

Invitation of quotation  
for  
Lab. Consumables and Kits  
At

All India Institute of Medical Sciences, Jodhpur

Inquiry No. : AIIMS/Admin/RES/113/2024

Inquiry Issue Date : 10 June 2024

Last Date of Submission : 18 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](mailto:Procurement@aiimsjodhpur.edu.in)

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

**Invitation of quotation for Lab Consumables and Kits  
at, AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Executive Director, AIIMS Jodhpur for Supply of Lab Consumables and Kits 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 18/06/2024 03.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF LAB CONSUMABLES AND KITS  
AGAINST INQUIRY NO. AIIMS/Admin/RES/113/2024” DUE ON  
18/06/2024 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) 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 confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.

## INQUIRY NO. AIIMS/Admin/RES/113/2024

- 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 all 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 Executive 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 for Executive Director, 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 Executive Director, AIIMS, Jodhpur will be final in this regard.
- Q) 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.

### 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**
- 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.**
- E) **After successful award of the order, if/whether the Bidder stated that they will not be able to supply the items for any particular reason, Executive Director AIIMS, Jodhpur reserves the right to ban such firm.**

**Dean (Research)**

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

**Annexure 1**

S.No.	Particular	Code	Make	Pack Size	Qty
1.	Primary antibody-Extrogen Receptor (ER)	Tr. No. 117	Geno Me Canada	12 ml	3
2.	Primary antibody-Progesterone Receptor	Tr. No. 263	Geno Me Canada	12 ml	3
3.	Primary antibody-Androgen Receptor (AR)	Tr. No. 93	Geno Me Canada	7 ml	4
4.	DPX mountant for microscopy	6180350250 1730	Sigma	250 ml	2
5.	Poly L Lysine	P8929	Sigma	100 ml	2

**Note:- The supplier may be asked to arranging demonstration of their material for which rates have been quoted, to the Administrative Block, 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,  
 Dean (Research),  
 AIIMS, Jodhpur.

Dear Sir,

1. I/We ..... Submitted the quotation for Enquiry No. **“QUOTATION FOR SUPPLY OF LAB CONSUMABLES AND KITS AT AIIMS, Jodhpur AGAINST THE INQUIRY NO. AIIMS/Admin/RES/113/2024”** due on 18/06/2024 03.00 PM for Supply of Lab Consumables and Kits 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.	Product Name	Make	Qty	Price/Unit Exclusive of GST (INR)	GST/ Other Taxes	Price/ Unit Inclusive of GST (INR)	Total
1.	Primary antibody-Extrogen Receptor (ER)	Geno Me Canada	3				
2.	Primary antibody-Progesterone Receptor	Geno Me Canada	3				
3.	Primary antibody-Androgen Receptor (AR)	Geno Me Canada	4				
4.	DPX mountant for microscopy	Sigma	2				
5.	Poly L Lysine	Sigma	2				

**Note:-**

1. **The Bidder must quote only single 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 Bidder may be asked to submit the sample of quoted make for technical evaluation at Medical College, Third Floor, AIIMS Jodhpur at the time of submission of their quotation.**

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: \_\_\_\_\_