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**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

आरोग्यं परमं सुखम्

Invitation of quotation  
for  
Ambulance services  
at  
AIIMS, Deoghar

**Reference No.:** AIIMS/DEOGHAR/QUOTATION-17/AMBULANCE/2020-21

**Date of Issue :** 12th November, 2020

**Last Date of Submission :** 20th November, 2020 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**

*Khushboo Raza*  
12/11/2020

**Reference no: . AIIMS/DEOGHAR/QUOTATION-17/AMBULANCE/2020-21**

**Invitation of quotation for ambulance services at AIIMS Deoghar.**

**Sealed Quotations** are hereby invited by the undersigned on behalf of the Director, AIIMS, Deoghar for ambulance services (Specification of the ambulance as per **Annexure-I**) for **minimum period of 3 months**, extendable as per requirement of the Institute terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before **20.11.2020 at 04.00 PM**. The Envelope containing the **quotation must be sealed and super scribed as under:-**

**“QUOTATION FOR AMBULANCE SERVICES FOR AIIMS, DEOGHAR AGAINST REFERENCE NO.: AIIMS/DEOGHAR/QUOTATION-17/AMBULANCE/2020-21 DUE ON 20.11.2020 AT 04.00 PM”**

**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) Rates must be quoted in Indian rupees.
- d) Rates must be inclusive all charges (including taxes etc.).
- e) **No overwriting or cutting** is permitted in the rate. If found, the quotation shall be summarily rejected.
- f) The **rates quoted must be valid for 90 days minimum from the date of opening of the quotation. Minimum amount quoted for 1500 km/ month will be taken into consideration for become L1. If required kilometer (1500) is not used in one month than the unused kms can be adjusted within three month. After three month balance kms are expired.**
- g) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- h) The Ambulance set up must be **registered not before the year of 2019** with specific make and model and must have valid permit.
- i) The Ambulance described above are **required for 24X7 on monthly basis** and maximum upto 1500-k.m/month.
- j) The ambulance service should include the driver and an attendant. The drivers/attendants will be considered as employees of the contractor. In case of the absence of the driver, the agency has to immediately provide the substitute. If the Agency fails to provide the substitute of Driver/Ambulance or unable to provide

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12/11/2020



services there will be a **penalty Rs 10000/- along with charges paid in lieu of services taken in their absence shall be imposed.**

- k) The driver running the Ambulance should preferably **have experience in running the ambulance along with valid driving license issued by the Regional Transport Office (RTO)** and the Ambulance should be registered with the competent authority. A Certificate to this effect should be provided. The driver of the vehicle provided must follow traffic rules and other regulations prescribed by the Government from time to time. Original copies of Registration, Insurance of Vehicle & Driving License of driver must be produced before engagement of Vehicle.
- l) The driver or attendant deployed should not be below 18 years. In case of violation, the contract may be terminated by the institute.
- m) The driver must observe all etiquette and protocol while performing the duty. He must be neatly dressed, should wear proper uniform to be decided by the institute at the time of engagement for which no extra payment will be provided and must carry a mobile phone in working condition, for which no separate payment shall be made by the Institute.
- n) **All Maintenance servicing of the Ambulance should be done by the Agency at its own cost.** The interior and the exterior conditions of the Ambulance should be well maintained. Routine Maintenance/servicing of the vehicles should be done by the Agency once in a month at its own cost.
- o) In case of break down, the Agency will be responsible for repair and maintenance of the Ambulance and will arrange alternate Ambulance within one hour, Institute will not pay any type of compensation for maintenance of the Ambulance.
- p) In case of requisition/seizure of the Ambulance by the RTO or any other Authorities, it will be the Agency's responsibility to get the Ambulance released and during such period of requisition/seizure, the Agency will have to arrange alternate Ambulance.
- q) The vehicle can be de-hired giving prior notice of one month considering the requirement of the institute for which no payment will be made by the institute. In case of unsatisfactory services the work order of the Agency may be terminated giving one week's notice.
- r) The contract cannot be outsourced to third party.
- s) 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.
- t) 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.
- u) **Delivery Period** – within 15 days from work order.

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12/11/2020

- v) **Payment Terms:** Payment will be done as per logbook, satisfactory work and inspection by members appointed by AIIMS Deoghar.
- w) **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 the arbitrator appointed by the Executive Director, AIIMS, Deoghar.
- x) 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 AIIMS, Deoghar, will be final in this regard.

