

**Invitation of quotation**  
**For**  
**Patent Ductus Arteriosus Device**  
**At**  
**All India Institute of Medical Sciences, Jodhpur**

Inquiry No.: : Admn/JDH/Central Store/Cardio/2018/01

Inquiry Issue Date : 01<sup>st</sup> June, 2018

Last Date of Submission : 02<sup>nd</sup> June, 2018 at 03:00 PM.



**All India Institute of Medical Sciences, Jodhpur**

Basni Phase - II, Jodhpur – 342005, Rajasthan

Telefax: 0291- 2012978, email: [procurement@aiimsjodhpur.edu.in](mailto:procurement@aiimsjodhpur.edu.in)

[www.aiimsjodhpur.edu.in](http://www.aiimsjodhpur.edu.in)

**Invitation of quotation for Supply of Patent Ductus Arteriosus Device at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Medical Superintendent, AIIMS Jodhpur for Supply of Patent Ductus Arteriosus Device 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 02.06.2018 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF PATENT DUCTUS ARTERIOSUS DEVICE AGAINST INQUIRY NO. ADMN/JDH/CENTRAL STORE/CARDIO/2018/01” DUE ON 02.06.2018 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 **Central Store 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.**

## **INQUIRY NO. AIIMS/JDH/Central Store/Cardio/2018/01**

- 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 03 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 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.**

**Medical Superintendent**

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

**INQUIRY NO. AIIMS/JDH/Central Store/Cardio/2018/01**

**Annexure 1**  
**Specification**

<b>S.No</b>	<b>Name of Item</b>	<b>Specification</b>	<b>Quantity</b>
1	Patent Ductus Arteriosus Device	Should be provide with delivery cable	01 Set

**Note -** Quotation must be dropped in “**Quotation Box**” located in **Central Store of AIIMS, Jodhpur.**

**INQUIRY NO. AIIMS/JDH/Central Store/Cardio/2018/01**

**[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 PATENT DUCTUS ARTERIOSUS DEVICE AT AIIMS AGAINST THE INQUIRY NO. AIIMS/JDH/Central Store/Cardio/2018/01" DUE ON 02.06.2018 03.00 PM** for Patent Ductus Arteriosus Device 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 TAX (INR)	GST/VAT/CSST/ST/Other taxes	Price/Unit Inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)	MRP
1.	Patent Ductus Arteriosus Device	01 Set						

Date \_\_\_\_\_

Place \_\_\_\_\_

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

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

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

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

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