

TERMS & CONDITIONS ENGAEMENT OF PETROL VEHICE FOR 2020-21

OFFICE OF THE SUPERINTENDENT, S.C.B. MEDICAL COLLEGE & HOSPTIAL, CUTTACK (HEALTH & F.W. DEPTT., GOVT. OF ODISHA)

Tel. No.: 0671 – 2414080 Fax No.: 0671 – 2414147

Bid Reference No.: CENTRAL STORE, S.C.B. MEDICAL COLLEGE & HOSPITAL, CUTTACK

DATE OF COMMENCEMENT OF THE BID DOCUMENT

: 16.6.20 to 6.7-20

LAST DATE & TIME OF RECEIVE OF BID DOCUMENTS

: 10.7.20 till 12:30 P.M

DATE OF OPENING OF BID DOCUMENT

: ...10 7-5-62. at 4:30 P.M.

PLACE OF OPENING OF BID DOCUMENTS

: Office of the Superintendent

AND ADDRESS FOR COMMUNICATION AND

S.C.B. Medical College Hospital, Cuttack-753007, Odisha

RECEIPT OF BID DOCUMENTS

OFFICE OF THE SUPERINTENDENT, SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK

SALE OF TENDER / BID DOCUMENT

a) Price of bidding document

Rs. 200.00
(Rupees Two hundred) only
(Non-refundable)

b)

The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.

TERMS AND CONDITIONS FOR ENGAGEMENT OF HIRE VEHICLE IN SCB MEDICAL COLLEGE & HOSPITAL, CUTTACK

- The sealed tender should be super scribed as tender for hiring of Petrol Vehicle (Tiago/Bolt/Celerio) and addressed to the Superintendent, SCB Medical College & Hospital, Cuttack.
- 2. Sealed tenders will be received on or before Dt. 10.7-20... till 12:30 PM by the office of the Superintendent, S.C.B. Medical College & Hospital, Cuttack, Odisha through Regd. Post and speed post only. Any tender received after the due date & time will be rejected / returned unopened to the sender.
- 4. An index of 2 nos. of vehicles is to be attached in the 1st page of the Technical Bid indicating the list of all documents enclosed dully signed by the tenderer. The bidder should sign all the documents in each page.
- 5. The tender should be in "Two BID Type". All documents should be closed in a separate envelope super scribed as "TECHNICAL BID" and individual "PRICE BID" of each item should be furnished in a closer cover separately super scribed with name of the item. The both envelops should be closed in another envelop, which will be super scribed of TENDER FOR HIRE VEHICLE, S.C.B. MEDICAL COLLEGE HOSPITAL, CUTTACK.
- 6. The tenderer should furnish all necessary documents such as Valid Registration certificate, Insurance certificate, fitness certificate, valid contract carriage permit, proof of up-to-date tax payment etc., attested photograph of driver and DL, xerox copy of Pan card/GST registration certificate duly self attested relating to his/her/their firms along with the tender.
- 7. The Department/Office hiring the vehicle shall not be responsible for any damage/loss caused to hired vehicle or loss of life/injury made to any person or damaged to any property on account of use of hired vehicle any manner whatsoever. The hirer shall be responsible for all such litigations.
- 8. The hire charges to be paid for monthly basis in final but does not include cost of petrol which is to be paid separately basing on actual consumption and lubricants as per existing Government norms. All the expenditure of the vehicle towards repair replacement of spare parts, Lubricating oil of Engine, Gear Box & different Coolant, Tyres & Tubes, Battery etc. will be borne by the bidder.
- 9. It shall be the responsibility of the bidder to provide a driver with well behaved, gentle and obedient in nature and the salary of the driver shall be borne by the owner.
- 10. In case of break down for reason whatsoever the replacement of the vehicle of the same or better model shall be provided by the owner of the vehicle/bidder.
- 11. In case of vehicle do not report regularly, the Hospital Authority will be at liberty to reject the agreement and may engage vehicle from other source.
- 12. The vehicle shall report for duty for minimum of 25 days in a month.

- 13. In case of emergency, the driver will have to report for duty as per the requirement of the hirer. No extra payment shall be demanded.
- 14. Monthly hire charges and reimbursement towards cost of fuel (as per actual) and lubricants (as per Govt. norms) of selected bidder will be paid in every succeeding months, as per as possible within 15 days of the submission of bills by the service provider and no advance payment will be made.
- 15. The vehicle shall not be more than 3 years old from the initial registration and also in good running condition during the period of contract.
- 16. If the services are found to be unsatisfactory, the client shall give one month notice and terminate the agreement.
- 17. In case service provider intends to withdraw the services of his vehicle and terminate the agreement, it shall be mandatory upon him to grant 15 days notice before such withdrawal of service and termination of agreement.
- 18. If the bidder violates any of the terms of contract, Government shall be the Hospital Authority will take legal action as deem proper.
- 19. The hire charges and consumption of the fuel will not be exceeded to Rs. 20,000/- per month and 17 kms fuel per liter.
- 20. The selected bidder will make an agreement with the Hospital Authority on non-judicial stamp paper as per <u>Annexure-A.</u>

EMD:

- 1. EMD shall be obtained from the all bidders.
- 2. Failure of submission of EMD as per bid documents shall result in rejection of Bid.
- 3. EMD of Rs. 5,000/- should be paid in the form of Demand Draft from any Nationalized Bank and pleased in favour of Superintendent SCB Medical College Hospital Cuttack.
- 4. The EMD of the unsuccessful bidders will be returned back after finalization of Bid.

Superintendent SCB Medical College Hospital, Cuttack

GENERAL INFORMATION FOR HIREING VEHICLES

- i. Registration No. of the Vehicle
- ii. Type of Vehicle(AC/Non AC
- iii. Year of Manufacture
- iv. Model
- v. Date of registration
- vi. Name & complete address of the owner of vehicle
- vii. Permit validity
- viii. Insurance validity
- ix. Name /Address of the Driver
- x. D.L No. & Validity of DL if the Driver:
- xi. Proposed hire charge of the vehicle per month excluding fuel cost
- xii. Rate of fuel consumption/Millage per litre
- xiii. Contact Number of the Service provider

Certified that the information submitted above is true to the best of my knowledge and belief.

Seal & Signature of the Service Provider