



TATA MEMORIAL CENTRE  
**ADVANCED CENTRE FOR TREATMENT, RESEARCH & EDUCATION IN CANCER (ACTREC)**  
 (A Grant-in-Aid institute under the Department of Atomic Energy, Govt. of India)  
 Plot No-1 & 2, Sector 22 Kharghar, Navi Mumbai-410 210

**Annexure G**

<b>TATA MEMORIAL CENTRE</b>	
<b>ADVANCED CENTRE FOR TREATMENT, RESEARCH &amp; EDUCATION IN CANCER (ACTREC)</b>	
<b>PURCHASE SECTION</b>	
Plot No.1& 2, Sector No.22, Kharghar, Navi Mumbai – 410210	
State: Maharashtra, INDIA	
<b><u>VENDOR CAPABILITY FORM</u></b>	
<b>Ref: Tender No: ACTREC/PUR/2025-2026/E-TENDER/4</b>	
Name / Title of the Bidder	
Due Date of the submission of the tender.	
Name of the Item / Work	
Full Address (recent)	
E-Mail (recent)	
Tel. No & Mobile No. (recent)	
Fax (recent)	
Name of the person authorized to deal / undertake business for and on behalf of the bidder	
Tel. No & Mobile No. (Recent)	
Fax (Recent)	
E-Mail (Recent)	
Legal entity of the bidder whether Firm / Society / Company / Other entity	
a. Registration No.	
b. Authority with whom registered	
c. Licence No. granted by for	
Main business of the bidder whether Manufacturer, Business Distributor, Wholesale Dealer, Retail trader or Service Agent	
Authorized Area of operation in India	
Name of the Principal Organization / Company for and on behalf working in India	
Origin of the Principal Organization / Company	
Address of the Principal Organization / Company	



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Tel. No. & Mobile No.	
Fax	
E-Mail	
Name & Address of the Bankers of the bidders.	
Authority / Delegation / Licence No. & Date granted by the principal to the representative bidder	
PAN No.	
TAN No.	
GST No.	
Import / Export Code No.	
License No. for import	
No. of manpower employed by the bidder	
a. Scientific	
b. Technical	
c. Administrative	
d. Finance	
Support facility equipment No.	
Experience of the bidder in dealing with the tendered item.	
Whether supply of any item / service to TMC in past; if yes indicate the Purchase Order No. & Date	
Any other relevant information for submission	
Certified that the above information is correct & true to the best of my knowledge and belief. Nothing has been concealed and fabricated and in case any information is found incorrect. I, the under signatory will be personally responsible.	
	<b>Signature and seal</b>



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**Annexure H**

*To be printed & executed on Letter head of the manufacturer of the equipment of foreign origin*

**LETTER OF AUTHORIZATION**

I, Mr. \_\_\_\_\_ Chairman / Managing Director / President / Vice-President / General Manager  
hereby \_\_\_\_\_ certify \_\_\_\_\_ and \_\_\_\_\_ declare \_\_\_\_\_ that  
M/s. \_\_\_\_\_ having \_\_\_\_\_ its \_\_\_\_\_ registered \_\_\_\_\_ office  
at \_\_\_\_\_ is an organization dealing with the  
manufacturing and assembling of the equipment \_\_\_\_\_ which is meant for scientific use  
for research/diagnostic/treatment and having business operations in India.

It is also certified that our representation and operations in India is done & executed by  
M/s. \_\_\_\_\_ which is an organization constituted under the provisions of  
\_\_\_\_\_ and having their registered office at \_\_\_\_\_

who has been fully authorized by us to act as our representative in whole or part of India to deal, undertake, participate in the  
business proceedings, quote rate for supply, installation, testing and commissioning, after sales services of our products /  
equipment and their spare parts together with consumables and procure purchase orders to pass to us on such rates and  
conditions as may be negotiated by them for and on behalf of us.

