

Call For Quotation

FOR EMPANELMENT OF HOTEL & CATERERS REGARDING
TRAINING & WORKSHOP AT DEHRADUN- UTTARAKHAND

CFQ No: UKHFWS/NHM/Empanelment (Hotel/ Caterers) /TRG/2017-18/1858

FROM

Office of Mission Director, National Health Mission, Uttarakhand Health & Family Welfare Society, a Department Of Directorate Health & Family Welfare, Govt. of Uttarakhand, Vill. Danda Lakhond, P.O. Gujrada, Near IT Park ,Sahastradhara Road, Dehradun, Uttarakhand-248001

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CFQ No: UKHFWS/NHM/Empanelment (Hotel/ Caterers) /TRG/2017-18/1858

Dated: 25/10/2017

1- Call For Quotation Notice

The Call for Quotation is invited through **UKHFWS** web portal system for empanelment of Hotels and Caterers by National Health Mission (NHM), Uttarakhand, Dehradun. Call for Quotation notice and related requisites are also available on the website of Uttarakhand **www.ukhfws.org**. The documents to be submitted from 25th October 2017 to 08th November 2017 till 17 00 hours.

Call For Quotation

FOR EMPANELMENT OF HOTEL & CATERERS REGARDING
TRAINING & WORKSHOP AT DEHRADUN- UTTARAKHAND

1. Publishing of CFQ Documents: 25th October 2017
2. Last date of Submission of Proposal: 08th November 2017
3. Selection Process: Call For Quotation

Note:

- 1- The NHM will not be responsible for any postal delays about non-receipt/non-delivery of the documents.
- 2- Incomplete documents are liable to be rejected

Mission Director, (NHM)
UKHFWS, Uttarakhand

Call For Quotation

FOR EMPANELMENT OF HOTEL & CATERERS REGARDING
TRAINING & WORKSHOP AT DEHRADUN- UTTARAKHAND

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A. Sub: Quotes for Hotel Accomodation and for Conference Hall in reference to NHM trainings

1. This is in reference to the Hotel Accomodation (Stay) and for conference hall during workshop / trainings of NHM please find attached the Details of the items with the required specifications in attached Quotation Format as annexure II & III. We would like to invite you to submit your best price/service you can offer for the above mentioned.

2. Price

- a) National Health Mission may increase/decrease the booking requisition.
- b) All duties, taxes and other levies payable shall be included in the total price.
- c) Discount, if any, offered shall be shown separately.
- d) The rates quoted by the Hotel shall be fixed for the duration of the PO and shall not be subject to adjustment on any account.
- e) The prices should be quoted in Indian Rupees.(INR)

3. Submission of Quotation

- a) Unless otherwise specified, quotations shall be submitted in original form and in the format prescribed by National Health Mission in Annex-I.
- b) You are requested to submit your quotation latest by **8th November 2017**, with the availability of mentioned items.
- c) Quotation received after the prescribed deadline will not be considered.
- d) The vendor can seal quotation can be sent to the address given below:

**To,
Mission Director- NHM
Uttarakhand Health & Family Welfare Society,**

Danda Lakhond, Sahastradhara Road, Dehradun- 248001

- e) The outer envelope shall indicate the name and address of the vendor and it should be written clearly that "Sealed quotation for meals for National Health Mission, Uttarakhand.
- f) National Health Mission Shall not be held responsible for delivery of quotation to the wrong address and for any postal delay or for loss in transit.

4. Validity of Empanelment:

Quotation shall remain valid for a period of 1 year after the deadline date specified for submission and may be extended further after seeing performance of the services.

5. Award of Purchase Order (PO)

1- The National Health Mission will award the Purchase Order to the Hotel whose quotation has been determined to be substantially responsive and who has offered the lowest evaluated quotation price.

2- Notwithstanding the above, the National Health Mission reserves the right to accept or reject any quotation and to cancel the procurement process and reject all quotations at any time prior to the award of PO.

3- The Hotel whose quotation is selected by the committee will be notified of the award of PO by the National Health Mission prior to expiration of the validity period. The terms of the accepted offer shall be incorporated in the purchase order.

6. Payment Terms

Payment shall be made as per the payment terms specified in the purchase order.

We look forward to receiving your quotation duly completed in all respects within the prescribed deadline.

B. Sub: Quotes for Meals during official workshop/ trainings of National Health

Mission.

1. This is in reference to the Meals during workshop / trainings of NHM; please find attached the Details of the items with the required specifications in attached Quotation Format as annexure I. We would like to invite you to submit your best price/service you can offer for the above mentioned office workshops/ trainings.

