



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 IPD
at
AIIMS Deoghar

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

Date of Issue: 26th July, 2021

Last Date of Submission: 06th August, 2021 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 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 for IPD (**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 **06.08.2021 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 06.08.2021 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 medicines. The medicine should be supplied having maximum expiry period.
- d) Rates must be quoted in Indian rupees.
- e) Rates must be inclusive of all charges (including Freight charges, 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 issue of the 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) **3% amount from bill will be deducted as security deposit.** It will be refunded after satisfactory report submitted by the nominated person/ concern Department and within three months of the maximum expiry period of any medicine.
- 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 & items /2021-22/69

Sr. no.	Medicine & Items	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(Metoclopropamide 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	Betadine Bottle 500ml	10
48	Xylocaine Gelly 50 ML	5

49	Volini Spray	5
50	Vinodine Spray (Providone Iodine 5 %W/W)	2
51	Gentian Violet Paint	2
52	Crepe Bandage	5
53	Inj Lorazepam 2mg	25
54	Salbutamol +Ipratropium Bromide Respule	25
55	Salbutamol Respule	20
56	Levosabutamol Respule	20
57	Inj Fentanyl	5
58	Inj Levitracetam	10
59	Inj Glucagon	2
60	Tab Aspirin 75 Mg	50
61	Tab Clopidogrel 75 Mg	50
62	Tab Sorbitrate 5 Mg	50
63	Inj Haloperidol 5mg	10
64	Tab Atorvastatin 10 Mg	50
65	LMW Heparin(Enoxaparin)	10
66	Inj Botropase(Haemocoagulase)	5
67	Inj Ethamsylate	5
68	Inj Pantoprazole	100
69	Inj TT Toxoid	50
70	Inj Chlorphenarmine	15
71	Xylometazoline -/Otrivine Nasal Drops	10
72	Oint Neosporin/ Mupirocin	2
73	Oint Soframycin	2
74	Oint Silver Salazine	2
75	Liquid Paraffin Nasal Drops	5
76	Saline Nasal Drops	20
77	Inj Ceftriaxone	50
78	Inj Amoxy Clav	20
79	Inj Metrogyl	50
80	Oint Thrombophobe	2
81	Inj Phenobarbitone	5
82	Inj Valproate	2
83	Inj Mannitol	10
84	Inj Octreotide	5
85	Eye Drop Moxifloxacin	10
86	Eye Drop Prednisolone	10
87	Eye Drop Atropine	10
88	Eye Drop Tropicamide	10
89	Eye Drop Tropicamide +Phenylephrine	10
90	Eye Drop Timololo	10
91	Eye Dro Dorzolamine	5
92	Eye Drop Pilocarpine	10
93	Inj Dexamethasone	20
94	Inj Multivitamin(With 100mg Thiamine)	5
95	Wax Rid Ear Drops	10
96	Inj Methyle-Prednisolone 500 Mg	5
97	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 06.08.2021 at 04.00 PM**" for IPD 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:_____