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) - ८१४१४२

Invitation of quotation for Taste strips for Dept. of ENT at AIIMS Deoghar

Reference No.: AIIMS/Deoghar/Taste strips/ENT/2024-25/05

Date of Issue: 20th March, 2024

Last Date of Submission: 30th March, 2024 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 supply of Taste strips for Dept. of ENT at AIIMS Deoghar.

Sealed Quotations are invited on behalf of AIIMS, Deoghar for supply of Taste strips for Dept. of ENT *(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 **30.03.2024** at **05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under**:-

"QUOTATION FOR REQUIREMENT OF TASTE STRIPS FOR DEPT. OF ENT AT AIIMS DEOGHAR FOR REFENRENCE NO.: AIIMS/DEOGHAR/TASTE STRIPS/ENT/2024-25/05, **DUE ON 30.03.2024 at 05.00 PM"**

The Quotation should be send to the address:-

LPC Committee
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) 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 on Rs 10/- stamp paper.
- 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 **15 days** from issue of 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) **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.
- o) 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.
- p) 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.
- q) The envelope containing quotation should be sealed with WAX/TAPE on both sides. The quotation received after due date will not be accepted.
- r) Procurement will be as per **GFR-154** of Central Government Procurement rule.

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference no: AIIMS/Deoghar/Taste strips/ENT/2024-25/05

Sr. No.	Name of Items with Specification			
	 PTC (phenylthiocarbamide) taste test paper test Consisting of paper strips impregnated with a harmless quantity of test substance Remove a PTC taste test paper from the vial. Phenylthiocarbamide (PTC) is present at only 10 to 25 micrograms per strip. Harmless and safe. 	1000 pcs		

Date:

[Letter head of firm]

	-	I HEAU LICE BID	A OI III II FORM	11]			
AIIM	Committee, S, Deoghar. khand	IIGE DID	TORM				
Dear	Sir,						
REQ NO.:	eam/are submit UIREMENT OF TASTE STRIPS FOR D AIIMS/DEOGHAR/TASTE STRIPS/E t AIIMS Deoghar.	EPT. OF	ENT AT A	IIMS DEOGH <i>A</i>	AR FOR REFE	NRENCE	
	I/We have thoroughly examined, with the enquiry document, failing whiI/We hereby offer to supply at the	ch my qı	uotation w	•		given in	
S. no.	Name of Item with specification	Unit Price	GST %	Unit price With GST	Total Qty	Total cost	
1							
			Total	cost / amount			
	Total cost/amount (in words)	Total cost/ amount					
Note	, , , , , , , , , , , , , , , , , , , ,						
•	The bidder must quoted their quo otherwise quotation will be REJEC		nly in abo	ve said forma	t on the lette	r of firm	
•	Sample must be attached with quo		or technica	al evaluation.			
	Date:						
		(Name)	:				
		Place:					
		Name o	f Firm/Co	mpany/Ageno	cy:		
		GSTIN N	No.:				
		Phone I	No:				
		Email:					
		(Signati	ure of Autl	norized Perso	n)		
		Seal:					