

Invitation of quotation
for
Supply of Head Lights for Neurosurgery
At
All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admin/Gen/21-03/2019-AIIMS.JDH

Inquiry Issue Date : 03rd September, 2019

Last Date of Submission : 09th September, 2019 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan

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**Invitation of quotation for Supply of Head Lights for
Neurosurgery at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply of Head Lights for Neurosurgery 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 09.09.2019 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF HEAD LIGHTS FOR
NEUROSURGERY AGAINST INQUIRY NO. ADMN/GEN/21-03/2019-
AIIMS.JDH” DUE ON 09.09.2019 05.00 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.**

INQUIRY NO. Admin/Gen/21-03/2019-AIIMS.JDH

- 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 Bidder must submit the GSTIN Registration and PAN Card self-attested copy with the quotation.**
- 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.**

Administrative Officer

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

Annexure 1

S. No.	Particular	Specification	Required Qty.
1.	Head Lights for Neurosurgery	<p><u>The equipment should have the following features:-</u></p> <ol style="list-style-type: none"> 1. LED Portable Battery pack with small optical assembly suitable for Mounting on Surgical Telescope or Headband. 2. Suitable for mounting on Glass Spectacles. 3. High Power White LED with production of color rendering similar to sunlight with color Temperature of 6000K and expected LED life time of 50000 Hours. 4. Battery pack up to 150 GMS and LED assembly weight not more than 35.5 GMS. 5. Battery pack should have clip to attach on to surgeon's belt. 6. Provided with 02 battery packs for long continuous working hours with electric charging time up to 5 hour. 7. Should have option to choose one light module with Illumination area @ WD400 mm with 4 time step up illumination around 80mm. 8. Brightness at working distance of 400m with 59000 Lux or more. 9. Illumination area 66~88 mm @ WD 400mm with more than 80% light uniformity. 10. Operation Time up to 23 Hours with minimum 5 Hours with maximum intensity. 11. LED panel to show the battery remaining percentage. 12. Operated by remote controller. 13. Durable Packing Case. 14. Should be manufactured by a well-known national/international brand with CE European marking and USFDA Certification. 15. Should produce satisfactory performance report from 3 Government Hospital/ Institutions. 	02 Nos.

Note: - 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 HEAD LIGHTS FOR NEUROSURGERY AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/21-03/2019-AIIMS.JDH" DUE ON 09.09.2019 05.00 PM for Supply of Head Lights for Neurosurgery 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.	Head Lights for Neurosurgery Specification :- As per Annexure – 1.	02 Nos						

Note:-

- The Bidder must quote only single Make & Model.**
- The Bidder must submit the GSTIN Registration and PAN Card self-attested copy with the quotation otherwise quotation will be REJECTED.**
- The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.
- Catalog must be attached with quotation 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.

Date _____

(Name) _____

Place _____

Name of Firm/Company/Agency _____

GSTIN No.: _____

INQUIRY NO. Admin/Gen/21-03/2019-AIIMS.JDH

Bank Name:- _____

Bank Account No.: _____

IFSC Code:- _____

Branch Name: _____

Phone No._____

Email:_____

(Signature of Authorized Person) _____

Seal:_____