



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  
Intravenous Fluids OPD  
at AIIMS Deoghar

Reference No.: AIIMS/Deoghar/OPD/ Intravenous Fluids/2021-22/32

Date of Issue: 24<sup>th</sup> March, 2021

Last Date of Submission: 07<sup>th</sup> April, 2021 at 04:00 PM.

All India Institute of Medical Sciences, Deoghar

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Email: [office.aiimsdeoghar@gmail.com](mailto:office.aiimsdeoghar@gmail.com)

**Invitation of quotation for Intravenous Fluids OPD at AIIMS Deoghar.**

**Sealed Quotations** are invited on behalf AIIMS, Deoghar Intravenous Fluids 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 **07.04.2020 at 04:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

**“QUOTATION DISPOSABLES FOR INTRAVENOUS FLUIDS OPD FOR GENERAL SURGERY AT AIIMS DEOGHAR REFERENCE NO.: AIIMS/DEOGHAR/OPD/ INTRAVENOUS FLUIDS/2021-22/32, DUE ON 07.04.2021 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 items.
- 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 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 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% of total bill amount will be kept security deposit.** It will be refunded within maximum 03 months of satisfactory certificate from concern officer.
- 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) No quotation will be accepted if received after due date. The envelope containing quotation should be sealed with WAX/TAPE on both sides.

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

Annexure 2 (Format of price bid)

**Reference no:** AIIMS/Deoghar/OPD/ Intravenous Fluids/2021-22/32

| <b>Sr. no.</b> | <b>Items</b>          | <b>Specifications</b>  | <b>Required Qty.</b> |
|----------------|-----------------------|--|----------------------|
| 1.             | Normal Saline         | <b>0.9% NaCl w/v sterile solution in 500ml non toxic plastic bottles</b>   | 600pcs               |
| 2.             |                       | <b>0.9% NaCl w/v sterile solution in 100ml non toxic plastic bottles</b>   | 100pcs               |
| 3.             | Ringer Lactate        | <b>Hydrous dextrose 5g , NaCl 0.6 g , Sodium Lactate 0.31g, Pottassium Chloride 0.03g, Calcium Chloride Dihydrate 0.02g in sterile solution in 500ml non toxic plastic bottles</b>                   | 600pcs               |
| 4.             | DNS                   | <b>5g Dextrose with 0.9% NaCl in sterile solution in 500ml non toxic plastic bottles</b>   | 600pcs               |
|                |                       | <b>5g Dextrose with 0.45% NaCl in sterile solution in 500ml non toxic plastic bottles</b>  | 50pcs                |
| 5.             | 5 D                   | <b>5g Dextrose w/v in sterile solution in 500ml non toxic plastic bottles</b>  | 500pcs               |
| 6.             | 10 D                  | <b>10g Dextrose w/v in sterile solution in 500ml non toxic plastic bottles</b>   | 200pcs               |
| 7.             | 25 D                  | <b>25g Dextrose w/v in sterile solution in 100ml non toxic plastic bottles</b>   | 200pcs               |
| 8.             | IV Colloidal Solution | <b>Available in 500 ml sterile tamper proof plastic bottles for IV uses<br/>Each 500ml vial contains 17.5 g Polygeline as active ingredient, 4.25g sodium chloride and 0.20g potassium chloride.</b> | 200pcs               |

Reference no:

Date:

**[Letter head of firm]**

**PRICE BID FORM**

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

I/We ..... am/are submitting the quotation for reference  
“QUOTATION FOR INTRAVENOUS FLUIDS OPD FOR AIIMS DEOGHAR REFERENCE  
NO.: AIIMS/DEOGHAR/OPD/ INTRAVENOUS FLUIDS/2021-22/32, **DUE ON  
07.04.2021 AT 04.00 PM**” for 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                            |                                 |                    |             |            |     |            |
| 2                            |                                 |                    |             |            |     |            |
|                              |                                 | 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: \_\_\_\_\_