



# भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र, भोपाल

## BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

स्वास्थ्य अनुसंधान विभाग, स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार

Department of Health Research, Ministry of Health and Family Welfare, Government of India

रायसेन बायपास रोड, भोपाल 462038 (म.प्र.), Raisen Bye Pass Road, Bhopal – 462038 (M.P.)

Phone + 91 755 2742212-16, Fax +91 755 2748809, Email : [bmhrcbhopal@gmail.com](mailto:bmhrcbhopal@gmail.com),

website : [www.bmhrc.org](http://www.bmhrc.org)

## Notice Inviting Quotation (NIQ)

Ref. : Quotation No. BMHRC/ES/Quotation/Monument Civil Works/2018-19/003

Sealed quotation are invited from experienced agencies for repairs & finishing works of fountain & statue at BMHRC.

There is a fountain pond of approx 6 meters dia with a statue erecting in the middle of the fountain the tiles & marble lining over the surface & periphery of fountain pond gets faded & damaged which are needed to be replaced with new Glass mosaic tiles & marble linings as well as Grinding & Polishing of statue.

The item wise description of works is depicted in the price bid format (**Annexure-A**) on which the rates are to be quoted by the bidders.

### 2) General Terms & Conditions :

- 1) The bidders are advised to visit the site & assess the scope of work.
- 2) Duration of work completion : The entire work of monument installation to be completed within 10 days from award of work to the successful bidder.
- 3) The agency shall be solely responsible for safe execution of works at site and indemnify BMHRC against any loss of property & any injuries sustained by the manpower or third parties during the execution of works.
- 4) 90% payment would be released to the agency against the completed works to the satisfaction of BMHRC. 10% value of works would be retained by BMHRC for a period of one year against the defect liabilities and would be released after one year on rectification of any defects arises during the defect liability period.
- 5) Award of work : The work order will be awarded to the lowest evaluated (L-1) bidder.
- 6) Price bid Format : The bidders shall quote their prices in the format as per **Annexure-A** with seal & authorized signatures of firm.

- 7) Quality of work : The agency shall execute the work to the best of quality standards & norms.
- 8) The bidders shall enclosed self attested copies of following documents.
  - a) Registration Certificate of Firm.
  - b) PAN Card/ GST Registration.
- 9) The work shall be executed without any disturbance of routine patient services at BMHRC.
- 10) The sealed quotation to be submitted by the agencies in BMHRC Engineering Services Department **latest by 21/06/2018 up to 12:00 Noon.**

**Seal & sign of bidder  
(Acceptance of terms & conditions of quotation)**

**Director, BMHRC**



# भोपाल स्मारक अस्पताल एवं अनुसंधान केंद्र

BHOPAL MEMORIAL HOSPITAL & RESEARCH CENTRE

(DEPARTMENT OF HEALTH RESEARCH)

MINISTRY OF HEALTH & FAMILY WELFARE, GOVERNMENT OF INDIA

Raisen Bye Pass Road, Bhopal – 462038 (M.P.) - Ph. 0755-2742212-16, Fax- 0755-2748 309, Email : [bmhrcbhopal@gmail.com](mailto:bmhrcbhopal@gmail.com), Website : [www.bmhrc.org](http://www.bmhrc.org)

(Annexure-A)

## Price Bid Format

**Name of Work : Renovation of monument Civil work .**

**Ref : Quotation No. BMHRC/ES/Quotation/Monument Civil Work/2018-19/003**

S. No.	Item	Unit	Qty.	Rate	Amount ( In figures)	Amount ( In words)
1	Removing existing tiles& preparation of base for fixing of new tiles.	Sqm	60.00			
2	Providing and fixing Glass mosaic tiles on finished plain wall surface of size 20 mm x 20 mm x 4 mm in all colour, design,fixing in approved design. The glass mosaic tiles shall be fixed on the wall surface with help of approved adhesive applied at the rate of 2.5 kg per sq m and grouting of the same. All completed as direction of Engineer- in – charge.	Sqm	60.00			
3	Replacement of damage White marble top by removing old marble.	Sqm	4.00			
4	Grinding of marble monument & peripheral marble top & application of chemical for protection from water Hardness.	LS	1.00			
	<b>Sub Total =</b>					
	<b>GST ( if Any)</b>					
	<b>Total =</b>					

Say In words .....

Place

Seal & Signature of Contractor

Contact No.

Date :