



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,  
JODHPUR**

\*\*\*\*\*

Inquiry No.: Admn/General/47/2015-AIIMS.JDH

Date: - 11.08.2015

**Invitation of quotation for Female Palvis and Fetal Skull for College of  
Nursing.**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Female Palvis and Fetal Skull for College of Nursing 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 17.08.2015 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR FEMALE PALVIS AND FETAL SKULL FOR COLLEGE OF NURSING  
AGAINST INQUIRY NO. Admn/General/47/2015-AIIMS.JDH” DUE ON 17.08.2015  
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) Rates must be quoted FOR basis (including Freight charges, Insurance etc.)
- E) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- F) 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.
- G) 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.**
- H) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- I) 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.**



## ALL INDIA INSTITUTE OF MEDICAL SCIENCES, JODHPUR

\*\*\*\*\*

- 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 rejected accordingly. Any conditional quotation shall be rejected summarily.
- K) **The supplier may be asked to given a demonstration 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.**
- L) **Delivery Period** – 15 days from award of work.
- M) **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.
- N) **Payment Terms:** Payment will be only after satisfactorily delivery / commissioning of material and after inspection by the AIIMS Jodhpur.
- O) **Disputes:** -In the event of any dispute or disagreement arising between the contractors 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.
- P) 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.
- Q) 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.:

1. Annexure 1 (Format of Price Bid)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES,  
JODHPUR

\*\*\*\*\*

**[On the letterhead of firm]**

**ANNEXURE "2"**  
**PRICE BID FORM**

To,

Administrative Officer,  
AIIMS, Jodhpur

Dear Sir,

1. I/We ..... Submitted the quotation for Enquiry No. "QUOTATION FOR FEMALE PALVIS AND FETAL SKULL FOR COLLEGE OF NURSING AGAINST THE INQUIRY NO. Admn/General/47/2015-AIIMS.JDH" DUE ON 17.08.2015 05.00 PM for Supply of Female Palvis and Fetal Skull for College of Nursing 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.	Particulars	Qty.	Price/Unit Exclusive of TAX (INR)	TAX %	Price/Unit Inclusive of TAX	Total Amount Inclusive of TAX
1	Child Birth Model set (Including 1 Adult Female Bony pelvis, 1 Fetal doll, 1 perineum cloth cover and 1 placenta) <b>Specifications:-</b> Life size adult female gynecoid with demonstrable bony landmarks. Spacious enough to accommodate accompanying fetal doll to show events of mechanism of Labour. <b>Fetal Doll-</b> Representing life sized full term baby made of soft durable cloth. The body should be Flexible to show all presentation and positions and movements of the head, neck and the trunk to demonstrate mechanism of Labour. <b>Perineal cloth cover-</b> Should demonstrate the stretching of perineum and emergence of fetal head. Perineum covers should attach to pelvis securely and should accommodate the head of fetal doll. <b>Placenta/cord model-</b> cord should be detachable. Should reveal distinguishable umbilical artery and veins.	1				
2	Adult Female Gynecoid Pelvis (Life size with demonstrable bony Landmarks)	2				
3	Fetal Skull (Full term (40 weeks) life size with demonstrable landmarks, sutures, fontanel)	2				

Date \_\_\_\_\_

Place \_\_\_\_\_

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

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

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

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

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