## Invitation of quotation

for

# Supply & Installation of Pediatric Spirometer Test At

## All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admin/Gen/67-03/2017-AIIMS.JDH

Inquiry Issue Date : 10<sup>th</sup> October, 2017

Last Date of Submission : 16<sup>th</sup> October, 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 & Installation of Pediatric Spirometer Test at AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Supply & Installation of Pediatric Spirometer Test 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 16.10.2017 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

#### "QUOTATION FOR SUPPLY & INSTALLATION OF PEDIATRIC SPIROMETER TEST AGAINST INQUIRY NO. ADMN/GEN/67-03/2017-AIIMS.JDH" DUE ON 16.10.2017 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.
- 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/VAT/CST/ST/Other taxes and IT PAN.
  - The firm should not be black listed by any Govt. Agency/Dept.

#### INQUIRY NO. Admin/Gen/67-03/2017-AIIMS.JDH

- 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 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) Catalog must be attached with quotation for technical evaluation.
- C) The supplier may be asked to arranging demonstration of their equipment for which rates have been quoted, to the AHMS Jodhpur, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
- D) Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then AIIMS, Jodhpur has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained

**Administrative Officer** 

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

#### INQUIRY NO. Admin/Gen/67-03/2017-AIIMS.JDH

#### **Annexure 1**

### Specification for Advanced Computerized Spirometer

| S. No. | Particular              | Specification   |            |  |  |  |
|--------|-------------------------|---|------------|--|--|--|
| 1.     | Pediatric<br>Spirometer | The Unit should be light weight, exclusively designed to carry out examination of pulmonary system and to measure & display lung function parameters along with tidal breath analysis for babies, operable on power form the Laptop/PC USB port, not requiring large installation space (compact). It should come with an in creative display for cooperation free, lung testing.  It should be designed for the following measurement protocols  • Spirometer with pre/post comparison, Flow/Vol and Vol/Time Loops/Curves and Trend Loops.  • The tests should be as per ATS/ERS combined criterion and the report should clearly show compliance to these.  • It should also have facility for up gradation to Diffusion, Body Plethysmography etc. in future.  • MVV  • Patient Co-operation Display.  The system should incorporate a light weight, precision pneumotach/Ultrasonic sensor free from any kind of frictional inefficiencies which is absolutely insensitive to moisture and preferably free form calibration.  It should have an open kind of breathing system for preventing cross contamination with the following measurement ranges:-  Flow Measurement:- Range: 0 to +/- 20 Ltrs./Sec. with accuracy better than +/- 2.5% subject to a min of 50 ml/sec and resolution as low as 10ml/sec.  Volume Measurement Range: 0 to 20 ltrs. With resolution of 10ml  Corrections Inspiratory Gas qty: BTPS automatic breath by breath The machine should measure the following parameters: VC in, V C ex, V C max, IRV, ERV,VT,IC, Frequency, MVV, ti, te, ti/te, FVC, FEV1, FEV 0.5, FEV 1/VC max, IRV, ERV,VT,IC, Frequency, MVV, ti, te, ti/te, FVC, FEV1, FEV 0.5, FEV 1/VC max, FEV 1/FVC ex, MEF25, MEF 25-75, PEF, PIF, AREA under expiratory f/v curve and tidal breath analysis.  The unit should be supplied complete with hardware and software including a i3 PC with key board, monitor having min. 17" color display, 80b RAM, 500 Gb HDD, R/W DVD, and a suitable printer form a respected brand like Lenovo, Sony, Dell or HP.  The manufacturer should be an EN ISO 9001 accredited company | 01<br>Nos. |  |  |  |
|        |                         | <u>-</u>  |            |  |  |  |

Note: 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.

### INQUIRY NO. Admin/Gen/67-03/2017-AIIMS.JDH

## [On the letterhead of firm] ANNEXURE "2" PRICE BIDFORM

| To,                   |  |             |                   |   |                        |  |            |  |  |  |
|-----------------------|--|-------------|-------------------|---|------------------------|--|------------|--|--|--|
|                       | istrative Officer,<br>, Jodhpur.   |             |                   |   |                        |  |            |  |  |  |
| Dear S                | ir,  |             |                   |   |                        |  |            |  |  |  |
| quotation SPIRO AIIMS | I/Weon for Enquiry No. "QUOTATIO" OMETER TEST AT AIIMS A S.JDH" DUE ON 16.10.2017 05.00 Jodhpur".                              | N F<br>GAI  | OR SUI            | PPLY & INS<br>HE INQUII                 | STALLA<br>RY NO.       | TION OF PE<br>Admn/Gen/6                 | 7-03/2017- |  |  |  |
|                       | I/We thoroughly examined, undersent, failing which my quotation will   |             |                   | -                                       | & condit               | ions given in t                          | he enquiry |  |  |  |
| 3.                    | I/We hereby offer to supply at the f   | ollov       | wing rate         | es.                                     | T                      | 1  |            |  |  |  |
| S. No                 | Particular   | Qty         | Quoted<br>Make    | Price/Unit<br>Exclusive of<br>GST (INR) | GST/<br>Other<br>taxes | Price/ Unit<br>Inclusive<br>of GST (INR) | MRP        |  |  |  |
| 1.                    | Supply & Installation of Pediatric Spirometer (Advanced Computerized Spirometer)   | 01<br>Nos.  |                   |   |                        |  |            |  |  |  |
| 2. The have           | e Bidder must quote only single Me supplier may be asked to arrave been quoted, to the AHMS monstrating the items will be born | ngin<br>Joo | g demoi<br>dhpur, | nstration of<br>if required.            | _                      | _  |            |  |  |  |
| Date_                 |  |             |                   |   |                        |  |            |  |  |  |
| Place_                |  |             |                   |   |                        |  |            |  |  |  |
|                       | (Signature of Authorized Person)   |             |                   |   |                        |  |            |  |  |  |
|                       | (Name)   |             |                   |   |                        |  |            |  |  |  |
|                       | Name of Firm/Company/Agency  |             |                   |   |                        |  |            |  |  |  |
|                       | Phone No   |             |                   |   |                        |  |            |  |  |  |
|                       | Email:   |             |                   |   |                        |  |            |  |  |  |