

Invitation of quotation

For

Dental Consumables

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : Admin/Gen/25-22/2019-AIIMS.JDH

Inquiry Issue Date : 19th March, 2020

Last Date of Submission : 25th March, 2020 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 Dental Consumables at AIIMS
Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Dental Consumables 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 25.03.2020 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR DENTAL CONSUMABLES AGAINST INQUIRY
NO. ADMN/GEN/25-22/2019-AIIMS.JDH” DUE ON 25.03.2020 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.**
- J) Quotations qualified by such vague and indefinite expressions such as “subject to prior

INQUIRY NO. Admin/Gen/25-22/2019-AIIMS.JDH

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 submit the sample of quoted make for technical evaluation, 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.	Item Name	Qty.	Specification	Make
1	Rim locked impression tray	4 Sets	Should be Perforated, 1 set contains 8 trays (4U/4L)	All can apply
2	Rubber dam wedgets	200 Pcs.	-	Coltene/DENTSPLY/Hygienic
3	Rubber dam clamps set	5 Sets	Set of nine clamps without wings	Coltene/DENTSPLY/Hygienic
4	Bite registration trays	10 Sets		All can apply
5	Temporary Crown Material	05 Nos.	Powder/Liquid 30Gm or above pack	Coltene/DENTSPLY/Hygienic
6	Artificial bone graft	04	Pack of 4 cartridges .25 cc cartridges	Nova Bone/Dentium/Life Care
7	Irrigation Needle	500 Pcs	Luer locked, 30 gauge with two vents	Oracam/Transcodent/Endotop/Monojet/Prorinse
8	Gingival retraction system Starter Kit	01 Kit	Should contain: <ul style="list-style-type: none"> • Gun for delivery • Capsules with aluminium chloride paste • Capsule should have extra fine tip • Kit should supply with 50 capsules. 	3M/KERR/ACITEON
9	Matrix bands tofelmire	100 Pkt.	Pack of 12 (Should be super thin)	All can apply
10	Articulating Paper	50 Pkt.	Less than 40 micron	Bausch/Coltene/DENTSPLY
11	Clear Acrylic Powder & Liquid	05 Nos.	500 ML, Self Cure	All can apply
12	Monomer Liquid	10 Nos.	Cold cure 500 ML Pack	All can apply

Note:- The supplier may be asked to submit the sample of quoted make for technical evaluation, to the AIIMS Jodhpur, if required. The expenditure incurred for technical evaluation for 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 DENTAL CONSUMABLES AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/25-22/2019-AIIMS.JDH" DUE ON 25.03.2020 05.00 PM for Dental Consumables 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	Required Make	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	MRP
1	Rim locked impression tray	4 Sets					
2	Rubber dam wedgets	200 Pcs.					
3	Rubber dam clamps set	5 Sets					
4	Bite registration trays	10 Sets					
5	Temporary Crown Material	05 Nos.					
6	Artificial bone graft	04					
7	Irrigation Needle	500 Pcs					
8	Gingival retraction system Starter Kit	01 Kit					
9	Matrix bands tofelmire	100 Pkt.					
10	Articulating Paper	50 Pkt.					
11	Clear Acrylic Powder & Liquid	05 Nos.					
12	Monomer Liquid	10 Nos.					

INQUIRY NO. Admin/Gen/25-22/2019-AIIMS.JDH

Note:-

- 1. The Bidder must quote only recommended Make & Model.**
- 2. The Bidder must submit the 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 supplier may be asked to submit the sample of quoted make for technical evaluation, 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: _____