

Invitation of quotation
for
Goods/consumables
At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : AIIMS/Admin/RES/63/2022

Inquiry Issue Date : 24 May 2025

Last Date of Submission : 02 June 2025 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 goods/Consumables at AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Executive Director, AIIMS Jodhpur for Supply of Consumables/goods 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 02/06/2025 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

“QUOTATION FOR SUPPLY OF GOODS/CONSUMABLES AGAINST INQUIRY NO. AIIMS/Admin/RES/63/2022” DUE ON 02/06/2025 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/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 15 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 all 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 Executive 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 for Executive Director, 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 Executive Director, AIIMS, Jodhpur will be final in this regard.
- Q) The near relatives of employees of AIIMS, Jodhpur are prohibited from participation in this tender. The near relative for this purpose are defined as: (a) Members of a Hindu undivided Family. (b) Their spouses (c) The one related to the other in the manner as father, son(s), Son's wife (daughter-in-law), daughter(s) and daughter's husband (sons-in-law) brother (s) and brother's wife, sister(s) and sister's husband, brother(s)-in-law.

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 GSTIN Registration**
- D) **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.**
- E) **After successful award of the order, if/whether the Bidder stated that they will not be able to supply the items for any particular reason, Executive Director AIIMS, Jodhpur reserves the right to ban such firm.**

DEAN (Research)

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

Annexure 1

S.No.	Particular	Specification	Sample	Qty.
1.	Dried Blood spot card kit	Annexure (i)	Annexure (ii)	5000

Note:- The supplier may be asked to arranging demonstration of their material for which rates have been quoted, to the Administrative Block, AIIMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.

New Born Screening card Kit

1. The filter paper used should be manufactured from 100% cotton linters without any wet-strength additive.
2. The basic weight of the filter paper should be 182 \pm 5%mg.
3. pH value should be between 5.7 to 7.5
4. Blood adsorption time should be less than 30 seconds.
5. Cards should have 6 blood collection spots and printed lot no., expiry, Bio hazard symbol, non-reusable symbol and European CE mark with notified body and certificate should be traceable.
6. The diameter of the spot should be 13 mm \pm 0.5mm.
7. The blood adsorption capacity should be 65ul to 70ul.
8. Tensile strength of the filter paper should be between 25 to 30 N per 15MM in machine direction of paper.
9. Filter paper should comply CLSI NBS01-A6 and ISO 13485 standards.
10. The demography details form should be attached in duplicate with the filter paper as per the standard format. (Samples may be asked)
11. Instruction for blood collection should be printed on the back side of the card as per approved format.
12. There should be sign of Biohazard on filter paper and Newborn screening card.
13. Spot should be covered by flap, there should be perforation between filter paper card and demographic leaf. (Samples may be asked)
14. The demographic cards attached with filter paper should be of at least 200 GSM.
15. The demography should be printed with highlighted key demography fields like baby name, mother name, father name, contact address, contract number etc. (Samples should be submitted)
16. There should be at least 1 perforation between 6 spots with 3 spots slot.
17. Suitable size of self-seal paper envelope required with each card.
18. There should be space to write unique id/Sr. on the demographic leaf.
19. Silica Gel sachet of 1gm in non-woven packing.
20. Medical Grade, stainless steel blade lancet, super sharp blade for instant incision. Sterile and individually packed.
21. Firm should provide training to technicians/nurses regularly for blood collection. Clinical services should be documented by company, pack size 100.
22. It should be in complete kit format including – one pair of gloves, individual lancet, alcohol swab, silica sachet one punching machine / 1000 DBS kit.

PerkinElmer 226
LOT 112911 / EC03C004

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All India Institute of Medical Sciences, Jodhpur

Newborn Screening Card

Patient Name:																											
Patient ID:									Lab ID:									Birth Weight:									
D.O.B.:					Time of Birth:					Contact:																	
Mother's Name:																									Age:		
Father's Name:																									Age:		
Address:																											
																									Ph.:		
Date of Collection:					Time of Collection:					Sex:	M	<input type="checkbox"/>	F	<input type="checkbox"/>													
Mode of Delivery:			V	LSCS	Transfusion received:			Y	<input type="checkbox"/>	N	<input type="checkbox"/>	Transfusion Date:															
Physician's Name:																									Contact:		
Sample Collector's Name:																											
Remarks:																											

On the letterhead of firm]
ANNEXURE “2”
PRICE BIDFORM

To,

Dean (Research),
 AIIMS, Jodhpur.

Dear Sir,

1. I/We Submitted the quotation for Enquiry No. **“QUOTATION FOR SUPPLY OF GOODS/ CONSUMABLES AT AIIMS, Jodhpur AGAINST THE INQUIRY NO. AIIMS/Admin/RES/63/2022”** due on 02/06/2025 03.00 PM for Supply of Consumables/goods 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	Specification	Qty.	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	Total
1.	Dried Blood spot card kit	Annexure (i)	5000				

1. **The Bidder must quote only single Make & Model.**

2. **The Bidder must submit the Warranty certificate, GSTIN Registration and PAN Card self-attested copy with the quotation otherwise quotation will be REJECTED.**

3. The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.

4. Catalog must be attached with quotation for technical evaluation.

5. **The Bidder may be asked to submit the sample of quoted make for technical evaluation at Medical College, Third Floor, AIIMS Jodhpur at the time of submission of their quotation.**

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: _____