

Invitation of quotation
for

Syringe 10 ml

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admin/Gen/14-04/2023-AIIMS.JDH

Inquiry Issue Date : 04th August, 2023

Last Date of Submission : 07th August, 2023 at 03:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan

Telefax: 0291- 2740741, email: procurement@aiimsjodhpur.edu.in

www.aiimsjodhpur.edu.in

Invitation of quotation for Syringe 10 ML at AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Syringe 10 ML 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 07.08.2023 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

“QUOTATION FOR SYRINGE 10 ML AGAINST INQUIRY NO. ADMN/GEN/14-04/2023-AIIMS.JDH” DUE ON 07.08.2023 03.00 PM”

1. Terms & Conditions:

- A) The quotations received unsealed and after the deadline shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer Submitted through Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
- B) Quotations must be in the enclosed prescribed Porforma (Annexure – 2) 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 (INR)** 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 Central/ State Government.
 - The firm shall have valid GST/Other taxes and IT PAN.
 - **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.

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- 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 Bidder must submit the sample of quoted make for technical evaluation at Central Store, IPD Ground Floor, AIIMS Jodhpur at the time of submission of their quotation. Failure to submit the sample at the time of submission of their quotation/offer will be summarily rejected.**

Deputy Director (Admin.)

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

Annexure 1

Sr. No.	Item Name	Specification	Qty.	Make
1.	Syringe 10 ml	with needle	60,000	Nipro/ Omnivan/ BD/ Dispovan

Note: -

- **The Bidder must quote single Make.**
- The bidder must quote their quotation only in the prescribed format (Annexure-II) on the letter head of firm otherwise quotation will be **REJECTED**.
- Catalog must be attached with quotation for technical evaluation.
- **The Supplier must submit Manufacturer Authorization Certificate.**
- The Bidder must submit the sample of quoted make for technical evaluation at **Central Store, IPD Ground Floor, AIIMS Jodhpur** at the time of submission of their quotation. Failure to submit the sample at the time of submission of their quotation/offer will be summarily rejected.

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ANNEXURE "2"
PRICE BIDFORM

To,
The Deputy Director (Admin.),
AIIMS, Jodhpur.

Dear Sir,

1. I/We Submit the quotation for Enquiry No. **"QUOTATION FOR Syringe 10 ML AT AIIMS AGAINST THE INQUIRY NO. ADMN/GEN/14-04/2023-AIIMS.JDH" DUE ON 07.08.2023 03.00 PM** for Syringe 10 ml at AIIMS Jodhpur".
2. I/We have 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.	Syringe 10 ml	60000						

Date _____

Place _____

Name of Firm/Company/Agency _____

GSTIN No.: _____

Bank Name:- _____

Bank Account No.: _____

IFSC Code:- _____

Branch Name: _____

Phone No. _____

Email: _____

(Signature of Authorized Person) _____

(Name) _____

Seal: _____