

## 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 Instruments/Equipments for

## Department of Ophthalmology

Reference No.: AIIMS/Deoghar/OPD/Ophthalmology/2020-21/36 Date of Issue: 27<sup>th</sup> March, 2020 Last Date of Submission: 10<sup>th</sup> April, 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 instruments/ equipments for Department of Ophthalmology at AIIMS Deoghar.

**Sealed Quotations** are invited on behalf AIIMS, Deoghar for instrument/ equipments *(Annexure-I)* required for the **Department of Ophthalmology** of the Institute as per terms & conditions mentioned below. The filled quotations along with all the required documents must reach in the office of the undersigned on or before **10.04.2020 at 04:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under**:-

"QUOTATION FOR INSTRUMENTS/ EQUIPMENTS FOR DEPARTMENT OF OPHTHALMOLOGY AT AIIMS DEOGHAR AGAINST REFENRENCE NO.: AIIMS/Deoghar/OPD/Ophthalmology/2020-21/36 DUE ON 10.04.2020 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 and items to be eligible.
- d) Rates must be quoted in Indian rupees in words and in figures.
- 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 above 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 20 days from Purchase order.
- 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)

S. no.	Name of Instrument	Specifications	Qty.	
1	Universal Eye Speculum	SS material with a spring and two limbs and a screw to adjust the limbus.		
2	Punctum dilators	Stainless Steel, Non-Disposable	05pc	
3	Lacrimal probes set	<ul><li>a) Different length and Breadth</li><li>b) Sterling silver</li><li>c) Both ends ball-tipped</li></ul>	01set	
4	Epilation forceps	<b>SS,</b> 85mm, 2 x 3mm Plain Tips	02 pc	
5.	Conjuctival Scissor	SS non-rustable material	03 pc	
6.	Near vision chart with different languages (Jaeger's Charts)	<ul> <li>a) Light weight and non-portable, Sturdy construction, high durability and good finish, Operation mode-Manual, four languages out of these -English, Hindi, Any regional language, c and e test,</li> <li>b) Snellen's near vision test, Size of unit (HxWxL) (max)-25 to 33 Cm,</li> <li>c) Power Supply (Main)- 230 -/+10%, Single Phase AC, 50Hz, Source of illumination-White LED, Illumination on and off-Manual.</li> </ul>	02 pc	
7.	Color vision chart –Original Ishihara test book	<ul> <li>a) Color plates encased in specially designed album-type book,</li> <li>b) Each color test plate is hard bound,</li> <li>c) higher color sensitivity and specificity,</li> <li>d) 38 Plate Edition</li> </ul>	02 pc	
8.	Trial Lens set with frames	<ol> <li>Should have supplied a set of 226 trial lens with durable metal frame</li> <li>Lense set of 226 trial lenses with polished metal rims in elegant carrying cage</li> <li>a) 70 spherical concave lenses : .12 to 20.00 Diopter ( 0.25D increments)</li> </ol>	02 pc	
		b) 70 spherical concave lenses : .12 to 20.00 Diopter ( 0.25D increments)		
		c) 34 cylindrical concave lenses : 0.12 to 6 .00Diopters( 0.25D increments		
		d) 34 Cylindrical convex lenses: 0.12 to 6.00 Diopters( 0.25D increments)		
		e) 12 Perimatical lenses 0.5(2).1(2),2(2)3,4,5,6,7,8		
		f) 6 Accessory lenses : Red Green , slit , dark , Aperture (2)Maddox rod , occlude, Pin hole		
		g) Two set of near vision booklet		

