

**Invitation of quotation**  
**for**  
**Supply of Functional Electrical Stimulator (FES)**  
**for Dysphagia Management in Speech Therapy**  
**Unit**  
**At**  
**All India Institute of Medical Sciences, Jodhpur**

Inquiry No.: : Admin/Gen/12-09(v)/2021-AIIMS.JDH

Inquiry Issue Date : 11<sup>th</sup> December, 2021

Last Date of Submission : 17<sup>th</sup> December, 2021 at 03:00 PM.



**All India Institute of Medical Sciences, Jodhpur**

Basni Phase - II, Jodhpur – 342005, Rajasthan

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**Invitation of quotation for Supply of Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy Unit at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply of Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy Unit for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 17.12.2021 03:00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF FUNCTIONAL ELECTRICAL STIMULATOR (FES) FOR DYSPHAGIA MANAGEMENT IN SPEECH THERAPY UNIT AGAINST INQUIRY NO. ADMN/GEN/12-09(v)/2021-AIIMS.JDH” DUE ON 17.12.2021 03:00 PM**

**1. Terms & Conditions:**

- A) The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer Submitted Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
- B) Quotations must be in the enclosed prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be dropped in “**Quotation Box**” located in Administration Block of AIIMS, Jodhpur.
- C) Rates must be quoted in **Indian rupees** and as per the format specified taxes extra if any must be written separately.
- D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
- G) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- H) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- I) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
  - Firm shall be registered with the Government of Rajasthan / Central Government.
  - The firm shall have valid GST No.

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- **The firm should not be black listed by any Govt. Agency/Dept.**

- J) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.
- K) **Delivery Period** – within 30 days from Purchase order.
- L) **Liquidated Damage:** - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- M) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Jodhpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Jodhpur with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Jodhpur whose decision will be final and binding upon the contractor.
- O) AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Jodhpur will be final in this regard.
- P) AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.

**2. Special Terms & Conditions:**

- A) **Bidder must quote the product as per specification provided in Annexure 1.**
- B) **Catalog must be attached with quotation for technical evaluation.**
- C) **The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**

**Administrative Officer**

Encl.: Annexure 1 (Specification)  
Annexure 2 (Format of price bid)

**Annexure 1**

S. No.	Particular	Specifications	Qty.
1.	Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy	<p><b><u>The unit should have the following features:-</u></b></p> <ol style="list-style-type: none"> <li>1. The unit should have swallowing measurement and Biofeedback technology useful for Skill and strength training.</li> <li>2. The unit should schedule swallowing activity for up to eight hours.</li> <li>3. The unit should display swallowing frequency, which gives therapists information about patient swallowing activity over time.</li> <li>4. Objective swallow detection procedure should be in real time.</li> <li>5. The pharyngeal swallowing phase should be displayed and evaluated objectively</li> <li>6. The values should be derived via adhesive electrodes attached to the neck.</li> <li>7. The Unit should have the facility of measurement results comparison.</li> <li>8. The Unit should display the Start Time, End time, Number of swallows, Swallows Frequency, Speed in the report chart.</li> <li>9. The supplier/Bidder should quote the equipment with all the essential accessories.</li> <li>10. Should have European CE /US FDA Approved.</li> </ol>	01 Nos.

**Note: -**

- ❖ **Catalog/ Brochure must be attached for Technical Evaluation.**
- ❖ The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

**[On the letterhead of firm]**

**ANNEXURE "2"**  
**PRICE BIDFORM**

To,  
Administrative Officer,  
AIIMS, Jodhpur.

Dear Sir,

1. I/We ..... Submitted the quotation for Enquiry No. "QUOTATION FOR SUPPLY OF Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy Unit AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/12-09(v)/2021-AIIMS.JDH" DUE ON 17.12.2021 03:00 PM for Supply of Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy Unit at AIIMS Jodhpur".
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

S. No	Particular	Qty.	Quoted Make	Price/Unit Exclusive of GST (INR)	GST/Other Taxes	Price/ Unit Inclusive of GST (INR)	Total Cost Inclusive of GST (INR)	MRP
1.	Functional Electrical Stimulator (FES) for Dysphagia Management in Speech Therapy Unit <b>Specification:-</b> As per annexure – 1	01 Nos.						

**Note:-**

1. **The Bidder must quote only single Make & Model.**
2. The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be **REJECTED**.
3. Catalog must be attached with quotation for technical evaluation.
4. The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

Date \_\_\_\_\_

(Name) \_\_\_\_\_

Place \_\_\_\_\_

Name of Firm/Company/Agency \_\_\_\_\_

GSTIN No.: \_\_\_\_\_

Bank Name:- \_\_\_\_\_

Bank Account No.: \_\_\_\_\_

IFSC Code:- \_\_\_\_\_

Branch Name: \_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_

(Signature of Authorized Person) \_\_\_\_\_

Seal: \_\_\_\_\_