry : - | | | संपर्क नंबर Contact No. : 02749-232410- | | | | |
| विभाग Department : Health & Family Welfare Department Gujarat | | | ईमेल आईडी Email ID : con41.hfwdg.gj@gembuyer.in | | | | |
| संगठन का नाम Organisation Name : N/A | | | जीएसटीआईएन GSTIN : - | | | | |
| कार्यालय क्षेत्र Office Zone: CHC VIRAMPUR | | | पता Address : Community health center Mankdi at-po-mankdi to-danta dist-banaskantha-385120, BANASKANTHA, GUJARAT-385120, India | | | | |
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| वित्तीय स्वीकृति विवरण Financial Approval Detail | | | भुगतान प्राधिकरण विवरण Paying Authority Details | | | | |
| आईएफडी सहमति IFD Concurrence : No | | | Role: PAO | | | | |
| प्रशासनिक अनुमोदन का पदनाम Designation of Administrative Approval: Mo | | | भुगतान का तरीका Payment Mode: Offline | | | | |
| वित्तीय अनुमोदन का पदनाम Designation of Financial Approval : Supt | | | पद Designation : STAFF BROTHER | | | | |
| | | | ईमेल आईडी Email ID : pao142.hfwdg.gj@gembuyer.in | | | | |
| | | | जीएसटीआईएन GSTIN : - | | | | |
| | | | पता Address: Community health center Mankdi at-po-mankdi to-danta dist-banaskantha-385120, Banaskantha, GUJARAT-385120, India | | | | |
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| विक्रेता विवरण Seller Details | | | | | | | |
| जेम विक्रेता आईडी GeM Seller ID : E7CD220007493420 | | | | | | | |
| कंपनी का नाम Company Name : Jinendra Healthcare | | | | | | | |
| संपर्क नंबर Contact No. : 09824637995 | | | | | | | |
| ईमेल आईडी Email ID : JINENDRAHEALTHCARE14@GMAIL.COM | | | | | | | |
| पता Address : E-318,SUMEL-6 BUSINESS PARK,NR DUDHESWAR CIRCLE,AHMEDABAD, Ahmedabad, GUJARAT-380004, - | | | | | | | |
| एमएसएमई पंजीकरण संख्या MSME Registration number : - | | | | | | | |
| जीएसटीआईएन GSTIN: 24ADIPS1861N3Z1 | | | | | | | |
| *जिसके नाम के पक्ष में GST/TAX इनवॉइस पेश किया जाएगा GST / Tax invoice to be raised in the name of - Consignee | | | | | | | |
| वितरण निर्देश Delivery Instructions : K | | | | | | | |
| उत्पाद विवरण Product Details | | | | | | | |
| # | 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 : Medishield Healthcare LED Dental Curing light gun, Warranty 1 year ब्रांड Brand : Medishield Healthcare ब्रांड प्रकार Brand Type : Registered Brand कैटलॉग की स्थिति Catalogue Status: Catalogue not verified by OEM कैसे बेचा जा रहा है Selling As : Reseller not verified by OEM श्रेणी का नाम और चतुर्थांश Category Name & Quadrant : Dental Curing light gun (Q3) मॉडल Model: Medishield Healthcare O-Light Curing Light एचएसएन कोड HSN Code: HSN not specified by seller | | 1 | pieces | 12,000 | NA | 12,000 |
| कुल ऑर्डर मूल्य Total Order Value (in INR) | | | | | | | 12,000 |
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| परेषिती विवरण Consignee Detail | | | | | | | |
| क्र.सं. S.No | परेषिती 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 |
| 1 | पद Designation : HEAD CLERK ईमेल आईडी Email ID : con41.hfwdg.gj@gembuyer.in संपर्क Contact : 02749-232410- जीएसटीआईएन GSTIN : - | | Medishield Healthcare LED Dental Curing light | - | 1 | 18-Mar-2024 | 02-Apr-2024 |

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|---|--|---|--|--|--|--|
| | पता Address : Community health center Mankdi at-po-mankdi to-danta dist-banaskantha-385120, BANASKANTHA, GUJARAT-385120, India | gun, Warranty 1 year | | | | |
| Product Specification for Medishield Healthcare LED Dental Curing light gun, Warranty 1 year | | | | | | |
| विनिर्देश Specification | उप-विनिर्देश Sub-Spec | मूल्य Value | | | | |
| Product Information | Light Tip Size | 8 millimeter | | | | |
| | Type of Curing light gun | Cordless | | | | |
| | Available Curing Mode | Regular,Turbo,Normal,Ramp,Pulse,High,Boost,Fast,Adhesive or Low | | | | |
| | Features | Battery indicator on the screen,Constant light intensity,Power-off by pressing the power switch for 5 sec,Low standby power consumption with 60 days standby time | | | | |
| | Types | LED | | | | |
| | Working modes | Full,Ramping,Pulse | | | | |
| | Material | Plastic | | | | |
| | Should be completely pure dental blue light | Yes | | | | |
| Technical Specifications | Time sets in seconds | 5-20 | | | | |
| | Continuous runtime until thermal safety shutdown | Minimum 7 minutes at room temperature of 73.4F (23C) | | | | |
| | Charging time empty battery, Max | 60 minute | | | | |
| | Should be excellent curing light with the high intensity | Yes | | | | |
| | Applicable for all type composite restorative material | Yes | | | | |
| | Total Exposure time | 50 minute | | | | |
| | Full Charge Usability, minimum | 350 | | | | |
| | Output Voltage VDC | 10 | | | | |
| | Beep at time interval | Yes | | | | |
| | Optically active light emission area in mm | 65 | | | | |
| | Should have over-temperature protection | Yes | | | | |
| | Output Current in Ampere | 0.5 | | | | |
| | Light Intensity in mW/cm, minimum | 2500 | | | | |
| | Rotary head | 360 degree | | | | |
| | Wavelength Range in nm | 420-480 | | | | |
| | Power Supply | AC100V-240V ,50Hz/60Hz | | | | |
| Dimensions | Dimensions(L x W x H) in mm | 268.8x26.1x31.8 | | | | |
| Battery | Battery type | Lithium-ion | | | | |
| | Battery Capacity in mAh, min | 1400 | | | | |
| Generic | Net Weight (gram) | 259 | | | | |
| | Power Consumption, Max | 5 Watt | | | | |
| Warranty | Warranty Period | 1 year | | | | |
| Certification | General Requirements of Electrical Safety for medical devices | NA | | | | |
| | Product Certification | CE | | | | |
| | Manufacturer Certifications | ISO 13485:2016 Latest | | | | |
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| टिप्पणी Note:: 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. | | | | | | |
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| ईपीबीजी विवरण ePBG Detail | | | | | | |
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NA

नियम और शर्तें | Terms and Conditions

1. General Terms and Conditions-

- 1.1 This contract is governed by the [General Terms and Conditions](#), conditions stipulated to this Product/Service as provided in the Marketplace.
- 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

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।

Note: This is system generated file. No signature is required. Print out of this document is not valid for payment/ transaction purpose.