

**TECHNICAL BID FORMAT FOR RUNNING THE CANTEEN AT ST. JOHN'S
MEDICAL COLLEGE AND HOSPITAL**

Tender Notice No. _____ Dated _____ .2009

I) PRIMARY DETAILS

- 1) Name of the Tenderer
- 2) Father's Name
- 3) Residential Address
- 4) Office Address
- 5) Contact Telephone No.
- 6) Contact Mobile No
- 7) PAN No
- 8) Registration with VAT

II) TECHNICAL DETAILS :

- 1) If the Tenderer is a Firm / Company, please enclose copies of the following documents:-

- i) Memorandum & Articles of Association : Copies enclosed YES/NO
- ii) Audited Balance Sheet & Profit and Loss account for the – last 3 years. : Copies enclosed YES/NO
- iii) Net-Worth of the Firm/Company : Copies enclosed YES/NO

Note: If the above clause is not applicable, please indicate as 'NA' against item 1 (i) to 1 (iii)

- 2) Copies of the Income-tax returns filed : _____ Copies enclosed YES/NO
by the Tenderer during the last 3 years
- 3) Copies of experience certificate of : _____ Copies enclosed YES/NO
conducting similar business by the Tenderer during last 3 years.

- 4) Provide names of any two prominent persons not related to the :
Tenderer with addresses and contact phone Nos.
- 5) Information on existing Business / transactions being operated by the
Tenderer – Furnish details
- 6) Details of the authority vested with the Tenderer for making
the offer in case of Company
- 7) If the Tenderer has any transaction / liabilities / dealings with
CBCI Society for Medical Education or any of the Institutions formed by it, or its Offices or
Units and, if so, details there of

Declaration

I/We hereby declare that I/we have read the terms and conditions contained in the Tender Document Notification before submitting the Tender and I/we am/are furnishing the above information to the best of my/our knowledge and information. In case Licensor finds that any of the information furnished by me is false at a later date, I/we am/are liable for the action being initiated by the licensor, against me/us including cancellation of my/our Quotation / License without giving any notice.

I/We further declare that I/we have not submitted any other quotation in response to the above Tender Notification through my/our relatives or associates.

COMMERCIAL / PRICE BID FORMAT – QUOTATION

PARTICULARS TO BE FURNISHED BY THE TENDERER

Tender Notice No. _____ **Date:** _____

I/we am/are furnishing here-under my/our particulars and rates for running the Canteen at St John's Medical College and Hospital, Bangalore on License basis:-

1) Name & Address of the Tenderer :
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.....

2) DD details toward EMD DD No. & Date, of the Bank	Value	Name
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3) I/We offer the following rate per month.

NAME AND ADDRESS OF
TENDERER WITH SEAL
AND SIGNATURE

Note: Minimum reserved bid is Rs.3,50,000/- and no bid for less than Rs.3,50,000/- would be accepted.

DECLARATION

Declaration to be given by the Tenderer at the time of submission of Tender:

Name of Work: Running of canteen facility for sale of breakfast, lunches, dinner and other eatables at St. John's Medical College & Hospital, and St. John's National Academy of Health Sciences, Bangalore.

I/We have studied the Tender documents, read and understood the terms of the agreement and the nature of work to be carried out carefully and diligently and I/We have submitted the Tender document having studied, understood and accepted the full implications of the Tender documents.

The work will be executed conforming to the requirements contained in the Tender document in a professional manner.

PLACE:

NAME:

DATE :

SIGNATURE WITH SEAL OF THE TENDEROR