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
nsवीपुर परिसर, रामसागर, देवघर, झारखण्ड—814152

Invitation of Quotation for Signage for Hand Hygiene For AIIMS Deoghar

Reference No.: AIIMS/Deo/Printing Signage/Hand Hygiene/2024-25/42

Date of Issue: 1st January, 2025

आरोग्यम् परमं सुखम्

Last Date of Submission: 15th January, 2025 at 05:00PM

All India Institute of Medical Sciences, Deoghar

Devipur Campus, Ramsagar, Deoghar: 814152, Jharkhand

Email: lpc@aiimsdeoghar.edu.in

Invitation of quotation for Signage for Hand Hygiene for **AIIMS Deoghar**

Sealed Quotations are invited on behalf of AIIMS, Deoghar for **SIGNAGE FOR HAND HYGIENE** (**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 **15**th **January**, **2025** at **05:00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under**:-

"QUOTATION FOR **SIGNAGE FOR HAND HYGIENE** FOR AIIMS DEOGHAR FOR REFENRENCE NO.: AIIMS/DEO/PRINTING SIGNAGE/HAND HYGIENE/2024-25/42 **DUE ON 15th January, 2025** at **05.00 PM**"

The Quotation should be send to the address:-

LPC Chairperson
AIIMS Deoghar Devipur Campus,
AYUSH BLOCK, 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 copyof the same with the quotation:
 - The firm shall have valid GST/Other taxes and IT PAN.
 - The firm should not be blacklisted by any Government agency/Department.
 - Purchase order of any government institute./ Undertaking on rupees 10 affidavit that the mentioned items has not been supplied by the vendor below the quoted rates to any institute or anybody

- 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 **20days** 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) **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 willbe 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 rule **GFR-155** of Government of India.

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

Reference no: AIIMS/DEO/PRINTING SIGNAGE/HAND HYGIENE/2024-25/42

Sr.	NAME OF	Specifications with quantity	REQUIRED	
no.	Items		QUANTITY	
1.	Signage for Hand Hygiene	 ACRYLIC 3mm Size 18"x12" Multi Colour Print 	350 Nos.	

Refe	rence no:	Date:
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_		<u>PRICEBID</u>	<u>FORM</u>				
	hairperson, , Deoghar. nand						
Dear S	Sir,						
Reference REFER 15th J	ence"QUOTATIONFOR SIGN ANRENCE NO.: AIIMS/DEO/PF anuary, 2025 at 05.00PM"	AGE FOR	HAND 1	HYGIENE AT AII	IMS DEOG	HAR FOF	
	I/We have thoroughly example in the enquiry document rightly. I/We hereby offer to supply	nent, failing	g which	my quotation will			
S. no.	Name of Item with specification	Unit Price	GST %	Unit price With GST	Total Qty	Total cost	
1							
2							
		Total cost/ amount					
Totalo	cost/amount(inwords)					<u> </u>	
Note:-		<u> </u>					
•	The bidder must quoted the firm otherwise quotation wi Catalog must be attached wi	ll be REJEC	TED.		on the lette	er of	
		Date					
		(Nam	ne):				
		Place):				
		Nam	e of Firm	/Company/Agency	y:		
		GSTI	NNo.:				
		Phon	e No:				
		Emai	l:				
		(Sign	ature of	Authorized Persor	n)		

Seal: _____