



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

आरोग्यम् परमं सुखम्

Invitation of quotation
for
Printing of screening form-covid19
for
AIIMS Deoghar

Reference No.: AIIMS/Deoghar/ Screening form /CFM / 2022-23/92

Date of Issue: 23th June, 2022

Last Date of Submission: 30th June, 2022 at 04:00 PM.

All India Institute of Medical Sciences, Deoghar

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

Email: procurement@aiimsdeoghar.edu.in

Invitation of quotation for Printing of screening form-covid19 for AIIMS Deoghar

Sealed Quotations are invited on behalf of AIIMS, Deoghar for **printing and supply of screening form-covid19 (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 **30.06.2022 at 04:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR PRINTING OF SCREENING FORM-COVID19 AT AIIMS DEOGHAR REFERENCE NO.: DEOGHAR/ SCREENING FORM /CFM / 2022-23/92, DUE ON 30.06.2022 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 work should be executed as per direction of the nominated person.
- d) The printing should be done as per the Performa given in annexure-II**
- e) Final printing should be done after proofreading and approval of the draft by the nominated person**
- f) The supplier should print and supply all the mentioned items.
- g) Rates must be quoted in Indian rupees.
- h) Rates must be inclusive of all charges (including Freight charges, Insurance, installation, taxes etc.).
- i) **No overwriting or cutting** is permitted in the rate. If found, the quotation shall be summarily rejected.
- j) **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.
- k) **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.
- l) 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.

- m) **Delivery Period** – within **15 days** from the issue of work order.
- n) **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.
- o) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Deoghar.
- p) 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.
 - Registration of firm.
 - The firm should not be black listed by any Government agency/Department.
 - Similar work order of any government institute.
- q) 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.
- r) **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.
- s) AIIMS Deoghar reserve the right to accept or reject any or all quotations without assigning any reason there of and also does not bind itself to accepted the lowest quotation.
- t) 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)

Annexure 3 (Format of price bid)

Reference no: AIIMS/Deoghar/ Screening form/CFM / 2022-23/92

Sn. No.	Name of Item	Specification	Qty. Required
1.	Screening form	<ul style="list-style-type: none">• Paper size: 8 x 11 inch• Paper thickness: 65 GSM• Black print with both side print• As per the format on (Annexure – 2)	100000 Piece



अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
 (स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
 (An Institute of National Importance under Ministry of Health & Family Welfare)
 भारत सरकार / Government of India

Name _____ Age / Sex _____ Temp _____
 नाम _____ उम्र / लिंग _____
 Phone No. _____ Address : _____

Do you have had any of the following since past 48 hours? क्या आपको निम्नलिखित में से कोई भी तकलीफ पिछले 48 घंटे या उससे ज्यादा समय से है?	
Fever of 100.4° F or higher 100-4° F या ज्यादा बुखार	Yes / No हाँ / ना
Cough खांसी	Yes / No हाँ / ना
Shortness of breath or difficulty breathing सांस लेने में तकलीफ	Yes / No हाँ / ना
New loss of taste or smell अचानक स्वाद या सुगंध का गायब हो जाना	Yes / No हाँ / ना

Within the past 14 days, have you been in close physical contact (6 feet or closer for a cumulative total of 15 minutes with Anyone who is known to have laboratory-confirmed COVID-19 OR Anyone who has any symptoms consistent with COVID-19? क्या आप पिछले 14 दिनों में किसी ऐसे व्यक्ति के नजदीकी संपर्क (6 फीट से कम दूरी या 15 मिनट से ज्यादा देर तक संपर्क) में आये हैं, जिनमें उपरोक्त लक्षण थे अथवा उनके COVID-19 परीक्षण का परिणाम +ve था?	Yes / No हाँ / ना
Did you answer NO to ALL QUESTIONS? क्या आपने उपरोक्त प्रश्नों का उत्तर ना में दिया है?	Access to OPD facilities APPROVED. Please proceed to the registration counter fordept. आप हमारी OPD सेवाओं का लाभ उठा सकते हैं, कृपया पंजीकरण करवाएं।
Did you answer YES to ALL QUESTIONS? क्या आपने उपरोक्त प्रश्नों में किसी एक का भी उत्तर हाँ में दिया है?	Access to OPD facilities NOT APPROVED. please see page 2 for further instructions. आप हमारी OPD सेवाओं के लिए स्वीकृति नहीं हैं। कृपया पृष्ठ 2 पर दिए निर्देशों का पालन करें।

Thank you for helping us to keep you and others safe in these difficult time.
इस कठिन समय में अपनी और दूसरी की सुरक्षा का ध्यान रखने के लिए धन्यवाद।



अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर
ALL INDIA INSTITUTE OF MEDICAL SCIENCES DEOGHAR
(स्वास्थ्य एवं परिवार कल्याण मंत्रालय, भारत सरकार के अधीन राष्ट्रीय महत्व का संस्थान)
(An Institute of National Importance under Ministry of Health & Family Welfare)
भारत सरकार / Government of India

THE SCREENING YOU COMPLETED INDICATES THAT YOU MAY BE AT INCREASED RISK FOR COVID - 19
इस प्ररनापली से इंगित होता है कि आप COVID - 19 से संक्रमित हो सकते हैं।

IF YOU ARE NOT FEELING WELL, WE HOPE THAT YOU FEEL BETTER SOON

Here are instruction for that to do next

कृपया भय ना करें एवं निम्नलिखित निर्देशों का पालन करें :

- If you are not already at home, please avoid contact with others and go straight home immediately.
- कृपया अपने घर में एकांत में रहें। सभी से सामाजिक दूरी बनाएं।
- Download the "Arogya Setu App" and visit the nearest RTPCR centre as shown by the app for further information and covid - 19 testing.
- जल्द से जल्द आरोग्य सेतू एप्प डाउनलोड करें एवं उसके द्वारा बताये गए केन्द्र में Covid - 19 के जांच हेतु संपर्क करें।
- If you have been in close contact with someone with Covid - 19 you should stay home and self-quarantine for 14 days before returning to work.
- अगर आपको लगता है कि आपको Covid - 19 संक्रमण हो सकता है या फिर आप पिछले दिनों किसी व्यपक संक्रमित व्यक्ति के नजदीकी संपर्क में आये हैं तो कृपया 14 दिनों का एकांतवास करें और सभी से सामाजिक दूरी बनाएं।
- you can contact our dedicated covid helping number (08252726690 / 08252762011) for further advice and guidance on home isolation.
- होम आइसोलेशन पर अधिक सलाह और मार्गदर्शन के लिए आप हमारे समर्पित कोविड हेल्पलाइन नंबरों (08252726690 / 08252762011) पर संपर्क कर सकते हैं।
- AIIMS Helpline No. - 9471392740
- एम्स हेल्पलाइन नं० - 9471392740

Reference no: AIIMS/Deoghar/ Screening form /CFM / 2022-23/92

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 PRINTING OF SCREENING FORM-COVID19 AT AIIMS DEOGHAR REFERENCE NO.: AIIMS/DEOGHAR/ SCREENING FORM /CFM / 2022-23/92, **DUE ON 30.06.2022 AT 04.00 PM**" 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	Unit Price	GST %	Unit price With GST	Total Qty	Total cost
1						
2						
3						
		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.
- Attached all the relevant documents asked.
- Should attach samples.
-

Date:

(Name):

Place:

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person) _____

Seal: _____