Invitation of quotation

for

Repairing/Replacement of Damage part of

Ophthalmoscopes and Retinoscope

At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.:   :   Admn/Gen/05-20/2016-AIIMS.JDH

Inquiry Issue Date   :   27th March, 2017

Last Date of Submission   :   29th March, 2017 at 05:00 PM.

All India Institute of Medical Sciences, Jodhpur
Basni Phase - II, Jodhpur – 342005, Rajasthan
Telefax: 0291- 2740531, email: **procurement@aiimsjodhpur.edu.in**
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INQUIRY NO. Admn/Gen/05-20/2016-AIIMS.JDH

Invitation of quotation for Repairing/Replacement of Damage part of Ophthalmoscopes and Retinoscope at AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Repairing/Replacement of Damage part of Ophthalmoscopes and Retinoscope 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 28.03.2017 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

"QUOTATION FOR SUPPLY OF REPAIRING/REPLACEMENT OF DAMAGE PART OF OPHTHALMOSCOPES AND RETINOSCOPE AGAINST INQUIRY NO. ADMN/GEN/05-20/2016-AIIMS.JDH" DUE ON 28.03.2017 05.00 PM"

1. General 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. The offer Submitted Fax/Email shall not be considered and no correspondence will be entertained in this matter.

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 in **Indian rupees** and as per the format specified taxes extra if any must be written separately.

D) Rates must be quoted FOR basis (including Freight charges, Insurance, installation 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 decide on Composite 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.__*

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) **Delivery Period** – within 30 days 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 Jodhpur.

N) **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.

O) **Quantity: -** The quantity of items given in the Quotation is tentative, which may be increased or decreased as per the Institute's requirement.

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.: Annexure 1 (Specifications)
Annexure 2 (Format of price bid)

Specifications

Annexure "1"

S. No.	Particular	Description of Item	Qty.
1	Ophthalmoscopes (Make – HEINE)	Battery	2 Nos.
		Blub	2 Nos.
		Repair of Charging Handle	1 Pcs.
2	Retinoscope (Make – HEINE)	Battery	1 Nos.
		Blub	2 Nos.
		Head Repair	1 Nos.

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[On the letterhead of firm]

ANNEXURE "2"
PRICE BIDFORM

To,

Administrative Officer,
AIIMS, Jodhpur.

Dear Sir,

1.   I/We …... Submitted the quotation for Enquiry No. **"QUOTATION FOR SUPPLY OF REPAIRING/REPLACEMENT OF DAMAGE PART OF OPHTHALMOSCOPES AND RETINOSCOPE AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/05-20/2016-AIIMS.JDH" DUE ON 28.03.2017 05.00 PM** for supply of Repairing/Replacement of Damage part of Ophthalmoscopes and Retinoscope 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.	Particular	Description of Item	Qty.	Price/ Unit Exclusive of TAX (INR)	TAX %	Price/ Unit inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)	MRP
1	Ophthalmoscopes (Make – HEINE)	Battery	2 Nos.					
		Blub	2 Nos.					
		Repair of Charging Handle	1 Pcs.					
2	Retinoscope (Make – HEINE)	Battery	1 Nos.					
		Blub	2 Nos.					
		Head Repair	1 Nos.					
Grand Total								

Note:
1. L1 will be decide on Composite Basis.

Date_____

Place_____

                           (Signature of Authorized Person)_____

                           (Name) _____

                           Name of Firm/Company/Agency_____

                           Phone No. _____

                           Email:_____