



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  
Emergency Medicines for General Medicine  
at  
AIIMS Deoghar

Reference No.: AIIMS/Deoghar/ Gen. Medicine/ Medicines & Items /2021-22/69

Date of Issue: 28<sup>th</sup> May, 2021

Last Date of Submission: 09<sup>th</sup> June, 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 Emergency Medicines & items for General Medicine at AIIMS Deoghar.**

**Sealed Quotations** are invited on behalf of AIIMS, Deoghar for Requirement of Emergency Medicines & items for General Medicine (**Annexure-I**) of 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 **09.06.2021 at 04:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR REQUIREMENT OF EMERGENCY MEDICINES & ITEMS FOR GENERAL MEDICINE AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/ GEN. MEDICINE/ MEDICINES /2021-22/69, **DUE ON 09.06.2021 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 medicine and 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. If all items are not provided by vendor then L1 will be calculated by the common item quoted in all the quotation.** 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.
  - Valid drug License as per Government rules

- 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 10 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 after satisfactory performance report submitted by the nominated person/ concern Department.
- 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/ Gen. Medicine/ Medicines &amp; items /2021-22/69

Sr. no.	Medicine & Itmes	Qty.
1	Inj Adrenaline	50
2	Inj Atropine	50
3	Inj NTG	5
4	INJ Dopamine	10
5	Inj Digoxin	5
6	Inj Avil( Pheniramin)	20
7	Inj Voveron(Diclofenac)	50
8	Inj Tramadol	50
9	Inj Lasix(Furosamide)	50
10	Inj Diazepam	15
11	Inj Phenergan( Promethazine)	10
12	Inj Vit K	10
13	Inj Fortwin(Pentazocin)	30
14	Inj Emset(Ondensatron)	50
15	Inj Noradrenalin 2mg	20
16	Inj Perinorm(Metoclopramide 2 Ml)	50
17	Inj Rantac(Ranitidine)	50
18	Inj Revici(Butyl Alcohol(52mg/Ml)+ Citric Acid(0.5 Mg/Ml)+ Sodium Chloride 5.6 Mg/Ml)	5
19	Inj Paracetamol 2ml	50
20	Inj Mgso4 50%	20
21	Inj Deriphyllin	20
22	Inj Phenytoin	30
23	Inj NAHCO3 75 Mg	10
24	Inj KCL 10 Ml	30
25	Inj Hydrocortisone	50
26	Inj Dobutamine	10
27	Inj Vecuronium 4 Mg	5
28	Inj Cordarone (Amiodarone)	5
29	Inj Diltiazem	10
30	Inj Midazolam 1mg/Ml-5ml	25
31	Inj Adenosine	5
32	Inj Ketamine 50 Mg	10
33	Inj Mephenteramine	5
34	Inj Xylocaine 2%(Lignicaine)	15
35	Inj Heparin 5000 Iu	15
36	Inj Buscopan(Hyoscine Butyl Bromide) 20 Mg/Ml	50
37	Inj Tranexemic Acid	30
38	Inj Methylergotamine	20
39	Inj Oxytocin	20
40	Inj Morphine	5
41	Inj Labetolol	15
42	Inj Isoprenaline	10
43	Inj Human Regular Insulin(40 Iu/Ml)	15
44	H2O For Inj	50
45	50% Dextrose 100 Ml	10
46	25% Dextrose 100ml	30