The Indian agent M/s. \_\_\_\_\_ has also been authorized to provide after sales services,  
supply spare parts and consumables on the authorized rates as indicated in the price list of the company for the period of the  
currency of warranty and annual maintenance contract thereafter for a period of 5 years. They have also been authorized to  
negotiate the rate for allowing special discount to the hospital.

**Signature**  
**Name of authorized person for bidder with seal**



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**Annexure I**

**NEFT FORM FORMAT**

**APPLICATION FORM FOR DEPOSITING PAYMENT AGAINST BILLS IN BANK ACCOUNT BY ELECTRONIC  
CLEARING SERVICE / NEFT**

1)	Name of the Vendor	
2)	Vendor Address & Other Particulars	
a)	PAN NO.	
b)	GST NO.	
d)	Mobile No.	
e)	Email ID	
3)	Account Holder's Name ( <b>Title of the Account</b> )	
4)	Bank Account No.	
5)	Bank Name, Branch & Address	
6)	9-Digit MICR code of the bank	
7)	Account type ( <b>SB/CURRENT</b> )	
8)	IFSC Code ( <b>attach xerox copy of cheque</b> )	

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete information, I would not hold the user institution responsible. I agree to discharge the responsibilities as a participant under the scheme.

\_\_\_\_\_  
**Signature of the Vendor with seal.**

Certified that the particulars furnished above are correct as per our records.

\_\_\_\_\_  
**Signature of the authorised official from the bank.**

**Bank stamp :**

**Date :**

**Note: Xerox copy of cheque may be attached, without which the form will not be accepted.**



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**Annexure J**

**FORMAT OF NOTARY AFFIDAVIT ON NON- JUDICIAL STAMP PAPER OF  
RS.100/- STATING THEIR IN AS UNDER:-**

1. Confirming that no case pending against them in court of law, or that no time they were penalized by any court of Law or Regulatory Authority.
2. That the firm is never being blacklisted /penalized /defaulted by any government Institution / Hospitals with in last 5 years.
3. That the firm has deposited up to date Sales Tax and Income Tax. (Upload scan copy of clearance / Return certificate).
4. That the rates quoted by the firm are the lowest and not higher than the wholesale market rates /quoted in any other Institution or Hospitals. Rates have been checked by me / us and if approved I shall supply that items in the specified period.



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**Annexure K**

*To be printed & executed on Letter head of the supplier company / Indian agent*

**UNDERTAKING**

To,  
The Director,  
Advance Centre for Treatment Research & Education in Cancer  
Kharghar, Navi Mumbai – 410210.

1. I, the under signatory hereby undertake to supply, install and erect, testing & commission and maintenance of the equipment namely \_\_\_\_\_ for and on behalf of bidder on agreed terms and conditions as have been stipulated and mentioned in the Purchase order on acceptance of my offer for the above equipment / item.
2. I, the undersigned also hereby undertake to assure and promise to provide the spare parts within reasonable time for operation of the aforesaid equipment without any charge during the warranty period of 2 years and thereafter I will make available all the spare parts and consumables on the agreed price during the period of annual maintenance contract at least for the period of 5 years from the date of completion of the warranty period at the negotiated rate allowing discount on the price list of the company, authenticated copy of which will be submitted for your record.
3. Further also, I undertake to assure and promise to provide technical operational training to the scientific and technical staff members of the user Institute without any charge after commissioning of the equipment and condition thereof. In case training experts are not available in India the necessary operational training not exceeding to one week shall be arranged by the manufacturing company of the equipment in the manufacturing / assembling unit of the equipment in the foreign country of origin.

**Signature**  
**Name of authorized person for bidder with seal**



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**Annexure L**

*To be printed & executed on Letter head of the supplier company / Indian agent*

**Format of disclosure of existing customers to whom supply of equipment / service made available in India**

**CERTIFICATE**

This is to certify that M/s. \_\_\_\_\_ having manufacturing factory / unit at \_\_\_\_\_ and having registered office at \_\_\_\_\_ is a company registered and incorporated company under the Law of the land of \_\_\_\_\_, is our the principal company manufacturing the equipment namely \_\_\_\_\_. The said equipment has been supplied, installed and successfully commissioned with the users as are listed with their addresses in annexure hereto.

