

# ALL INDIA INSTITUTE OF MEDICAL SCIENCES, DEOGHAR अखिल भारतीय आयुर्विज्ञान संस्थान, देवघर

NSTITUTE 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 Printing and supply of Mark sheet for AIIMS Deoghar

Reference No.: AIIMS/DEO/Printing Mark sheets/2023-24/70

Date of Issue: 12th February, 2024

Last Date of Submission: 26th February, 2024 at 05:00 PM.

All India Institute of Medical Sciences, Deoghar

Devipur campus, Ramsagar, Deoghar: 814152, Jharkhand

Email: office.aiimsdeoghar@gmail.com

**Reference no:** AIIMS/DEO/Printing Mark sheets/2023-24/70 **Invitation of quotation for Printing and supply of Mark sheets of AIIMS Deoghar** 

**Sealed Quotations** are invited on behalf AIIMS, Deoghar for **printing and supply of Mark sheet** 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 **26.02.2024** at **05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under:**-

"QUOTATION FOR PRINTING AND SUPPLY OF MARK SHEET AIIMS DEOGHAR; REFENRENCE NO.: AIIMS/DEO/PRINTING MARK SHEETS/2023-24/70 **DUE ON 26.02.2024 at 05.00 PM"** 

### The Quotation should be send to the address:-

LPC Committee
AIIMS Deoghar Devipur Campus,
IPD 4<sup>th</sup> floor 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 work should be executed as per direction of the nominated person.
- **d)** The Printed Mark-sheet should be delivered in phase wise manner as directed by concern department. The first lot of mark sheet should be delivered within **20 days** from the date of issue of this purchase order.
- **e)** Proper confidentiality has to be observed for the printing of the mark sheet.
- **f)** Proper proof reading has to be done in concern with the Examination section before printing of the mark sheets.
- **g)** Rates must be quoted in Indian rupees.
- **h)** Rates must be inclusive of all charges (including Freight charges, Insurance, installation, taxes etc.).
- i) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- j) The rates quoted must be valid for 180 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.
- **k)** 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.

- **l)** 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.
- m) Delivery Period within 20 days from the issue of work order.
- **n) 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.
- **o) Payment Terms**: Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Deoghar.
- **p)** 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.
  - They have previously supplied printed mark sheet to government institution.
- **q)** 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.
- **r) 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.
- s) 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.
- t) No quotation will be accepted if received after due date. The envelope containing quotation should be sealed with WAX/TAPE on both sides.
- **u)** Procurement will be as per rule **GFR-155** of Government of India.

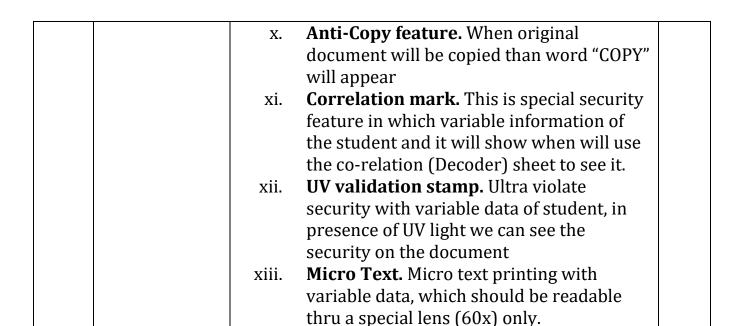
### Encl.:

Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference No.: AIIMS/DEO/Printing Mark sheets/2023-24/70

S. no.	Name of the Items	Specification		
1	Mark sheets	<ol> <li>Size:- A4</li> <li>Paper:- 125 micron Non tear able media</li> <li>Printing:- 4+1 with prescribed security features</li> <li>Alpha numeric QR code. Quick read code carrying variable data of the student and it will be show with the QR code scanner only</li> </ol>	483	
		<ul> <li>ii. University Logo. Laser generated university logo printed</li> <li>iii. Alpha numeric Bar code. Bar code carrying variable data of the student and it will show with the BAR code scanner only</li> <li>iv. Eraser protection feature. The printed document is WATER PROOF, Rodent Proof, TEMPER PROOF &amp; Cannot erase by any mean</li> <li>v. Logo in Water Mark. Logo image of University used as water mark</li> <li>vi. Transparent Impression University name. Transparent security Impressions of University Name, It is visible as the Sharpest Text and non scanned by any means</li> </ul>		
		vii. Invisible Transparent. Invisible Transparent Impressions of variable data of Student viii. Hidden identity feature with variable data. Background Variable data of Student which is hidden in the back ground layer in the document ix. Transparent impression. Transparent LOGO of the university created by Laser Beam Technology		



Reference no:	Date:
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## [Letter head of firm]

### PRICE BID FORM

To,				
LPC Chairperson,				
AIIMS, Deoghar.				
Dear Sir,				
I/We	am/are submittir	ng the quotation fo	or reference QUC	TATION FOR
PRINTING AND SUI	PPLY OF MARK	SHEET AIIMS DE	EOGHAR; REFEN	RENCE NO.:
AIIMS/DEO/PRINTING	MARK SHEETS/202	23-24/70 DUE ON 2	26.02.2024 at 05	5.00 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 cos	t/ 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.
- Attached all the relevant documents asked.
- Should attach samples.

Date:
(Name):
Place:
Name of Firm/Company/Agency:
GSTIN No.:
Phone No:
Email:
(Signature of Authorized Person)
Seal: