

Invitation of quotation  
For  
Vaginal Hysterectomy Set  
At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admn/Gen/60-02(ii)/2017-AIIMS.JDH

Inquiry Issue Date : 19<sup>th</sup>September, 2017

Last Date of Submission : 25<sup>th</sup> September, 2017 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 VAGINAL  
HYSTERECTOMY SET at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply of VAGINAL HYSTERECTOMY SET for the Institute as per terms & conditions mentioned below. The filled quotations along with the entire required document must reach in the office of the undersigned on or before 25.09.2017 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF VAGINAL HYSTERECTOMY SET  
AGAINST INQUIRY NO. ADMN/GEN/60-02(II)/2017-AIIMS.JDH”DUE  
ON 18.09.2017 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 GSTIN 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

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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** –within30 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) **The supplier may be asked to arranging demonstration of their instrument 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.**
- C) **Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then AIIMS, Jodhpur has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained**

**Administrative Officer**

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

**Annexure 1**  
**Specification**

<b>VAGINAL HYSTERECTOMY SET</b>			
<b>S/N</b>	<b>PARTICULAR</b>	<b>QUANTITY</b>	<b>RECOMMENDED MAKE</b>
1	SS TRAY	1	<b>KALELKAR /SOUTH INDIAN SURGICAL /JSK</b>
2	KIDNEY TRAY LARGE	2	
3	SS BOWL	4	
4	TOWEL CLIP	8	
5	SPONGE HOLDER	2	
6	BP HANDLE NO. 3,4,7	01 EACH	
7	LENGAN BAG RETRACTOR M	2	
8	LONDON RETRACTOR	2	
9	SIMS VAGINAL SPHECULAM	2	
10	VAGINAL WALL RETRACTOR	2	
11	METAL CATHETER 5MM	1	
12	DISSECTING TOOTH FORCEP 18 CM	2	
13	DISSECTING PLAIN FORCEP 18 CM	2	
14	ARTERY FORCEP 14 ST. CM	4	
15	ARTERY FORCEP 16 CVD CM	6	
16	ARTERY FORCEP CVD 19 CM	4	
17	ALLIS FORCEP 15 CM	4	
18	ALLIS FORCEP 20 CM	4	
19	BABCOCK FORCEP 15 CM	2	
20	BABCOCK FORCEP 20 CM	2	
21	NEEDLE HOLDER 18 CM	1	
22	MAYO NEEDLE HOLDER 20 CM	1	
23	METZ SCISSOR CVD 15 CM TC	1	
24	METZ SCISSOR CVD 20 CM TC	1	
25	METZ SCISSOR CVD 20 CM	1	
26	MAYO SCISSOR CVD 18 CM	1	
27	MAYO SCISSOR ST. 18 CM	1	
28	VALSELAM FORCEP CVD 20CM	1	
29	HYSTERECTOMY CLAMP 22.5 CM	2	
30	UTERUS HOLDING FORCEP TOOTH	4	

**[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 VAGINAL HYSTERECTOMY SET AT AIIMS AGAINST THE INQUIRYNO. Admn/Gen/60-02(ii)/2017-AIIMS.JDH" DUE ON 25.09.2017 05.00 PM** for VAGINAL HYSTERECTOMY SET 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.

Sr. No	Particular	Qty	Quoted Make	Price/Unit Exclusive of TAX (INR)	GST/ VAT/ CST/ST/ Other taxes	Price/ Unit Inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)	MRP
1	SS TRAY	1						
2	KIDNEY TRAY LARGE	2						
3	SS BOWL	4						
4	TOWEL CLIP	8						
5	SPONGE HOLDER	2						
6	BP HANDLE NO. 3,4,7	01 EACH						
7	LENGAN BAG RETRACTOR M	2						
8	LONDON RETRACTOR	2						
9	SIMS VAGINAL SPHECULAM	2						
10	VAGINAL WALL RETRACTOR	2						
11	METAL CATHETER 5MM	1						
12	DISSECTING TOOTH FORCEP 18 CM	2						
13	DISSECTING PLAIN FORCEP 18 CM	2						
14	ARTERY FORCEP 14 ST. CM	4						
15	ARTERY FORCEP 16 CVD CM	6						
16	ARTERY FORCEP CVD 19 CM	4						
17	ALLIS FORCEP 15 CM	4						
18	ALLIS FORCEP 20 CM	4						
19	BABCOCK FORCEP 15 CM	2						

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20	BABCOCK FORCEP 20 CM	2						
21	NEEDLE HOLDER 18 CM	1						
22	MAYO NEEDLE HOLDER 20 CM	1						
23	METZ SCISSOR CVD 15 CM TC	1						
24	METZ SCISSOR CVD 20 CM TC	1						
25	METZ SCISSOR CVD 20 CM	1						
26	MAYO SCISSOR CVD 18 CM	1						
27	MAYO SCISSOR ST. 18 CM	1						
28	VALSELAM FORCEP CVD 20CM	1						
29	HYSTERECTOMY CLAMP 22.5 CM	2						
30	UTERUS HOLDING FORCEP TOOTH	4						

**Note:**

1. L1 will be decided on composite basis.
2. The Bidder must be quote only single make & model for each item.
3. The supplier may be asked to arranging demonstration of their instrument 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\_\_\_\_\_

Place\_\_\_\_\_

(Signature of Authorized Person)\_\_\_\_\_

(Name)\_\_\_\_\_

Name of Firm/Company/Agency\_\_\_\_\_

Phone No. \_\_\_\_\_

Email: \_\_\_\_\_