



(A Government of Puducherry Institution)  
**INDIRA GANDHI MEDICAL COLLEGE AND RESEARCH INSTITUTE**  
(Unit of Perunthalaivar Kamarajar Medical College Society)  
Vazhudavur Road, Kathirkamam, Puducherry - 605 009 Ph: 0413-2277289  
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**TENDER NOTIFICATION**

**Sub:** Inviting Quotation for Decommissioning and Disposal of Non-Functional X-Ray Machines as per AERB Norms- Reg.

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This Institute invites quotations for the scraping, decommissioning, and disposal of 6 (six) non-functional X-Ray machines installed in the Radiology Department, Hospital Block, IGMC&RI. The decommissioning and disposal process must comply with AERB norms and should be carried out at no cost. Hence, the participating firms are requested to furnish the scrap rate per machine, inclusive of GST. It is essential that the decommissioning and disposal procedures ensure safe handling and transport in accordance with institutional protocols.

Sl. No.	Details of decommissioning and disposal Machines	Qty.
1	Type: Fixed X-Ray Machine Make & Model: Allengers 525-FC Serial No.: 2K15050185 AERB Licence No.: G-XR-106419 Year of Manufacturing: 2015	1
2	Type: Fixed X-Ray Make & Model: Allengers 525-FC Serial No.: 2K140350082 AERB License: G-XR-106418 Year of Manufacturing: 2014	1
3	Type: Fixed X-Ray Make & Model: Allengers Mars 65 Serial No.: 2K15060221 AERB License: G-XR-106421 Year of Manufacturing: 2015	1
4	Type: Mobile X-Ray Make & Model: Allengers Mars 2.5 Serial No.: 2K130802291 AERB License: G-XR-106408 Year of Manufacturing: 2013	1
5	Type: Mobile X-Ray Make & Model: Allengers Mars 6 Serial No.: 2K15030113 AERB License: G-XR-106415 Year of Manufacturing: 2015	1
6	Type: Mobile X-Ray Make & Model: Allengers Mars 6 Serial No.: 2K15030108 AERB License: G-XR-106416 Year of Manufacturing: 2015	1

1. **Tender Eligibility Criteria:**

- a) The firm or co-firm must hold a **valid AERB license** and comply with AERB norms for decommissioning and disposal of X-Ray machines.

2. **Scope of Work:**

a) **Decommissioning and Disposal:**

- o Safe decommissioning of all listed X-Ray machines.
- o Disposal in compliance with AERB norms and institutional protocols.

b) **Safe Handling and Transport:**

- o Ensure proper transport of decommissioned equipment to the disposal facility.

c) **Completion Report:**

- o To Provide a detailed report after completion of the disposal process.

3. **Quotation Requirements**

- a) Firms must quote **scrap rates** for the listed equipment, inclusive of GST (*Decommissioning and disposal of the Equipment at free of cost*).
- b) To Clearly specify the process of decommissioning and disposal.
- c) The quotation must include the firm's **GST Number, Contact Details, and Email ID.**

4. **Additional Terms & Conditions**

- a) The entire process, including decommissioning and disposal, must be completed **at no additional cost** apart from the quoted scrap rate.
- b) The work must be completed within **10 days** from the date of receipt of the work order.
- c) Quoted rates, once approved, will be final, and no revisions will be entertained.
- d) The bidder is responsible for ensuring the safe arrival of the equipment at the disposal site.
- e) The bidder is responsible for obtaining decommissioning permission through the on-line portal [www.aerb.gov.in/e-LORA](http://www.aerb.gov.in/e-LORA). Upon completion, a certificate confirming the decommissioning should be provided to this Institute.

5. **Disposal Plan**


- a) Details of decommissioning/ disposal of machines mode of transportation should be intimated ensuring compliance with environmental and institutional protocols.

6. **Submission Details**

- a) Quotation should be addressed to:  
**The Director, Indira Gandhi Medical College & Research Institute, Kadirkamam, Puducherry.**
- b) The envelope should be sealed and superscribed as:  
**"Quotation for Decommissioning and Disposal of Non-Functional X-Ray Machines as per AERB Norms."**
- c) **Quotations must reach on or before 17.01.2025.**

7. **Quotation Opening**

- a) Quotations will be opened at **11:30 A.M. on 20.01.2025** in the presence of the firm's representatives.