2. Price

- f) National Health Mission may increase/decrease the quantity at the time of placing orders.
- g) All duties, taxes and other levies payable shall be included in the total price.
- h) Discount, if any, offered shall be shown separately.
- i) The rates quoted by the supplier shall be fixed for the duration of the PO and shall not be subject to adjustment on any account.
- j) The prices should be quoted in Indian Rupees.(INR)

3. Submission of Quotation

- g) Unless otherwise specified, quotations shall be submitted in original form and in the format prescribed by National Health Mission in Annex-I.
- h) You are requested to submit your quotation latest by **8th November 2017**, with the availability of mentioned items as per annexure.
- i) Quotation received after the prescribed deadline will not be considered.
- j) The vendor can seal quotation can be sent to the address given below:

To,

Mission Director- NHM

Uttarakhand Health & Family Welfare Society,

Danda Lakhond, Sahastradhara Road, Dehradun- 248001

- k) The outer envelope shall indicate the name and address of the vendor and it should be written clearly that **"Sealed quotation for meals for National Health Mission, Uttarakhand"**.
- l) National Health Mission Shall not be held responsible for delivery of quotation to the wrong address and for any postal delay or for loss in transit.

4. Validity of Empanelment:

Quotation shall remain valid for a period of 1 year after the deadline date specified for submission and may be extended further after seeing performance of the services.

5. Award of Purchase Order (PO)

a- The National Health Mission will award the Purchase Order to the vendor whose quotation has been determined to be substantially responsive and who has offered the lowest evaluated quotation price.

b- Notwithstanding the above, the National Health Mission reserves the right to accept or reject any quotation and to cancel the procurement process and reject all quotations at any time prior to the award of PO.

c- The Supplier/Vendor whose quotation is selected by the committee will be notified of the award of PO by the National Health Mission prior to expiration of the validity period. The terms of the accepted offer shall be incorporated in the purchase order.

6. Payment Terms

Payment shall be made as per the payment terms specified in the purchase order.

We look forward to receiving your quotation duly completed in all respects within the prescribed deadline.

C. FORMAT AND SIGNING OF APPLICATIONS –

a. The Agency shall provide all the information sought under this CFQ (Call for Quotations). The UKHFWS will evaluate only those Applications that are received in the required formats and complete in all respects.

b. The Application shall be typed or written in Ball point ink and signed by the authorized signatory of the Agency. All the alterations, omissions, additions or any other amendments made to the Application shall be initialed by the person signing the Application.

The contenders would provide all the information as per this CFQ document and in the specified formats. UKHFWS reserves the right to reject any proposal that is not in the specified formats.

Key Submissions of Proposal, which would include:

1. Annexure-I
2. Annexure-II
3. Annexure-III
4. Annexure-IV
5. Annexure-V
6. Annexure-VI

D. Annexures

Annexure - I "Quotation for Meals"							
To		Date of CFQ:					
S. No	Item Description/ Requirements	Basic Rate (Per Unit)	Discount (per Unit) if any	Net Rate (per Unit)	GST (%)	Total Cost (Per Unit) (inclusive of taxes)	Amount (INR)
1	Working Lunch during training / workshop (Dal, Dry vegetable , panner, Roti, Sweet, achar, salad etc..)						
2	Working Lunch with Two time tea and snacks (cookies, samosa or cutlet) during training / workshop (Dal, Dry vegetable , panner, Roti, Sweet, achar, salad etc..)						
3	3 times meals (Breakfast, Lunch and dinner) for Training/ workshop						
4	3 times meals (Breakfast, Lunch and dinner) for Training/ workshop and with two time tea with cookies						
5	Working Lunch with High Tea						
					Total		
<p>* Kindly Note: All the above five categories include 2 time complementary 500 ml Bottled mineral water.</p>					Other charges if any		
					Grand Total		
<p>Payment Terms -</p> <p align="right">Other Terms (Please Specify) _____</p> <p>Note: Name of the Vendor _____</p>							
<p>1. All Columns are mandatory , in complete quoted will be treated as null and void.</p> <p>2. A Separate Covering letter on letter head will be required along with this quotation.</p>							

