Invitation of quotation

for

Supply of Door Seal Lubricant for Horizontal
Rectangular High Pressure High Vaccum Double
Door Sterilizer (Model No - MMM Steam
Sterilizer SELECTOMAT SL 6612- V-2) for the
Department of CSSD

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admin/Gen/42-02/2017-AIIMS.JDH

Inquiry Issue Date : 24th August, 2017

Last Date of Submission : 30th August, 2017 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan Telefax: 0291- 2012978, email: <u>procurement@aiimsjodhpur.edu.in</u> www.aiimsjodhpur.edu.in

Invitation of quotation for Supply of Door Seal Lubricant for Horizontal Rectangular High Pressure High Vaccum Double Door Sterilizer (Model No - MMM Steam Sterilizer SELECTOMAT SL 6612- V-2) for the Department of CSSD at AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply of Door Seal Lubricant for Horizontal Rectangular High Pressure High Vaccum Double Door Sterilizer (Model No - MMM Steam Sterilizer SELECTOMAT SL 6612-V-2) for the Department of CSSD 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 30.08.2017 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

"QUOTATION FOR SUPPLY OF DOOR SEAL LUBRICANT FOR HORIZONTAL RECTANGULAR HIGH PRESSURE HIGH VACCUM DOUBLE DOOR STERILIZER (MODEL NO - MMM STEAM STERILIZER SELECTOMAT SL 6612- V-2) FOR THE DEPARTMENT OF CSSDAGAINST INQUIRY NO. ADMN/GEN/42-02/2017-AIIMS.JDH"DUE ON 30.08.2017 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.

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- 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 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 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 material and after inspection by the AIIMS Jodhpur.
- N) **Disputes:** -In the event of any dispute or disagreement arising between thecontractors 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.

Administrative Officer

Encl.: Annexure 1 (Format of price bid)

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[On the letterhead of firm] ANNEXURE "1" PRICE BIDFORM

7	Го,								
Administrative Officer, AIIMS, Jodhpur.									
Dear Sir,									
	quotation HORIZ STERII FHE DE AIIMS Rectange SELECT	We in for Enquiry No. "QUOTATIONTAL RECTANGULAR HIZER (MODEL NO - MMM SEPARTMENT OF CSSDAT AUDH" DUE ON 30.08.2017 05 alar High Pressure High Vaccum COMAT SL 6612- V-2) for the Defeat, failing which my quotation will	ON FOURTH	PRESSURI A STERILIZ GAINST TI M for Suppole Door Steament of CSSE and accepte	Y OF DOO E HIGH V ZER SELEC HE INQUIR oly of Door rilizer (Mod O at AIIMS J	OR SEAL INVACCUM CTOMAT SEYNO. Adm Seal Lubricel No - MM Todhpur".	LUBRICAN' DOUBLE SL 6612- V-2 In/Gen/42-0 cant for Ho IM Steam S	F FOR DOOR 2) FOR 2/2017 rizonta terilize	
3. I/We hereby offer to supply at the following rates.									
	S. No	Particular	Qty	Exclusive of	GST/ VAT/ CST/ST/ Other taxes	Price/ Unit Inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)	MRP	
	1.	Door Seal Lubricant for Horizontal Rectangular High Pressure High Vaccum Double Door Sterilizer (Model No - MMM Steam Sterilizer SELECTOMAT SL 6612- V- 2) for the Department of CSSD	05 Nos.						
Date									
I	Place								
(Signature of Authorized Person)									
	(Name)								
Name of Firm/Company/Agency									
	Phone No								
			Er	nail:					