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

Annexure 2 (Format of price bid)

*Khushant Raza*  
Administrative Officer 12/11/20  
AIIMS, DEOGHAR

*Khushant Raza*  
12/11/2020

Reference no: AIIMS/DEOGHAR/QUOTATION-17/AMBULANCE/2020-21

S. no.	Name of Service	Specifications
1	Ambulance service with Basic life support	<p><b>GENERAL SPECIFICATION OF AMBULANCE (AIR CONDITIONED):</b></p> <ul style="list-style-type: none"> <li>• Stretcher preferably foldable.</li> <li>• Seats for attendant/companion.</li> <li>• Oxygen cylinder cage with mask storage facility.</li> <li>• IV Bottle holding hook.</li> <li>• First Aid box.</li> <li>• Electric plug point.</li> <li>• Blinkers and Hooters.</li> <li>• Facility of drinking water.</li> <li>• Fan for the patient and proper cabin lights.</li> </ul> <p><b>GENERAL AND TECHNICAL SPECIFICATION FOR BASIC LIFE SUPPORT AMBULANCE</b></p> <ul style="list-style-type: none"> <li>• Emission Norms Bharat Stage V and Above</li> <li>• Engine Capacity in CC Minimum of 2000 – 3000 CC</li> <li>• Maximum Power in HP 75-100 HP</li> <li>• Torque in MM Above 200 MM</li> <li>• Wheel base in MM Minimum of 3200 MM</li> <li>• Fuel Tank capacity To cover a minimum of 400 KM without refuelling</li> <li>• Payload Capacity Minimum 1100 Kg</li> </ul> <p><b>PATIENT COMPARTMENT DIMENSIONS (TO BE SEPARATED FROM DRIVER CABIN/ OPEN ABLE GLASS WINDOW IN BETWEEN) :</b></p> <ul style="list-style-type: none"> <li>• Length in mm Minimum 2755</li> <li>• Width in mm Minimum 1650</li> <li>• Height in mm Minimum 1800</li> <li>• Air Condition: Yes</li> <li>• Minimum Seating capacity Patient + 7</li> <li>• Other specifications As prescribed by Automotive Research Association of India (ARAI) and prescribed government norms, from time to time for running of basic life support ambulances</li> </ul> <p><b>OTHER STANDARD EQUIPMENTS/ ACCESSORIES :</b></p> <ul style="list-style-type: none"> <li>• Stretcher Foldable stretcher cum trolley</li> <li>• Foldable Carrying Chair Wheel Chair</li> <li>• Medicine Cabinet Inbuilt</li> <li>• Oxygen cylinder cage with filled oxygen cylinder, flow meter, humidifier with separate mask of adult and paediatric. The ambulance service provider should obtain the explosive certificate for oxygen cylinder. The oxygen level as per standard and permissible limit has to be maintained by the service provider at his/her own cost.</li> <li>• I.V. Hook Atleast at three locations on roof top plus one additional</li> </ul>

Khandu Bora  
12/11/2020



		<p>on side wall, inside the patient compartment/ cubicle.</p> <ul style="list-style-type: none"> <li>• Suction apparatus Electronic Suction Aspirator along with a manual suction machine</li> <li>• Electrical socket There must be two Indian Standard AC electrical sockets inside the patient compartment for connecting AC electrical gadgets</li> <li>• Patient compartment illumination Atleast two points on top roof</li> <li>• Warning Lights Roof mounted as per ARAI specifications. Should have revolving flashers and light indicating emergency while transferring seriously ill patients</li> <li>• Public address system :Yes. Atleast of 100 Watt</li> <li>• Siren High intensity roof mounted to draw public attention to make way in high density traffic</li> <li>• Exterior design/painting As per standard guidelines and specifications issued by ARAI and Govt. of India guidelines issued from time to time for Ambulances</li> <li>• Seats for attendants As specified at Sl. No.15, and should include at least one seat for medical attendant in the patient compartment</li> <li>• Washbasin Yes, Stainless steel wash basin inside patient compartment</li> <li>• Dustbins Yes, Concealed portable dustbins for waste disposal inside the patient compartment/ cubicle or any other suitable locations</li> <li>• Fire extinguisher Yes, Portable Fire Extinguishers should be provided both at the Driver compartment and also inside the patient compartment.</li> </ul>
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Khushant Rg29  
12/11/2020

Reference no: AIIMS/DEO/

## [ Letter head of firm ]

PRICE BID FORM

To,  
Administrative Officer,  
AIIMS, Deoghar.

Dear Sir,

1. I/We ..... am/are submitting the quotation for reference "QUOTATION FOR HIRING OF AMBULANCE AT AIIMS, DEOGHAR AGAINST THE REFERENCE NO. AIIMS/DEOGHAR/QUOTATION-17/AMBULANCE/2020-21 DUE ON 20.11.2020 AT 04.00 PM" for hiring of ambulance at AIIMS Deoghar.
2. I/We have thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates:

S. no.	Vehicle type	Tata Winger/ Traveller/ Any other type (please mention make)	Year of manufacture	Monthly Charges/ Rental of Ambulance including Driver and attendant on 24 hrs x 7 days basis and maximum upto 1500-k.m per Month	Rate per KM if More than 1500- Km per Month
1	Ambulance with basic life support system  Please mention the make				

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.(if applicable)

Date:

(Name):

*K. S. S. S. S.*  
12/11/2020

Place :

Name of Firm/Company/Agency:

GSTIN No.: :

Phone No:

Email:

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

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

Khurshid Raza  
12/11/2020