



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  
Cryocautery machine  
For  
Dept. of OBG at AIIMS Deoghar

Reference No.: AIIMS/Deoghar/OBS/OPD/Cryocautery machine/2022-23/122

Date of Issue: 14<sup>th</sup> December, 2022

Last Date of Submission: 28<sup>th</sup> December, 2022 at 05:00 PM.

All India Institute of Medical Sciences, Deoghar

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

Email: [procurement@aiimsdeoghar.edu.in](mailto:procurement@aiimsdeoghar.edu.in)

**Invitation of quotation for Requirement of Cryocautery machine for Dept. of OBS and Gynae. at AIIMS Deoghar.**

**Sealed Quotations** are invited on behalf of AIIMS, Deoghar for Requirement of Cryocautery machine for Dept. of OBS & GYNAE (**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 **28.12.2022 at 05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR REQUIREMENT OF CRYOCAUTERY MACHINE FOR DEPT. OF OBS & GYNAE AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/OBG/CRYOCAUTERY MACHINE/2022-23/122, **DUE ON 28.12.2022 at 05.00 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 on Rs 10/- stamp paper.
- 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 **15 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.
- s) Procurement will be as per rule GFR-155 of Government of India.

**Encl.:** Annexure 1 (Specification)

Annexure 2 (Format of price bid)

**Reference no:** AIIMS/Deoghar/OBG/Cryocautery machine/2022-23/122

Sr. No.	Details	Specification	Qty
1.	Cryocautery machine	<p><b><u>General Specifications</u></b></p> <ol style="list-style-type: none"> <li>1. The device must be designed and certified for use of gynecological surgical procedures to treat precancerous lesion of cervical cancer.</li> <li>2. The device must be supplied with an array of interchangeable probes designed for the specific use.</li> <li>3. The device is unique lightweight, tether-free design offers a greater mobility to doctors during the procedure.</li> </ol> <ol style="list-style-type: none"> <li>1. The device does not require electricity or batteries for operation</li> <li>2. Special carry case for easy storage and portability.</li> <li>3. Use of liquid CO<sub>2</sub> which is widely available and more economical than N<sub>2</sub>O.</li> <li>4. Single operation uses only about 500g of CO<sub>2</sub>, almost 400% more efficient than conventional cryotherapy machines.</li> <li>5. Translucent applicator tube for easy visual check during operation.</li> <li>6. The device must come with a warranty of minimum 1 year from date of purchase.</li> <li>7. Supplier must be ISO 13485:2016 and 9001:2015 certified.</li> <li>8. <b>Made in India &amp; MSME registered organization preferred</b></li> </ol> <p><b><u>Technical Specifications</u></b></p> <ol style="list-style-type: none"> <li>1. Cryogen Holding Capacity- Minimum 9 gms</li> <li>2. Tip Temperature – the System shall be capable of maintaining a tip temperature average of less than or equal to -50°C beginning 30 seconds after initiating the freeze cycle and lasting for an additional 150 seconds</li> <li>3. Applicator tube OD – 20 ± 0.2 mm</li> <li>4. Applicator tube length – 241.5 ± 1 mm</li> </ol> <p><b><u>Processing Methods</u></b></p> <p>The applicator and tip should be easy to clean with a wide variety of disinfectants such as –</p> <ul style="list-style-type: none"> <li>- Sterilization in steam autoclave at 121* C for 30 minutes</li> <li>- High level disinfection by roll-boiling for 20 minutes</li> <li>- HLD by cold processing by standard methods (Cidex®, Cidex OPA, 0.5% Chlorine, Sporox®ll)</li> </ul> <p><b><u>Shelf Life</u></b></p>	1 (pc)

		<p>Cryogen should have an expiration date of 4 years from the month of manufacturer. Reuse</p> <p>Cryogen should be suitable to reuse a minimum of 500 – 600 times under normal use and maintains.</p> <p>Cost per Procedure</p> <p>Cryogen cost per procedure is of minimum of Rs. 190 – Rs. 210 approximately. Safety Specifications</p> <ol style="list-style-type: none"> <li>1. The device material should be biocompatible and meeting the requirements of ISO 10993-1 standard.</li> <li>2. The device should meet international safety and quality standards in accordance with EU Medical devices directive 93/42/EEC. (CE marking preferred)</li> <li>3. The cryogen must be safe to be used for cryotherapy in closed environments.</li> </ol> <p><b><u>Packaging Specifications</u></b></p> <ol style="list-style-type: none"> <li>1. The device along with its assemblies must be provided in an easy to store and carry case, so as to protect it from any mechanical shocks.</li> <li>2. User operation manual must be accompanied with the device.</li> <li>3. The device must be delivered in suitable outer carton to ensure there is no damage during transit.</li> </ol> <p><b><u>Accessories</u></b></p> <ol style="list-style-type: none"> <li>1. Manufacturer assured products all accessories are easily available.</li> </ol> <p><b><u>After Sales Service</u></b></p> <ol style="list-style-type: none"> <li>1. Manufacturer shall locally set up the technical team support and share the contact with Government Organization / Facility.</li> <li>2. Manufacturer shall place a Toll-Free Help Line number for call log.</li> <li>3. The lead time of Call log is minimum 3 and maximum 5 days.</li> </ol> <p><b><u>Scope of AMC / CMC</u></b></p> <p>Scope of AMC OR CMC is available with the manufacturer.</p>	
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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 CRYOCAUTER MACHINE FOR DEPT. OF OBS/GYNAE AT AIIMS DEOGHAR FOR REFERENCE NO: AIIMS/DEOGHAR/OBG/ CRYOCAUTERY MACHINE /2022-23/122, **DUE ON 28.12.2022 at 04.00 PM**" for Dept. of OBS & GYNAE 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	Quoted Make	Unit Price	GST %	Unit price With GST	Total Qty	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:\_\_\_\_\_