



आरोग्यम् परमं सुखम्

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR

अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर

INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE

(स्वास्थ्य और परिवार कल्याण मंत्रालय के अंतर्गत राष्ट्रीय महत्व की संस्थान)

P.T.I., Daburgram, Jasidih, Deoghar, (Jharkhand) - 814142

पी.टी.आई., डाबरग्राम , जसीडीह , देवघर , (झारखंड) - ८१४१४२

Invitation of quotation
for
Basic Equipment for Dental OPD
at
AIIMS Deoghar

Reference No.: AIIMS/Deoghar/Dentistry/Basic Equipment/2021-22/62

Date of Issue: 30th April, 2021

Last Date of Submission: 12th May, 2021 at 04:00 PM.

All India Institute of Medical Sciences, Deoghar

P.T.I. campus, Daburgram, Jasidih, Deoghar: 814142, Jharkhand

Email: office.aiimsdeoghar@gmail.com

Invitation of quotation for Requirement of Basic Equipment for Dental OPD at AIIMS Deoghar.

Sealed Quotations are invited on behalf of AIIMS, Deoghar for Requirement of Basic Equipment for Dental OPD (**Annexure-I**) required for the Institute as per terms & conditions mentioned below. The filled quotations along with the entire required document must reach in the office of the undersigned on or before **12.05.2021 at 04:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR REQUIREMENT OF BASIC EQUIPMENT FOR DENTAL OPD AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/DENTISTRY/BASIC EQUIPMENT /2021-22/62 , **DUE ON 12.05.2021 at 04.00 PM**”

The Quotation should be send to the address:-

Assistant Procurement Officer
AIIMS Deoghar PTI Campus,
Daburgram, Jasidih,
Deoghar, Jharkhand -814142.

1. Terms & Conditions:

- a) The quotations received **after this deadline or unsealed shall not be entertained** under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. The offer submitted by Fax / email shall not be considered and no correspondence will be entertained in this matter.
- b) Quotations must be in the **enclosed prescribed Performa (Annexure -2) 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.
- c) The supplier should supply all the equipments / items along with its accessories.
- d) Rates must be quoted in Indian rupees.
- e) Rates must be inclusive of all charges (including Freight charges, Insurance, installation, taxes etc.).
- f) **No overwriting or cutting** is permitted in the rate. If found, the quotation shall be summarily rejected.
- g) The **rates quoted must be valid for 90 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.
- h) **Total cost/amount will be taken in consideration for L1.** Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- i) The firm / agency may satisfy the following conditions and **attach self-attested copy of the same with the quotation:**
 - The firm shall have valid GST / Other taxes and IT PAN.
 - The firm should not be black listed by any Government agency/Department.

- Purchase order of any government institute for similar Instrument & items/Undertaking of supplying the instrument/items to hospital or organization not below these rates.
- 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 it will be 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 Deoghar.
- n) 5% amount from bill will be deducted as security deposit. It will be refunded within three months after satisfactory performance report submitted by the nominated person/ concern Department, for the equipments/ work.
- o) **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Deoghar with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to arbitrator appointed by The Executive Director, AIIMS, Deoghar, whose decision will be final and binding upon the contractor.
- p) AIIMS, Deoghar reserves the right to increase or decrease quantity. Decision of Quantity of items in the AIIMS, Deoghar will be final in this regard.
- q) AIIMS, Deoghar 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, Deoghar, will be final in this regard.
- r) The envelope containing quotation should be sealed with WAX/TAPE on both sides. The quotation received after due date will not be accepted.

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference no: AIIMS/Deoghar/Dentistry/ Basic Equipment /2021-22/62

AIR COMPRESSOR

Sr no.	Item Name	Specifications	Qty.
1	COMPRESSOR	<p>Oil Free Medical Grade Mono bloc Air rotor, Air Compressor (1 HP) Has Minimum Noise The Compressor should fitted with</p> <ul style="list-style-type: none"> • MS tank • Built in thermo cut off to save the motor during excess of heat • Auto head Air Release Valve • Automatic Cut off • Have Safety Release Valve • Drain Valve • Pressure Gauge • Fitted with radiator cooler, condenser <p>The inner Surface of the compressor Tank should be coated with Epoxy to prevent Rusting</p>	1

STERILIZATION POUCH SEALING MACHINE

2	Pouch Sealing Machine	<ol style="list-style-type: none"> 1. Should be compact and easy to use 2. Anti-roll return blocking system 3. Safety system to prevent the roll from burning 4. Should be supplied with roll holder adjustable and it can be wall mounted. 5. Should be supplied with minimum two years warranty 	1
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DENTAL MICROMOTOR

