OFFICE OF THE SUPERINTENDENT SCB MEDICAL COLLEGE HOSPITAL, CUTTACK

No 23946 //Dt 29, 10, 24 E-mail:scbsuperintendent@gmail.com

CORRIGENDUM

TENDER CALL NOTICE NO-22743 DT. 09.10.2024

(Supply & installation of 6 Body Mortuary Chamber in SCB MCH, Cuttack)

The bidders should submit the following documents in the prescribed proforma as mentioned below.

- 1. The bidder should clearly mentioned the name of the Brand/manufacturer, model & technical specification of the items offered as per **Annexure-I.**
- 2. Deviation/No Deviation statement from Technical specification & details of technical specification of the product offered as per Annexure-II.
- 3. Letter of Authorization/Manufacturing certificate in the prescribed proforma attached at **Annexure-III**.

The last date of submission of tender paper is extended upto 14th November, 2024 by 12.30 P.M. and it will be opened on the same day i.e. on 14th November, 2024 at 4 P.M.

Other terms & conditions of the said advertisement remains unchanged.

Juay) a)

Medical Superintendent SCB Medical College & Hospital Cuttack

(To be submitted in the Cover-A Technical Bid)

SL No	Name of the Item	Name of the Manufacturer	Make	Model	Details specification of	Page No. of the
					the product offered (Para wise compliance to	Catalog/ leaflet where parawise compliance
	8				the technical specification asked for)	information as per technical
1						specification is
2						
3		-				
4						
5						
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(Signature of the tenderer with seal)

ANNEXURE - II

(To be submitted in the Cover-A Technical Bid)

STATEMENT REGARDING DEVIATION FROM TECHNICAL SPECIFICATION (IF ANY)

Followings are the Technical deviations and variations from the Purchaser's Technical Specifications.

Statement of Deviations/Variations if any	Clause of Technical Specification	Name of the Item	SL No
			1
			2
			3
			4
•			5
			5
	/		
	(4		

In case there is no deviation from technical specification, Pl. mention 'NO Deviation'

(Signature of the tenderer with seal)

(To be submitted in Cover A -Technical Bid)

MANUFACTURER'S AUTHORISATION FORMAT

	To						
		The Superintendent		ž v			
		SCB Medical College	and HospitalCuttack -75	3 007, Odisha			
	Ref:	Tender No.	Dated	for			
					Name (NET COL)		
	Dear	Sir,					
	We, is the manufacturers of						
	(name of equipment(s) and have the manufacturing						
	factor	y at	에 해 해 해 10 에 선 에 가 가 하 10 원 에 에 에 에 에 대 대 전 선 선 전 전 보 전 이 에 제 제	10 TE ET			
	Mess	rs (name and addre	Authorized distributo	r/Supplier for			
	sale a	nd service of (<u>name o</u>	f equipment(s))				
1.	We a	lso extend our full	warranty and also full	backup support after	the		
	warra	anty period as requir	ed by the purchaser (as	per applicable).			
2.	We u	undertake that we	have adequate infra	structure and spare	part		
	suppo	ort to carry out thew	arranty and services (a	s per applicable).			
	Your	s faithfully,					
	(Sign:	ature with date, name	e and designation)				
			rs				
		e & address of the facturers) with Seal					
	manu	meturors, with scar					
	D.T.						

<u>Note:</u>
This letter should be on the *letterhead* of the *manufacturer (Item wise)* and should be signed by a person having the power of attorney to legally bind the manufacturer.