

Invitation of Quotation
For
Consumables for Microbiology IPD Laboratory

At

All India Institute of Medical Sciences, Jodhpur

Issue Date : 13th January, 2016
Inquiry No. : Admin/General/12/2015-AIIMS.JDH
Last Date of Submission : 20th January, 2016 at 05:00 PM.



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**Invitation of Quotation for Consumables for Microbiology IPD
Laboratory for AIIMS Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Consumables for Microbiology IPD Laboratory 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 20.01.2016, 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR CONSUMABLES FOR MICROBIOLOGY IPD
LABORATORY AGAINST INQUIRY NO. Admn/General/12/2015-
AIIMS.JDH” DUE ON 20.01.2016, 05.00 PM”**

1. Terms & Conditions:

- A) 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.
- B) 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.
- C) Rates must be quoted as per the format specified Taxes extra if any must be written separately.
- D) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- E) The rates quoted must be valid for 60 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.
- F) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
L1 will be decided on individual item basis.
- G) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- H) 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 VAT/ Sales Tax No. and IT PAN.
 - **The firm should not be black listed by any Govt. Agency/Dept.**
- I) 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.

- J) The supplier may be asked to submit a sample of the product(s), which will be evaluated by a technical evaluation committee. The expenditure incurred for demonstrating the items will be borne by the supplier.
- K) **Delivery Period** – 30 days from award of work.
- 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 made only after satisfactorily delivery, commissioning and inspection of material by the AIIMS Jodhpur.
- N) **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 Supplier.
- O) 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.
- P) 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.

Administrative Officer

Encl.: Annexure 1 (Format of Price Bid)

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

To,
Administrative Officer,
AIIMS Jodhpur.

Dear Sir,

1. I/We Submitted the quotation for Enquiry No. **"QUOTATION FOR CONSUMABLES FOR MICROBIOLOGY IPD LABORATORY AGAINST THE INQUIRY NO. Admn/General/12/2015-AIIMS.JDH" DUE ON 20.01.2016, 05.00 PM** for Supply of Consumables for Microbiology IPD Laboratory at AIIMS Jodhpur".
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

S.No	Item Name	Calalog No.	Make	Pack Size	Qty	Price/Unit Exclusive of TAX (INR)	TAX %	Price/Unit Inclusive of TAX	Total Amount Inclusive of TAX	MRP
1	Brain Heart Infusion Broth	M2101-500g	Himedia	500 gm	1					
2	Bile Esculin	M972-100g	Himedia	100 gm	1					
3	PPA (Phenylalanine Ager)	M281-100g	Himedia	100 gm	1					
4	Amerigas Pack 3.5 L	LE002A	Himedia	1*5 Nos	04 Pack					
5	Anaero Indicator Tablet R.T	LE065	Himedia	1*5 Nos	04 Pack					
6	Cooked Meat Medium w/Glucose, Hemin and Vitamin K	M1040	Himedia	500 gm	01 Pack					
7	Thioglycollate Medium w/k Agar	M430-500g	Himedia	500 gm	01 Pack					
8	Anaerobic Gram-Postive ID Quad	R03407	Thermoscientific	1*10 Plates	01 Pack					
9	Anaerobic Gram-Negative ID Quad	R03405	Thermoscientific	1*10	01 Pack					
10	Brain Heart Infusion Agar	M211-500g	Himedia	500 gm	01 Pack					
11	Bijou Bottles with Aluminum Cap (Glassware, 7 ml Capacity)	-	-	50 Bottles	04 Pack					
12	Palladium Catalyst Pouch	TBL001	Titan Media	1*1 Pack	1					
13	Clostridium C. Diff Quick Chek Complete	30525C	Alere	1*25 Test	02 Pack					
14	Gram Stain		Himedia	10 Kit	1					
15	ZN Stain		Himedia	10 Kit	1					
16	Cover Slips (22*22mm)			100	5 Packs					
17	Ammonium Olalate Monhydrate AR	GRM1010	Himedia	500 gm	1 Nos					

18	Potassium Iodide AR	GRM1086	Himedia	250 gm	1 Nos					
19	Sodium Bicarbonate AR	GRM849-	Himedia	500gm	1 Nos					

Date_____

Place_____

(Signature of Authorized Person)_____

(Name)_____

Name of Firm/Company/Agency_____

Phone No._____

Email:_____