  
DIRECTOR  
CHAIRPERSON,  
TENDER COMMITTEE

## LIST OF DOCUMENTS TO BE ENCLOSED

To ensure transparency, compliance, and proper evaluation, the following documents should be obtained from the participating firms:

### **Mandatory Documents:**

1. **AERB License:**
  - A valid license from the Atomic Energy Regulatory Board (AERB) for handling and disposal of X-Ray machines.
2. **GST Registration Certificate:**
  - Proof of GST registration, including the GST number.
3. **Technical Proposal:**
  - Description of the process the firm will follow for decommissioning and disposal, ensuring compliance with AERB norms.
4. **Financial Proposal:**
  - Quotation clearly stating the scrap rate per machine, inclusive of GST in the letter head.
5. **Undertaking of Free Service:**
  - A declaration that the decommissioning and disposal will be conducted at no additional cost apart from the quoted scrap rate.
6. **Contact Information:**
  - Firm's complete address, phone number, email ID, and contact person's details.
7. **Authorization Letter:**
  - To be submitted along with authorization letter of AERB.
8. **Bank Details:**
  - Bank account details to be provided in case of any necessary financial transactions.

These documents will ensure the participants meet eligibility criteria and facilitate fair selection.

- COMPANY LETTER HEAD -

**DOCUMENT SUBMISSION CHECKLIST**

**Subject:** Submission of Documents for Quotation – Decommissioning and Disposal of Non-Functional X-Ray Machines – Reg.

**To:**

The Director,  
Indira Gandhi Medical College & Research Institute,  
Kadirkamam, Puducherry

**From:**

[Name of Participating Firm]  
[Firm's Address]  
[Contact Person Name & Designation]  
[Phone Number and Email ID]

**LIST OF SUBMITTED DOCUMENTS**

Sl. No.	Document Name	Attached (Yes/No)	Remarks
1	AERB License	[Yes/No]	
2	GST Registration Certificate	[Yes/No]	
3	Technical Proposal (Process Description)	[Yes/No]	
4	Financial Proposal (Quotation)	[Yes/No]	
5	Undertaking for Free Decommissioning	[Yes/No]	
6	Contact Information	[Yes/No]	
7	Authorization Letter (if applicable)	[Yes/No]	
8	Bank Details	[Yes/No]	
9	Certificates of Compliance (if any)	[Yes/No]	

**If there is any change in the above details, I will immediately intimate you.**

I..... hereby declare that the details given above are true to the best of my knowledge and I have thoroughly read and understood the terms & conditions of the tender and shall abide by the rules.

Dated:

Signature  
(Name with designation and seal)

- **COMPANY LETTER HEAD** -  
**FINANCIAL PROPOSAL**

**Subject:** Financial Quotation for Decommissioning and Disposal of Non-Functional  
X- Ray Machines - Reg.

**To:**

The Director,  
Indira Gandhi Medical College & Research Institute,  
Kadirkamam, Puducherry

**From:**

[Name of Participating Firm]  
[Firm's Address] [Contact Person Name & Designation] [Phone Number and Email ID]

**QUOTATION DETAILS**

Sl. No.	Details of decommissioning and disposal Machines	Qty.	Scrap Rate per Machine (Incl. of GST)	Amount Rs.
1	Type: Fixed X-Ray Machine Make & Model: Allengers 525-FC Serial No.: 2K15050185	1	Rs. [Enter Amount]	Rs. [Enter Amount]
2	Type: Fixed X-Ray Make & Model: Allengers 525-FC Serial No.: 2K140350082	1		
3	Type: Fixed X-Ray Make & Model: Allengers Mars 65 Serial No.: 2K15060221	1		
4	Type: Mobile X-Ray Make & Model: Allengers Mars 2.5 Serial No.: 2K130802291	1		
5	Type: Mobile X-Ray Make & Model: Allengers Mars 6 Serial No.: 2K15030113	1		
6	Type: Mobile X-Ray Make & Model: Allengers Mars 6 Serial No.: 2K15030108	1		

**Total Quoted Amount (Incl. GST):** Rs. [Enter Grand Total in Numbers]

**Total Amount in Words:** Rs. [Enter Grand Total in Words]

**Terms & Conditions:**

1. The rates quoted are inclusive of GST and any other applicable taxes.
2. The decommissioning and disposal will be conducted at no additional cost apart from the quoted scrap rate.
3. The quoted rates are valid for 180 days.
4. Payment will be processed after completion of the work and submission of the disposal report.

**Declaration:**

I, the undersigned, certify that the rates quoted above are accurate and binding.

**Signature:**

[Authorized Representative's Name] & [Designation] & [Date]