Invitation of Quotation

For

Sale of Surplus Plasma

By Blood Bank of

All India Institute of Medical Sciences, Jodhpur

Issue Date : 06th July 2016

Inquiry No. : Admin/General/43-01/2016-AIIMS.JDH

Last Date of Submission : 22nd July 2016 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur, Rajasthan-342005.

Telephone: 0291- 2012978, email: <u>aoadmin@aiimsjodhpur.edu.in</u> www.aiimsjodhpur.edu.in

AIIMS, Jodhpur Blood Bank is planning to provide surplus plasma to Indian plasma fractionators as per initiative approved by National Blood Transfusion Council.

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for the Institute as per terms & conditions mentioned below. The filled quotations along with all required document must reach in the office of the undersigned on or before 22nd July 2016, 05:00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

"QUOTATION FOR SALE OF SURPLUS PLASMA AGAINST INQUIRY NO. Admin/General/43-01/2016-AIIMS.JDH" DUE ON 22nd July 2016, 05:00 PM".

Eligibility Criteria:

- The plasma fractionator must be licensed by the Government of India for plasma fractionation for manufacturing clinically usable products in a cGMP facility.
- The fractionator will remain accountable to update AIIMS Jodhpur about the nature and quantity of all the products manufactured from the plasma received from the institute.
- The fractionator must ensure that none of the products recovered from this plasma will be exported before fulfilling domestic demand.
- A buy back policy for plasma derived products from the fractionator will be finalized at the discretion of the Institute.

Terms & Conditions:

1. 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.

2. Earnest Money Deposit:

The tenderer will have to pay Earnest Money Deposit of Rs.20,000/- (Rupees Twenty Thousand only) by way of demand drafts or Bank Guarantee only. The demand drafts or Bank Guarantee shall be drawn in favour of "All India Institute of Medical Sciences, Jodhpur". The demand drafts or Bank Guarantee for earnest money deposit must be enclosed in the envelope containing the bid. The same will be refunded without any interest to successful tenderer only after satisfactory execution of the contract and fulfillment of all contractual obligations. In case of unsuccessful tenderer(s), the Earnest money deposit will be refunded as early as possible. Bid(s) received without demand drafts or Bank Guarantee of EMD will be rejected.

- 3. 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.
- 4. Rates must be quoted as per the format specified Taxes extra if any must be written separately.
- 5. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- 6. The rates quoted must be valid for 180 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.
- 7. The technically qualified Bidder who submits the highest financial bid amount shall be

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declared as Successful bidder (H1) and communication to that effect shall be made subject to approval and as decided by the Competent Authority.

However, minimum rate per liter of Plasma will be Rs.1,600 per liter of plasma as per D.O.No.S-12016/01/2012-NACO (NBTC) dated 28th October 2015.

- 8. RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- 9. The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
 - a. Firm shall be registered with the Government of Rajasthan / Central Government.
 - b. The firm shall have valid VAT/ Sales Tax No. and IT PAN.
 - c. The firm should not be black listed by any Govt. Agency/Dept.
- 10. 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.
- 11. **Delivery Period** 15 days from award of work.
- 12. **Liquidated Damage:** If the firm fails to lift the material within stipulated delivery period 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.
- 13. **Payment Terms:** Full payment of the order has to be made before lifting of plasma from AIIMS, Jodhpur.
- 14. **Disputes:** -In the event of any dispute or disagreement arising between the Supplier 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 Supplier.
- 15. 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.
- 16. 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.

Administrative Officer AIIMS, Jodhpur

Encl.: Annexure 1 (Format of Price Bid)

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To,

Administrative Officer,

AIIMS, Jodhpur.

[On the letterhead of firm]

ANNEXURE - I PRICE BIDFORM

Dear Si	r,		
Enquiry Admin Surplus 1.	No. "QU/General/4 Plasma by I/We thou document	JOTATION FOR SALE OF 43-01/2016-AIIMS.JDH" DU y Blood Bank at AIIMS, Jodhp	I and accepted terms & conditions given in the enquiry ill be rejected out rightly.
	S.No.	Particulars	Rate per litre (in Rs.)
	1	Plasma	
	Place	e	(Signature of Authorized Person)
			(Name)
			Name of Firm/Company/Agency
			Phone No
			Email:

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