



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)

Devipur campus, Ramsagar, Deoghar, (Jharkhand) - 814152

देवीपुर परिसर, रामसागर, देवघर, (झारखण्ड) - ८१४१५२

Invitation of quotation
for
Ophthalmic surgical Cryotherapy unit
For Dept. of Ophthalmology
at AIIMS Deoghar

Reference No.: AIIMS/DEO/Ophthalmic surgical Cryotherapy unit/Ophthalmology/2024-25/36

Date of Issue: 11th July, 2024

Last Date of Submission: 25th July, 2024 at 05:00 PM.

All India Institute of Medical Sciences, Deoghar

Devipur campus, Ramsagar, Deoghar: 814152, Jharkhand

Email: lpc@aiimsdeoghar.edu.in

Reference no: AIIMS/DEO/Ophthalmic surgical Cryotherapy unit/Ophthalmology/2024-25/36

Invitation of quotation for Ophthalmic surgical Cryotherapy unit for Dept. of Ophthalmology at AIIMS Deoghar

Sealed Quotations are invited on behalf AIIMS, Deoghar for **Ophthalmic surgical Cryotherapy unit for Dept. of Ophthalmology at AIIMS Deoghar** as per terms & conditions mentioned below. The filled quotations along with all the required documents must reach in the office of the undersigned on or before **25.07.2024 at 05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR OPHTHALMIC SURGICAL CRYOTHERAPY UNIT FOR DEPT. OF OPHTHALMOLOGY AT AIIMS DEOGHAR; REFERENCE NO.: AIIMS/DEO/OPHTHALMIC SURGICAL CRYOTHERAPY UNIT/OPHTHALMOLOGY/2024-25/36 DUE ON 25.07.2024 at 05.00 PM”

The Quotation should be send to the address:-

LPC Chairperson
AIIMS Deoghar Devipur Campus,
IPD Block – A, 4th Floor LPC Office
Ramsagar, Deoghar, Jharkhand -814152.

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 120 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) 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.

- j) **Delivery Period** – within **20 days** from the issue of work order.
- k) **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.
- l) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Deoghar.
- m) **5% amount from bill will be deducted as security deposit.** It will be refunded within three months after satisfactory performance report submitted by the nominated person/ concern Department, for the equipments/ work.
- n) 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. / Undertaking on rupees 10 affidavits that the mentioned items have not been supplied by the vendor below the quoted rates to any institute or anybody.
- o) 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.
- p) **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.
- q) 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.
- r) No quotation will be accepted if received after due date. The envelope containing quotation should be sealed with WAX/TAPE on both sides.
- s) Procurement will be as per rule **GFR-155** of Government of India.

Encl.:

Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference No.: AIIMS/DEO/Ophthalmic surgical Cryotherapy unit/Ophthalmology/2024-25/36

S. no.	Name of Item with Specification	Qty.
1.	<p>Ophthalmic Surgical Cryotherapy unit</p> <ul style="list-style-type: none"> • Non electric & portable have N2O gas • Foot control • Instant freezing and defrosting • Capable of achieving temperature at tip below – 196° C (-320.8-°F) • Should have active and passive defrosting system • Should have all kinds of probes required for Ophthalmology procedures • Probes should be autoclavable • Operating pressure 400-800 psi • System should have active trigger mechanism to control freeze/thaw cycle with closed design cry tips with cone extrusion not exceeding 5mm, insulation cryo shaft of length 170-200mm, hose assembly with cylinder connectivity, pressure gauge and relief valve and exhaust port to which hose can be connected to safely vent the exhaust gas manual probe cleaning • 5 year warranty • Should be USFDA/CE/DGCI/ISI/BIS/CDSCO or equivalent certified <p>Accessories and spare parts/consumables</p> <ul style="list-style-type: none"> • Cryo probes according to specific usages (for Retina as well as Glaucoma usage)- 1.5mm, 2.0mm, 3.0mm integral timer and temperature indicator • Should be supplied with unfilled cylinder for N2O <p>Operating conditions</p> <ul style="list-style-type: none"> • Capable of operating continuously at ambient temperature from 5°C to 40°C and relative humidity of 15% to 90% in ideal circumstances • Part of system that are designed to come in contact with the patient or the operator should be capable of easy disinfection or protected by single use or sterile disposable cover • Sterilization required • Supplier to perform installation , safety and performance checks before hand over • Training of users in operation & basic maintenance shall be provided should have 2 copies of user manual • List of equipment required for calibration satisfactory installation and working certificate from Govt. Hospital 	01

Reference no:

Date:

[Letter head of firm]

PRICE BID FORM

To,
LPC Chairperson,
AIIMS, Deoghar.
Dear Sir,

I/We am/are submitting the quotation for reference "QUOTATION FOR OPHTHALMIC SURGICAL CRYOTHERAPY UNIT FOR DEPT. OF OPHTHALMOLOGY AT AIIMS DEOGHAR; REFERENCE NO.: AIIMS/DEO/OPHTHALMIC SURGICAL CRYOTHERAPY UNIT/OPHTHALMOLOGY/2024-25/36 DUE ON 25.07.2024 at 05.00 PM" for 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 work 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)					

- 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:_____