This is also to certify that we have not supplied above named equipment to any of the users in India at the cost less than the price quoted by us to Director, ACTREC, within the period of last six months.

**Signature**  
**Name of authorized person for bidder with seal**



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*Annexure M*

*(To be printed & executed on Letter head of the bidder and also required details to be filled like Tender No, Offer No and if applicable, evidence of valid registration by the Competent Authority shall be attached)*

To,  
The Director,  
Advance Centre for Treatment Research & Education in Cancer  
Kharghar, Navi Mumbai – 410210.

Sub: Compliance against OM F. No. 7/10/2021-PPD (1) dated 23.02.2023 issued by Ministry of Finance with respect to Restrictions under Rule 144(xi) of General Financial Rules(GFR), 2017

Ref:

1. OM F. No.7/10/2021-PPD (1) dated 23.02.2023 issued by Ministry of Finance with respect to Restrictions under Rule 144(xi) of General Financial Rules(GFR), 2017
2. Your Tender No-.....
3. Our Offer Ref No-----

"I have read the clause regarding restrictions on procurement from a bidder of a country which shares a land border with India; I certify that this bidder is not from such a country or, if from such a country, has been registered with the Competent Authority. I hereby certify that this bidder fulfills all requirements in this regard and is eligible to be considered. [Where applicable, evidence of valid registration by the Competent Authority shall be attached.]"

**Signature**

**Name of authorized person for bidder with seal**





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**Annexure N**

**(To be printed & executed on Letter head of the supplier company / Indian agent)**

**MSME Status:**

Having read and understood the Public Procurement Policy for Micro and Small Enterprises (MSEs) Order, 2012 (as amended and revised till date), and solemnly declare the following:

- a) We are - Micro/ Small/ Medium Enterprise/ SSI/ Govt. Deptt. / PSU/  
Others:.....
- b) We attach herewith, Udhyaam Registration Certificate with the Udhyaam Registration Number as proof of our being MSE registered on the Udhyaam Registration Portal.  
The certificate is the latest up to the deadline for submission of the bid.
- c) Whether Proprietor/ Partner belongs to SC/ ST or Women category. (Please specify names and percentage of shares held by SC/ ST Partners):.....

**Signature**

**Name of authorized person for bidder with seal**



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### **Annexure O**

**(To be printed & executed on Letter head of the supplier company / Indian agent)**

#### **Start-up Status**

we confirm that we ☐ are/ ☐ are not a Start-up entity as per the definition of the Department of Promotion of Industrial and Internal Trade – DPIIT.

**Signature**

**Name of authorized person for bidder with seal**



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**Annexure P**

(To be printed & executed on Letter head of the supplier company / Indian agent)

**Make in India Status:**

Having read and understood the Public Procurement (Preference to Make in India PPP - MII) Order, 2017 (as amended and revised till date) and related notifications from the relevant Nodal Ministry/ Department, and solemnly declare the following:

**(a) Self-Certification for the category of suppliers:**

- 1) (Provide a certificate from on letterhead for Class-I or Class-II Local Suppliers).
- 2)
- 3) Details of local content and location(s) at which value addition is made are as follows:

Local Content and %age	
Location(s) of value addition	

Therefore, we certify that we qualify for the following category of the supplier (tick the appropriate category):

- ☐ Class-I Local Supplier/  
☐ Class-II Local Supplier/  
☐ Non-Local Supplier.

**(b) We also declare that**

- ☐ There is no country whose bidders have been notified as ineligible on a reciprocal basis under this order for an offered Goods, or  
☐ We do not belong to any Country whose bidders are notified as ineligible on a reciprocal basis under this order for the offered Goods.

**Signature**

**Name of authorized person for bidder with seal**