

Invitation of quotation

From

Interested national insurance agencies for
providing clinical trials insurance.

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : AIIMS/Admin/RES/133/2024

Inquiry Issue Date : 1st June 2024

Last Date of Submission : 7th June 2024 at 03:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan

Telefax: 0297- 2740741, Extn. 3109, email: Procurement@aiimsjodhpur.edu.in

www.aiimsjodhpur.edu.in

Invitation of quotation
From
Interested national insurance agencies for providing clinical trials
insurance.
at, AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Dean (Research) AIIMS Jodhpur for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required documents must reach in the office of the undersigned on or before 7/06/2024 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

“QUOTATION FROM INTERESTED NATIONAL INSURANCE
AGENCIES FOR PROVIDING CLINICAL TRIALS INSURANCE
AGAINST INQUIRY NO. AIIMS/ADMIN/RES/133/2024” DUE ON
07/06/2024 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) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- E) 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.
- F) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- G) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- H) 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.**

- I) 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.
- J) **Delivery Period** – within 30 days from work order.
- K) **Payment Terms:** Payment will be only after submission of all documents.
- L) **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 Dean (Research), AIIMS Jodhpur whose decision will be final and binding upon the contractor.
- M) 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 Dean (Research), AIIMS, Jodhpur will be final in this regard.
- N) 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.

Dean (Research)

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

Annexure 1

CLINICAL TRIAL LIABILITY: INSURANCE PROPOSAL FORM

Details:

1. Protocol Details of the studies – Attached (Protocol v3.0 Feb 2024)
2. Total No. of Patients participating in the studies. – 350 participants in 7 centres in India (List attached)
3. Patient Consent Forms: Attached
4. Start & End Date: 01/05/2024 to 30/04/2025 (One Year); to be renewed on annual basis for maximum of three years.
5. Details of the Institute and PI:
 - Name: SurVIC Trial Collaborative, AIIMS Jodhpur
 - Address: Room No. 3099, Department of Surgical Oncology AIIMS Jodhpur- 342005
 - Description of Business/Institute: AIIMS Jodhpur is Autonomous institute under the act of parliament Medical Education and Research Institute (Govt. of India).
 - Date of establishment: 2012
6. Are all trials conducted in full accordance with-

Particulars	Response
Department of Health requirements with protocols Approved by an IEC?	Yes
Royal College of Physicians recommendations?	NA
Applicable Government Department or Medical Body Or Pharmaceutical Industry Body guidelines?	Yes
E.C. guidelines on Good Clinical Practice?	Yes
I.C.H. Harmonised Tripartite Guidelines?	Yes

7. Give details of serious adverse events during the last 5 years resulting in death, disease or illness (physical or mental) to research subjects, and any circumstances, which have given or might give rise to a claim against you: Mentioned in study protocol.


Dr. Dharma Ram Poonia
सह - आचार्य
Associate Professor
कैंसर शल्य चिकित्सा विभाग
Department of Surgical Oncology
अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर
All India Institute of Medical Sciences, Jodhpur

8. Full description of Clinical Trials to be conducted: Attached
9. For each trial please attach a copy of:
 - PROTOCOL (or summary thereof): Attached
 - ETHICS COMMITTEE SUBMISSION: Attached
 - VOLUNTEER CONSENT FORMAND/OR PATIENT: Attached
 - CTRI Registration: Attached
10. INFORMATION (as appropriate)
 - ANY HOLD HARMLESS AGREEMENT/CONTRACT: Nil
 - INDEMNITIES WITH OTHER PARTIES: Nil
 - SUMMARYOFTRIALSPERFORMEDINTHELAST12MONTHS: Fresh Trial
 - SUMMARYOFTRIALSPANNEDINTHENEXT12MONTHS: Fresh Trial
11. If trials overlap period, please include in both tables allocating the appropriate number of Research Subjects to each time scale. Not applicable
12. Please state Limits of Indemnity for which a quotation is required or local currency equivalent.
 - Per each Clinical trial Subject Rs.25 Lakh
 - Total Coverage Per Annum Rs.100 Lakh

Contact details of PI:

Dr. Dharma Ram Poonia

Associate Professor, Department of Surgical Oncology

Principle Investigator- SurVIC Trial

AIIMS Jodhpur

Phone: 9958654196/ Email: drdharmapoonia@gmail.com


Dr. Dharma Ram Poonia
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Note – Prospective bidders can request all attached documents mentioned in Annexure-1 by sending an email to drdharmapoonia@gmail.com.

[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 CLINICAL TRAIL INSURANCE AT AIIMS, JODHPUR AGAINST THE INQUIRY NO. AIIMS/ADMIN/RES/133/2024”** due on 07/06/2024 03.00 PM for providing Clinical Trials Insurance I/We thoroughly examined, understood, and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
2. I/We hereby offer to supply at the following rates.
- 3.

S. No.	Description	Premium Exclusive of GST (INR)	GST/ Other Taxes	Total Premium Inclusive of GST (INR)
1	As per annexure 1			

Note: -

1. The policy document shall clearly indicate various rates, Sum-insured, Scope of coverage, Extensions, Inclusions, Exclusions, and terms & conditions in line with bidding documents.
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 quote their quotation only in above said format on the letter of firm otherwise quotation will be **REJECTED**.
4. The premium quoted must cover all the risks and perils as mentioned in annexure-1 Scope of Insurance Coverage

Date _____

Place _____

(Name) _____

Name of Firm/Company/Agency _____

GSTIN No.: _____

Bank Name:- _____

Bank Account No.: _____

IFSC Code:- _____

Branch Name: _____

Phone No. _____

Email: _____

(Signature of Authorized Person) _____

Seal: _____