

Invitation of quotation
for
Single Tab Scrub Station
At

All India Institute of Medical Sciences, Jodhpur

Inquiry No.: : Admn/Gen/10-03/2016-AIIMS.JDH

Inquiry Issue Date : 18th November, 2016

Last Date of Submission : 24th November, 2016 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

Basni Phase - II, Jodhpur – 342005, Rajasthan

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**Invitation of quotation for Single Tab Scrub Station at AIIMS
Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Single Tab Scrub Station 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 24.11.2016 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF SINGLE TAB SCRUB STATION
AGAINST INQUIRY NO. ADMN/GEN/05-08/2016-AIIMS.JDH” DUE ON
24.11.2016 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.
- 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.
- 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

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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.

2. Special Terms & Conditions:

- A) Bidder must quote the product as per specification provided in Annexure 1.
- B) 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.

Administrative Officer

Encl.: Annexure 1 (Specification)
Annexure 2 (Format of price bid)

Annexure 1
Specification

Sr. No	Particular	Speciation	Qty
1	Single Tab Scrub Station	<ol style="list-style-type: none">1. Deep slopping basin2. One high mount spout/taps with elbow operated flow regulator (length of flow regulator approximately 18-24cms)3. Tap should have provision for manual aeration of water4. 304 stainless steel polished and ground5. Wall mounted design with provision for back panel wall bracket fixation6. Provision for scrub solution stand with long handle for pumping7. Sizes<ol style="list-style-type: none">a. Width – Approximately 90-100 cmsb. Height of back panel of sink – 90-95 cmsc. Height of sink from ground – 100-110 cmsd. Depth of sink from top of the sink – 40-45 cmse. Height of tap from the top of the sink – 25-28 cmsf. Protrusion of sink from wall – 45-50 cms	01

[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 SINGLE TAB SCRUB STATION AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/10-03/2016-AIIMS.JDH" DUE ON 24.11.2016 05.00 PM** for supply of Single Tab Scrub Station 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 (INR)	Total Amount Inclusive of TAX (INR)	MRP
1	Single Tab Scrub Station	01					

Date _____

Place _____

(Signature of Authorized Person) _____

(Name) _____

Name of Firm/Company/Agency _____

Phone No. _____

Email: _____