Invitation of Quotation for

Repair work of existing wheelchairs and patient stretcher trolleys of OPD Building at AIIMS Jodhpur.

Inquiry No.
Inquiry Issue Date
Last Date of Submission

AIIMS Jodh./Engg./Q.N./2024-25/07 24 -March-2025 01- April- 2025 at 03:00 PM



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan Telefax: 0291- 2012978 www.aiimsjodhpur.edu.in



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR अखिल भारतीय आयुर्विज्ञान संस्थान, जोधपुर Quo. No. AIIMS Jodh./Engg./Q.N./2024-25/07

QUOTATION NOTICE

Dated: 24-03-2025

Sealed Quotations are invited from the authorised vendors/supplier/contractor/agency by the undersigned on behalf of the Executive Director, AIIMS Jodhpur for "Repair work of existing wheelchairs and patient stretcher trolleys of OPD Building at AIIMS Jodhpur." Description of items and bill of quantities is given overleaf. Quotation should reach this office on or before <u>01-04-2025 up to 3:00 PM</u> and the quotation will be opened on the same day at 3:30 PM in the presence of quotationers or their representative who want to be present.

General Terms and Conditions:

- The quotations received after <u>01-04-2025</u> and 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.
- 2. Quotations must be in the enclosed prescribed Performa on the letterhead 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.
- Rates must be quoted in "Indian Rupees" and as per the format, specified taxes extra if any must be written 3. separately.
- 4. Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
- No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected. 5.
- 6. The rates quoted must be valid for 90 days minimum from the date of opening of the quotation.
- Becoming L-1 will not be the criteria for awarding of work unless the rates are reasonable & justified and the same will be decided on composite basis.
- RTGS/NEFT details need to be furnished by the supplier with the quotation on the letterhead of 8. supplier/firm/agency.
 - The firm/agency may should have valid GSTIN and IT PAN.
- 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.
- 10. The quotation will not be considered in case of incomplete information.
- 11. The time allowed for carrying out the above work is **15 days** from date of issue of work order.
- 12. The vendor undertaking the repair work shall provide a minimum warranty period of twelve (12) months of the repaired items.
- 13. A **security deposit @5% of the billing amount** will be deducted / withhold from the contractor's bill/s. The SD will only be refunded to the contractor after the completion of **minimum warranty period**.
- 14. If the supplier/vendor/contractor fails to carrying out the above work 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.
- 15. Payment Terms: Payment will be only after satisfactory completion of work and after inspection by the AIIMS
- 16. 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.
- 17. AIIMS, Jodhpur reserves the right to increase or decrease quantity and /or amount of work. Decision of Quantity of work in the AIIMS, Jodhpur will be final in this regard.
- 18. 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.

Special Terms & Conditions:

Bidder must quote rate in Price Bid Form provided in Annexure-A on the letterhead of the firm.

(Executive Engineer, Civil)

[On the letterhead of firm] ANNEXURE "A" Price Bid Form

т.	THE BIATOTH				
To,	Province and				
	ve Engineer,				
AIIMS, J	odhpur.				
Dear Sir	•				
• I/V				Subm	itted the
,	otation for Quotation No. AIIMS Jodh./Engg./Q.N./ 2024-2	5/07. Dat	ed: 24-03		
_	lhpur".	<u>0,0,,0</u>	<u> </u>	<u>, =0=0</u> utili	
-	We thoroughly examined, understood and accepted terms & c	onditions	given in t	he enauirv d	ocument.
	ling which my quotation will be rejected out rightly.		0	- 1· J	,
	We hereby offer to supply at the following rates.				
,	, , , , , , , , , , , , , , , , , , , ,				
			Total	Rate (i/c	
S.No	Description of work	Unit	Qty.	GST &	Amount
4			Q 0).	Taxes)	
1	Hospital wheel chair repair work				
	(all repairing work including front wheel,	N.T.	0=	0500	40050000
	handles, seat, and armrest supports, real	Nos.	37	3500	129500.00
	wheels Brake system and oiling and				
2	other miscellaneous maintenance works				
2	Hospital stretcher trolley repair work				
	(all repairing work including wheel, side	Nos.	2	8000	16000.00
	railing hydraulics systems, other				
	miscellaneous maintenance work)	<u> </u>			
	Total Amount (including GST &	& Taxes)			1,45,500.00
Percen	ntage Above/Below over the Total Estimate Amount inclusive	e of GST (i	in figure)		
			0 ,	,	
			•••••	••••••	
L-1 will	be decided on composite basis. Becoming L1 will not be	the criter	ia for aw	arding of w	ork unless the
	e reasonable & justified.			o o	
Date					
Date					
Place					

Firm's GSTIN: _____

Firm's PAN No: _____

Bank Account No: ____

Signature of Authorised Person: ______

Name of the Firm/Agency: _____

Phone No: _____

Bank Name:		
Branch:	IFSC Code	