ASSAM CANCER CARE FOUNDATION

3rd floor, V.K. Trade Centre, G.S. Road, Opp. Down Town Hospital, Guwahati – 781022, Assam Contact: 99985 15371

Email: procurement@accf.in | W: www.assamcancercarefoundation.org

Empanelment of vendors for supply of Medical Gases:

Ref No: ACCF/Medical Gas/2022-23/43 Dated: 7.04.2022

Assam Cancer care Foundation (ACCF) invites proposal for supply of medical gas cylinder on rental basis and refilling of the cylinders their cancer hospitals located across Assam. Addresses are mentioned below:

SI No.	Level	Location	Address
1	L2 Centres - 180 beds	Dibrugarh	Dibrugarh Cancer Centre, C/o Assam Medical College, Opposite 225 bedded Boys Hostel, Dibrugarh, Dibrugarh, Assam, 786002
2	L2 Centres – 140 beds	Barpeta	Barpeta Cancer Centre, C/o Fakhruddin Ali Ahmed Medical College and Hospital Campus, Jania Road, Jatigaon, Barpeta, Barpeta, Assam, 781301
3	L2 Centres – 140 beds	Diphu	Diphu Civil Hospital, Diphu Civil Hospital, Thana Road, Diphu, Karbi Anglong, Assam, 782460
4	L2 Centres 140 beds	Silchar	Silchar Cancer Centre, C/o Silchar Medical College and Hospital, Near Ghungoor Police Outpost, Ghungoor, Silchar, Cachar, Assam, 788014
5	L3 Centres – 43 beds	Darrang	Darrang Cancer Centre, Behind Mangaldai Civil Hospital, Baghpari Chapori, Mangaldoi, Darrang, Assam, 784125
6	L3 Centres – 43 beds	Jorhat	Jorhat Cancer Centre, C/o Jorhat Medical College, Jail Road, Jorhat, Jorhat, Assam, 785001
7	L3 Centres – 43 beds	Lakhimpur	Lahimpur Cancer Centre, Opposite St. Marrys High School, Nakari, Saboti, North Lakhimpur, Lakhimpur, Assam, 787001
8	L3 Centres – 43 beds	Kokrajhar	Kokrajhar Cancer Centre, Near Bodoland University, Rangalikhata Pt-1, Deborgaon, Kokrajhar, Assam, 783370
9	L3 Centres. – 43 beds	Tezpur	Tezpur Cancer Centre, Opposite Chandranath Sarma H.S School, Near Tezpur Medical College and Hospital, Geruabari, Bihaguri, Sonitpur, Assam, 784153

Interested venders shall submit their site wise proposal via speed post/courier/hand at ACCF office ASSAM CANCER CARE FOUNDATION, 3rd floor, V.K. Trade Centre, G.S. Road, Opp. Down Town Hospital, Guwahati — 781022, Assam **or** vendors can submit the proposal via mail on procurement@accf.in / info@accf.in also.

Interested Vendor shall submit their financial proposal in below mentioned format:

On the letter head of the vendor:

Nama	Λf	Site:
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Gases	Type of Cylinders	Capacity of Cylinder	Make of Cylinder	Cylinder rent per day per cylinder	Refilling rate
Oxygen	Type A				
Oxygen	Туре В				
Oxygen	Type D				
Carbon Di oxide	Type A				
Carbon Di oxide	Туре В				
Carbon Di oxide	Type D				
Nitrous Oxide	Type A				
Nitrous Oxide	Туре В				
Nitrous Oxide	Type D				

^{*}If required, add rows.

- 1. Site wise proposal should be submitted.
- 2. Along with the proposal Vendor should send their hospital customers name in that particular city.
- 3. Proposal shall also contain GST Certificate & PESO license of the facility from where cylinder will be supplied.
- 4. Vendor Onboarding Form is attached below which is also required to be filled and submitted along with Proposal.

ACCF can visit the refilling facility of the vendor if required.

Head Procurement, ACCF Guwahati



ASSAM CANCER CARE FOUNDATION

3rd Floor, V K Trade Centre, Opp. Downtown Hospital, Guwahati-781022

VENDOR EVALUATION SYSTEM Vendor Onboarding Details

Category Name	: Trader	Manufacturer							
Address	:								
PIN	:								
Mobile	:	:							
E-mail	:	·							
Website	:	<u>:</u>							
GST No.	:	•							
PAN No.	·								
	applicable):								
	C/SSI No. :								
	ınt No. :								
Branch :									
	·								
Contact Per	son :								
/ Others Supplier Ty _l	ablishment : Proprietorship / Pa pe : Registered / Un Registered pe : Goods / Service / Work : Owned / Rented	artnership / Pvt. Ltd. / Public Ltd. / Trust / LLP / Societ	ty						
:									
For Traders	/ Manufacturer (Related docur 1. Authorization / Dealership 3. Last 2 Years Sales Tax R 5. Drug License 7. Trade License 9. PF Registration 11. CLRA Registration	Certificate 2. MSME Registration Certificat	te						

For Installation / Comm Whether qualified person Responsible persons, I	on(s) available or not	: Yes / No No. :	
Any other details if any	:		
Any Relative at ACCF	: Yes / No,		
Name of the Applicant	attach more sheets / co & Stamp :	ppies of certificate wherever	needed)
Authorised Person	:		
Signature	:		
Date	:		
		OFFICE USE ONLY	
Note: Vendor is recom	mended for registration	: Yes / No	
If	No	State	reason(s)
Checked & Verified by			Approved By