

Invitation of quotation

for

Sale of Surplus Plasma

By Blood Bank of

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admn/Tender/05/2023-AIIMS.JDH

Inquiry Issue Date : 05<sup>th</sup> October, 2023

Last Date of Submission : 20<sup>th</sup> October 2023 at 03:00 PM.



**All India Institute of Medical Sciences, Jodhpur**

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## **Invitation of quotation for Sale of Surplus Plasma by Blood Bank at AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for Sale of Surplus Plasma by Blood Bank for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 20<sup>th</sup> October 2023 03:00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

### **“QUOTATION FOR SALE OF SURPLUS PLASMA BY BLOOD BANK AGAINST INQUIRY NO. ADMN/TENDER/05/2023-AIIMS.JDH” DUE ON 20<sup>th</sup> October 2023 03:00 PM”**

AIIMS, Jodhpur Blood Bank aims to provide surplus plasma to Indian plasma fractionators as per initiative approved by National Blood Transfusion Council.

#### **Eligibility Criteria:**

- The plasma fractionator must be licensed by the Government of India for plasma fractionation for manufacturing clinically usable products in a cGMP facility.
- The fractionator will remain accountable to update AIIMS Jodhpur about the nature and quantity of all the products manufactured from the plasma received from the institute.
- The fractionator must ensure that none of the products recovered from this plasma will be exported before fulfilling domestic demand.
- A buy back policy for plasma derived products from the fractionator will be finalized at the discretion of the Institute.

#### **Terms & Conditions:**

1. The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. **The offer Submitted Fax/Email shall not be considered and no correspondence will be entertained in this matter.**
2. Quotations must be in the enclosed prescribed Performa 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. Quotation must be dropped in “**Quotation Box**” located in Administration Block of AIIMS, Jodhpur.
3. Rates must be quoted in **Indian rupees** and as per the format specified taxes extra if any must be written separately.
4. Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
5. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
6. **Logistics:-** The fractionator shall be responsible for the pickup of plasma from the blood bank, packaging and transport to their facility at appropriate storage conditions and the expenses incurred therein shall be borne by the fractionator.

7. 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.
8. The technically qualified Bidder who submits the highest financial bid amount shall be declared as Successful bidder (H1) and communication to that effect shall be made subject to approval and as decided by the Competent Authority.
9. RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
10. The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:
  - Firm shall be registered with the Government of Rajasthan / Central Government.
  - The firm shall have valid GST No.
  - **The firm should not be black listed by any Govt. Agency/Dept.**
11. 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 rejected accordingly. Any conditional quotation shall be rejected summarily.
12. **Delivery Period** – within 15 days from Purchase order.
13. **Liquidated Damage:** - If the supplier fails to lift the material within stipulated delivery period 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.
14. **Payment Terms:** Full payment of the order has to be made before lifting of plasma from AIIMS, Jodhpur.
15. **Disputes:** -In the event of any dispute or disagreement arising between the Supplier and any other department of AIIMS Jodhpur with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Jodhpur whose decision will be final and binding upon the contractor.
16. AIIMS, Jodhpur reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Jodhpur will be final in this regard.
17. AIIMS, Jodhpur reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Jodhpur will be final in this regard.

**Deputy Director (Admin)**

Encl.: Annexure 1 (Format of Price Bid)

[On the letterhead of firm]**ANNEXURE - I**  
**PRICE BIDFORM**

To,  
Deputy Director (Admin),  
AIIMS, Jodhpur.

Dear Sir,

I/We ..... Submitted the quotation for Enquiry No. “**QUOTATION FOR SALE OF SURPLUS PLASMA AGAINST THE INQUIRY NO. Admn/Tender/05/2023-AIIMS.JDH**” **DUE ON 20<sup>th</sup> October 2023 03.00 PM** for Supply of Sale of Surplus Plasma by Blood Bank at AIIMS, Jodhpur”.

1. I/We 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.	Particulars	Rate per liter (in Rs.)
1	Plasma	

**Date**\_\_\_\_\_

**Place**\_\_\_\_\_

**(Signature of Authorized Person)**\_\_\_\_\_

**(Name)**\_\_\_\_\_

**Name of Firm/Company/Agency**\_\_\_\_\_

**Phone No.**\_\_\_\_\_

**Email:**\_\_\_\_\_