47	5% Dextrose 500 Ml	50
48	DNS 500 Ml	100
49	RL 500 Ml	100
50	NS 500 Ml	100
51	0.45% Saline	20
52	3% Saline 100 Ml	5
53	NS 100 Ml	50
54	50 Ml Syringe	15
55	20 Ml Syringe	10
56	10 Ml Syringe	100
57	2 Ml Syringe	50
58	1 Ml Syringe	20
59	Insulin Syringe	25
60	Iv Set	200
61	3 Way Cannula	30
62	Ryles Tube No 16	15
63	IV Cannula No 24	30
64	Iv Cannula No 22	20
65	Iv Cannula No 20	100
66	Iv Cannula No 18	10
67	Iv Cannulano16	5
68	Foley Catheter No 16	10
69	Foley Catheter No 14	10
70	Foley Catheter No12	10
71	Suction Catheter No 16	25
72	Suction Catheter No 14	5
73	Suction Catheter No 12	10
74	Suction Catheter No 8	10
75	Foley Catheter No 08	5
76	Feeding Tube 09	5
77	Feeding Tube 08	5
78	Feeding Tube 07	5
79	Feeding Tube 06	5
80	Feeding Tube 05	5
81	Endotracheal Tube No 8.5	2
82	Endotracheal Tube No 8.0	10
83	Endotracheal Tube No 7.0	5
84	Endotracheal Tube No 7.5	10
85	Endotracheal Tube No 6.0	2
86	Endotracheal Tube No 6.5	2
87	Endotracheal Tube No 5.5	5
88	Endotracheal Tube No 5.0	5
89	Endotracheal Tube No 4.5	5
90	Endotracheal Tube No 4.0	5
91	Endotracheal Tube No 3.5	5
92	Endotracheal Tube No 3.0	5
93	Endotracheal Tube No 2.5	5
94	Betadine Bottle 500ml	10
95	Xylocaine Gelly 50 Ml	5
96	Dynaplast	5
97	Urobag	20
98	Micropore	30
99	Sputum Mug	5

100	Volini Spray	5
101	Vinodine Spray (Providone Iodine 5 %W/W)	2
102	Gentian Violet Paint	2
103	Crepe Bandage	5
104	Vomit Bowl	2
105	Sanitary Pads	25
106	Cotton(Half Kg Roll)	10
107	Inj Lorazepam 2mg	25
108	Salbutamol +Ipratropium Bromide Respule	25
109	Salbutamol Respule	20
110	Levosaltamol Respule	20
111	Inj Fentanyl	5
112	Inj Levitracetam	10
113	Inj Glucagon	2
114	Tab Aspirin 75 Mg	50
115	Tab Clopidogrel 75 Mg	50
116	Tab Sorbitrate 5 Mg	50
117	Inj Haloperidol 5mg	10
118	Tab Atorvastatin 10 Mg	50
119	LMW Heparin(Enoxaparin)	10
120	Inj Botropase(Haemocoagulase)	5
121	Inj Ethamsylate	5
122	Inj Pantoprazole	100
123	Inj TT Toxoid	50
124	Inj Chlorphenarmine	15
125	Xylometazoline -/Otrivine Nasal Drops	10
126	Oint Neosporin/ Mupirocin	2
127	Oint Soframycin	2
128	Oint Silver Salazine	2
129	Liquid Paraffin Nasal Drops	5
130	Saline Nasal Drops	20
131	Inj Ceftriaxone	50
132	Inj Amoxy Clav	20
133	Inj Metrogyl	50
134	Oint Thrombophobe	2
135	Inj Phenobarbitone	5
136	Inj Valproate	2
137	Inj Mannitol	10
138	Inj Octreotide	5
139	Eye Drop Moxifloxacin	10
140	Eye Drop Prednisolone	10
141	Eye Drop Atropine	10
142	Eye Drop Tropicamide	10
143	Eye Drop Tropicamide +Phenylephrine	10
144	Eye Drop Timololo	10
145	Eye Dro Dorzolamine	5
146	Eye Drop Pilocarpine	10
147	Inj Dexamethasone	20
148	Inj Multivitamin(With 100mg Thiamine)	5
149	Wax Rid Ear Drops	10
150	Inj Methyle-Prednisolone 500 Mg	5
151	Inj Streptokinase 1.5 MU	5

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 EMERGENCY MEDICINES & ITEMS FOR GENERAL MEDICINE AT AIIMS DEOGHAR FOR REFERENCE NO: AIIMS/DEOGHAR/ GEN. MEDICINE/ Medicines & ITEMS /2021-22/69, **DUE ON 09.06.2021 at 04.00 PM**" for Dept. of General Medicine 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 Medicine with composition/s	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.(wherever applicable)

Date:

(Name):

Place :

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person) \_\_\_\_\_

Seal:\_\_\_\_\_