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		h) Supplied with dedicated wooden box.			
		1.3 Metal frame ( Adult and paediatric)			
		a) Should be durable and light weight			
		b) Number of lenses which can be inserted in to left or right lenses frame simultaneously : 4 pieces			
		c) degree of lense rotation around optical axis in the lens frame: 360 degree			
		d) Horizontal and vertical bridge adjustment			
		e)free rocking saddle bridge assures comfortable nose fit .			
		Range of nose rest adjustment Length 0-14 mm, angle 0-30 degree			
		f) Separate PD adjustment for each eye to compensate for asymmetrical factors in facial structure			
		PD of both eye 48-80mm			
		Left or right PD 24- 40mm			
		g. Individual adjustment for temple length and angle			
		h. Adjustment for rotating cylinders to correct axis			
		i. Scales with large, easy to read numerals			
		2. Standard, safety training, ISO certification and copy of the same should be enclosed along with technical bid.			
9	Gonioscope (a) Goldman Single Mirror	Should be easy to use and handle. It has 62 degree angle and when it is rotated through 360 degree it gives a clear view of the anterior chamber angle. Also its contact surface is very useful when diagnosing adults and children both with small palpebral fissure - Made in glass - Contact medium required			
10	Gonioscope (b) Zeiss 4 Mirror	Should be easy to use and handle. It has62 degree angle and when it is rotated through 360 degree it gives a clear view of the anterior chamber angle. Also its contact surface is very useful when diagnosing adults and children both with small palpebral fissure - Made in glass			
11	Schiotz Tonometer	<ul> <li>a) Precision measurement on a scale of 0 to 20 subdivisions and 0 to -1 sub-divisions</li> <li>b) Perfect reading of the scale with red pointer</li> <li>c) All vital parts are made of stainless steel, other parts are chrome-plated</li> <li>d) Complete in a black deluxe case with velvet-look inserts</li> <li>e) Supplied with three weights (5.5 g, 7.5 g, 10</li> </ul>	02 pc		

		g) and a conversion table			
12	Volk Fundus Viewing Lenses	(+78.0D)			
13	Volk Fundus Viewing Lenses	(+28.0D)			
14	Volk Fundus Viewing Lenses	(+90.0D)			
15	Digital Vision Chart	<ul> <li>Purpose: For assessing vision and refractive errors</li> <li>I. Test Type : Optotypes Tests ,Mirrored Optotypes ,Dot Pattern(Test) ,Color Pattern (Test) ,DuoChrome (Test) ,Snellens Chart Pattern (Test) with all Indian &amp; Foreign Languages</li> <li>II. Binocular Vision Test : Maddox ,Schober ,Binocular Balance and Worth 4 Dot</li> <li>III. Education Videos : Cataract &amp; IOLS ,Anatomy ,Optometry ,Contact Lenses ,Pathology ,Child Fixation ,Aniation Slides</li> <li>IV. Display Type : LCD</li> <li>V. Salient Features : Operated with Cord or Cordless Remote</li> <li>VI. Warranty Period : 1 year</li> <li>VII. Certification : CE ,ISO</li> </ul>	01 pc		
16	Distance Vision Testing Drum	<ul> <li>For testing distance vision</li> <li>I. Type : Reverse rotating test type, distance vision test drum (manual) all tests</li> <li>II. Chart functions operation type : Manually</li> <li>III. Four language test chart Test functions of chart and their sequence</li> <li>IV. Any four languages out of these - dots, English, any regional language, numbers or pictures, Hindi, 'c' or 'e' chart</li> <li>V. Product certification: ISO 13485</li> <li>VI. Submission of all the certifications and reports to the buyer along with supplies on demand</li> </ul>	01 pc		
17	Goldmann 3-mirror gonioscopy lens	<ul> <li>For viewing anterior chamber angles <ol> <li>Field View: 60/66/76 degree</li> <li>Working distance: 15 mm</li> </ol> </li> <li>60° mirror provides a view of the iridocorneal angle</li> <li>66° mirror provides a retinal image from the equator to the ora serrata</li> <li>76° mirror provides a view of the midperipheral/peripheral retina</li> </ul>	01 pc		

#### Reference no:

Date:

### [Letter head of firm] PRICE BID FORM

To,

The Assistant Procurement Officer, AIIMS, Deoghar. Dear Sir,

- I/We ...... am/are submitting the quotation for reference "QUOTATION FOR INSTRUMENTS/ EQUIPMENTS FOR DEPARTMENT OF OPHTHALMOLOGY AT AIIMS DEOGHAR AGAINST REFENRENCE NO.: AIIMS/Deoghar/OPD/Ophthalmology/2020-21/36 DUE ON 10.04.2020 at 04.00 PM" for instruments/ equipments for the Department of Ophthalmology at AIIMS Deoghar.
- 2. I/We have 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.	Name of Item with specification	Qty	Quoted make	Unit price	GST	Total cost
1						
2						
		Total cost/ amount				
Tota	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:\_\_\_\_\_