



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) - 814152

Invitation of quotation
for
Lab Medicine
For
Dept. of Pathology at AIIMS Deoghar

Reference No.: AIIMS/Deoghar/ Cytopathology Lab/Medicine/2023-24/25

Date of Issue: 12th September, 2023

Last Date of Submission: 26th September, 2023 at 05:00 PM.

All India Institute of Medical Sciences, Deoghar

Devipur campus, Ramsagar, Deoghar: 814152, Jharkhand

Email: office.aiimsdeoghar@gmail.com

Invitation of quotation for Requirement of Lab Medicine for Dept. of Pathology at AIIMS Deoghar.

Sealed Quotations are invited on behalf of AIIMS, Deoghar for Requirement of Lab Medicine for Dept. of Pathology (**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 **26.09.2023 at 05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:-**

“QUOTATION FOR REQUIREMENT OF LAB MEDICINE FOR DEPT. OF PATHOLOGY AT AIIMS DEOGHAR FOR REFERENCE NO.: AIIMS/DEOGHAR/ CYTOPATHOLOGY LAB/MEDICINE/2023-24/25, **DUE ON 26.09.2023 at 05.00 PM**”

The Quotation should be send to the address:-

LPC Committee
AIIMS Deoghar Devipur Campus,
IPD Basement Block – A, 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 equipments / items along with its accessories.
- 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.** 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 above these rates.
- 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 **20 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 within three months after satisfactory performance report submitted by the nominated person/ concern Department, for the equipments/ work.
- 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.
- s) Procurement will be as per **GFR-155** of Central Government Procurement rule.

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference no: AIIMS/Deoghar/ Cytopathology Lab/Medicine/2023-24/25

| Sr. No. | Name Of Items | No./ Packing | Required Quantity |
|----------------|-----------------------------------|---------------------|--------------------------|
| 1. | Giemsa stain | 500ml | 25 X 500ml |
| 2. | PAP stain (ready to use) | 250 Smear pack | 5 pack |
| 3. | Papanicolaou OG-6 | 500ml | 25 X 500ml |
| 4. | Papanicolaou EA-50 | 500ml | 25 X 500ml |
| 5. | Harris hematoxylin | 500ml | 25 X 500ml |
| 6. | Diamond marker pencil | Pc | 20 unit |
| 7. | Carbol fuchsin, ZN strong | 500ml | 12 X 500ml |
| 8. | Methylene blue (Loeffler's) stain | 500ml | 12 X 500ml |
| 9. | Sulphuric Acid 20% | 500ml | 10 X 500ml |
| 10. | Leishman stain | 250ml | 40 X 250ml |
| 11. | May Grunwald' solution | 125ml | 30 X 125ml |
| 12. | Xylene | 500ml | 20 X 500ml |
| 13. | DPX | 500ml | 15 X 500ml |

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 LAB MEDICINE FOR DEPT. OF PATHOLOGY AT AIIMS DEOGHAR FOR REFERENCE NO: AIIMS/DEOGHAR/ CYTOPATHOLOGY LAB/MEDICINE/2023-24/25, **DUE ON 26.09.2023 at 05.00 PM**" for Dept. of Pathology 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 | Qty | Unit price | Unit price with GST | Total cost |
|------------------------------|---------------------------------|-----|--------------------|---------------------|------------|
| 1 | | | | | |
| | | | | | |
| | | | 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.

Date:

(Name):

Place:

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person) _____

Seal:_____