3	Dental Micromotor (Lab) with control box	<ol style="list-style-type: none"> 1. Should provided with Control unit, brushesless motor hand piece, foot control and handpiece stand. 2. Control unit should have following specification <ol style="list-style-type: none"> a. Power supply 230V 50/60 HZ b. Should have microcomputer control c. Should have auto cruise function d. Fitted with over load alarm 3. Standard Micromotor Handpiece have following specification <ol style="list-style-type: none"> a. Speed Ranges from 1000 to 35000 Rpm b. Max. Torque range from 3.5 to 4.5 Ncm c. Length of Cord :- 1.2 to 1.5 m d. Should have low noise and low vibration e. Fitted with brushless motor 	1
4	Fiberoptic Air rotor Handpiece	<ol style="list-style-type: none"> 1. Dental turbine handpiece with ceramic ball bearings, triple spray and push-button chucking system, Compatible for FG burs Ø 1.6 mm (ISO 1797-1) Head size: Mini Head Power*: 15-17 Watt Speed*: 390,000 – 400,000 RPM 2. Dental turbine handpiece with ceramic ball bearings, triple spray and push-button 	1 1

		<p>chucking system, Compatible for FG burs diameter:- 1.6 mm (ISO 1797-1) Head size: Standard Head Size Power*: 16-20 Watt Speed*: 330,000 – 350,000 rpm</p> <p>3. Coupling for attaching fibre optic air rotor handpiece to standard dental chair Air rotor port Should have standard 6 hole/4 hole attachment Have water spray control, autoclavable fitted with or without LED generator</p>	1	1(set)
5	Straight Surgical Handpiece	<p>1. Dental straight handpiece with twist tension chucking system, for handpiece and contra-angle burs with Ø 2.35 mm (ISO 1797-1) Drive speed: 40,000 min-1 Motor connection according to standard: ISO 3964 Outer diameter of the sheath: 20 mm</p> <p>2. Should have external spray system</p> <p>3. Easily washable and Autoclavable</p> <p>4. Compatible with NSK/W&H/bein Air Micromotors</p>		2
6	Contra angle Handpiece	<p>Contra angle Handpiece for Micromotor Attachment Should have standard Head and Ergonomics design Transmission ratio 1:5 Maximum drive speed: - 40,000 Rpm Compatible with Contrangle burs with 2.35 mm diameter Should have Internal spray system Instrument Shaft diameter Ranges from 1.6 mm to 2.5 mm Easily washable and Autoclavable Compatible with NSK/W&H/Air bein Micromotors</p>		1
7	Surgical Grade Stainless Steel Dental Forceps Set for Extraction of Tooth	<p>1. Set should contain following dental elevator Lower anterior, Lower molar, Lower premolar, Upper anterior, Upper molar (Left), Upper molar (right), Upper premolar, Upper root forceps anterior, Upper root forceps posterior, Upper cow horn forceps, Lower cow horn forceps</p> <p>2. Instrument should be made of surgical grade stainless steel, heat treated, sharp and durable</p> <p>3. Instrument should be autoclavable</p> <p>4. precise, anatomically-designed beaks for a sure, effective grip</p> <p>5. Thick and non-slip handle</p> <p>6. Rockwell hardness should be more than 0.25</p> <p>7. Tensile strength more than 0.25 MPa</p>		4(set)

Reference no:

Date:

[Letter head of firm]

PRICE BID FORM

To,
Assistant Procurement Officer,
AIIMS, Deoghar.
Jharkhand

Dear Sir,

I/We am/are submitting the quotation for reference "QUOTATION FOR REQUIREMENT OF BASIC EQUIPMENT FOR DENTAL OPD AT AIIMS DEOGHAR FOR REFERENCE NO: AIIMS/DEOGHAR/DENTISTRY/BASIC EQUIPMENT/2021-22/62, **DUE ON 12.05.2021 at 04.00 PM**" for Dental OPD at AIIMS Deoghar.

1. I/We have 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:

S. no.	Name of Item with specification	Qty	Quoted make	Unit price	GST	Total cost
1						
		Total cost/ amount				
Total cost/amount (in words)						

Note:-

- The bidder must quoted their quotation only in above said format on the letter of firm otherwise quotation will be REJECTED.
- Catalog must be attached with quotation for technical evaluation.

Date:

(Name):

Place :

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person) _____

Seal:_____