Annexure - II

"Quotation for Hotel Accomodation "							
To		Date of CFQ:					
S. No	Item Description	Basic Rate (Per Unit)	Discount (per Unit) if any	Net Rate (per Unit)	GST (%)	Total Cost (Per Unit) (inclusive of taxes)	Amount (INR)
1	Room Rates of your Hotel : Single Sharing Room Double Sharing Room (kindly mention category wise, if available)						
2	Room Rate which includes Breakfast & Dinner Single Sharing Room Double Sharing Room						
3	Any other facility , provided by Hotel Kindly Mention						
					Total		
					Other charges if any		
					Grand Total		
<p>Payment Terms -</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%; border-right: 1px solid black; padding-right: 5px;"> <p>Other Terms (Please Specify)</p> <p>_____</p> <p>_____</p> </div> <div style="width: 45%; padding-left: 5px;"> <p>Name of the Vendor</p> </div> </div> <p>Note:</p> <p>1. All Columns are mandatory , in complete quoted will be treated as null and void.</p> <p>2. A Separate Covering letter on letter head will be required along with this quotation.</p>							
<p>Signature with Seal</p>							

Annexure - III

"Quotation for Conference Hall"

To		Date of CFQ:					
S. No	Item Description	Basic Rate (Per Unit)	Discount (per Unit) if any	Net Rate (per Unit)	GST (%)	Total Cost (Per Unit) (inclusive of taxes)	Amount (INR)
1	Availabilty of Conference Hall with sitting capacity, kindly mention sitting capacity with facility available :						
2	Quotes for Conference Veg Meals with two time tea and snacks/ cookies and 2 time mineral water during Conference/ workshop at Conference Hall of your Hotel .						
3	Quotes For Conference Non Veg Meals with two time tea and snacks/ cookies and 2 time mineral water during Conference/ workshop at Conference Hall of your Hotel						
4	Quotes for Driver Lunch during Conference (Veg/ Non Veg)						
5	Mikes with speakers/ LCD projector with screen/LCD TV/Laptops during conference						
6	Any other facility , provided by Hotel (wifi,Decoration,Name board,welcome drinks etc.....) Kindly Mention						
						Total	
						Other charges if any	
						Grand Total	
Payment Terms -							
	Other Terms (Please Specify) _____						
Note:	1. All Columns are mandatory , in complete quoted will be treated as null and void.						
	Name of the Hotel						
	2. A Separate Covering letter on letter head will be required along with this quotation.						
3	you can also provide detail of rates on your Hotel Letter head						
	Signature with Seal						

Annexure - IV Details of Applicant

1.	Name of Organization	
2.	Name Of Owner/ Directors	
3.	Full Particulars of Registered Office	
4.	Address	
5.	Contact Telephone nos.	
6.	E. mail	
7.	PAN	
8.	Any other Particulars of Authorized Signatory-Aadhar Card	
9.	Name of Authorized Signatory	
10.	Designation of Authorized Signatory	
11.	Address of Authorized Signatory	
12.	Name Telephone and Mobile No. of the dealing representative:	
13.	Signature of authorized signatory	

Name-

Place:

Seal

Annexure - V: Format for Affidavit

Format for Affidavit certifying that Entity/Promoter(s) / Director(s)/Members of Entity are not Blacklisted (On a Stamp Paper of relevant value)

Affidavit

I, M/s..... (the names and addresses of the registered office) hereby certify and confirm that we are not blacklisted/ barred/ convicted by State Health Society, Uttarakhand/ or any other entity of GOI or any other State Government/ Government of India/ any Government organization or any other funding agency for bid rigging /Cartelization/ corrupt or fraudulent practices/ unethical/ negligence of duty/ financial irregularity as on the _____(Date of Signing of Application).

We further confirm that we are aware that, our Application for empanelment of Hotels / Caterers would be liable for rejection in case any material misrepresentation is made or discovered at any stage of the Selection Process or thereafter during the agreement period and the amounts to be paid till date shall stand forfeited without further intimation.

Dated this Day of, 2017.

Name of the Applicant

Signature of the Authority

Seal:

Annexure - VI: Format for Power of Attorney

(On a Stamp Paper of INR 100)

We.....(Name and address of the registered office) do hereby constitute, appoint and authorize Mr/Ms..... (name and residential address, PAN and identity proof), duly approved by the Board of Directors in their meeting held on (Copy of board resolution enclosed), who is presently employed with us and holding the position of as our attorney, to do in our name and on our behalf, all such acts, deeds and things necessary in connection with or incidental to our application for “Application for empanelment of Hotels / Caterers for.....”(name of district) including signing and submission of all documents and providing information/ responses to the State Health Society, Uttarakhand, representing us in all matters before State Health Society, Uttarakhand in all matters in connection with this bid. We hereby agree to ratify all acts, deeds and things lawfully done by our said attorney pursuant to this Power of Attorney and that all acts, deeds and things done by our aforesaid attorney shall and shall always be deemed to have been done by us.
Dated this the day of 2017

For _____

(Name, Designation and Address of Authorized Signatory)

Accepted _____

(Signature)

(Name, Title and Address of the Nominated Attorney)

Date: _____