Invitation of Quotation

For

Consumables for Ophthalmology

At

All India Institute of Medical Sciences, Jodhpur

Issue Date : 19th January, 2015

Inquiry No. : Admin/General/18/2015-AIIMS.JDH

Last Date of Submission : 27th January, 2015 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

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Invitation of Quotation for Consumables for Ophthalmology for AIIMS <u>Jodhpur</u>

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Consumables for Ophthalmology 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 27.01.2016, 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

"QUOTATION FOR CONSUMABLES FOR OPHTHALMOLOGY AGAINST INQUIRY NO. Admn/General/11/2015-AIIMS.JDH" DUE ON 27.01.2016, 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

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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) AllMS, 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,

- 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	Quantity	Price/Unit Exclusive of TAX (INR)	TAX %	Price/Unit Inclusive of TAX	Total Amount Inclusive of Tax	MRP
1.	Side Port Knife 15 Degree	50 pkt.					
2.	Keratome 2.8 mm	50 pkt.					
3.	Crescent Knife	50 pkt.					
4.	BSS 500 ml	100 pkt.					
5.	Viscoelastic Substance- HPMC 2% PFS	150 pkt.					
6.	IOL 15.00 Diopters (PMMA)	10					
7.	IOL 15.50 Diopters (PMMA)	10					
8.	IOL 16.00 Diopters (PMMA)	10					
9.	IOL 16.50 Diopters (PMMA)	10					
10.	IOL 17.00 Diopters (PMMA)	50					
11.	IOL 17.50 Diopters (PMMA)	50					
12.	IOL 18.00 Diopters (PMMA)	50					
13.	IOL 18.50 Diopters (PMMA)	50					
14.	IOL 19.00 Diopters (PMMA)	50					
15.	IOL 19.50 Diopters (PMMA)	50					
16.	IOL 20.00 Diopters (PMMA)	50					
17.	IOL 20.50 Diopters (PMMA)	50					
18.	IOL 21.00 Diopters (PMMA)	50					
19.	IOL 21.50 Diopters (PMMA)	50					
20.	IOL 22.00 Diopters (PMMA)	50					
21.	IOL 22.50 Diopters (PMMA)	50					
22.	IOL 23.00 Diopters (PMMA)	50					
23.	IOL 23.50 Diopters (PMMA)	50					
24.	IOL 24.00 Diopters (PMMA)	50					
25.	IOL 24.50 Diopters (PMMA)	50					
26.	IOL 25.00 Diopters (PMMA)	20					
27.	IOL 25.50 Diopters (PMMA)	20					

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28.	IOL 26.00 Diopters (PMMA)	20			
29.	IOL 26.50 Diopters (PMMA)	10			
30.	IOL 27.00 Diopters (PMMA)	10			
31.	IOL 10.50 Diopters (PMMA)	02			
32.	IOL 3 Diopters (PMMA)	01			
33.	IOL 2 Diopters (PMMA)	01			
34.	IOL 30 Diopters (PMMA)	01			
35.	IOL 33 Diopters (PMMA)	01			
	Ophthalmic Drapes with Collection Bag				
36.	10 x 70 mm	150			
	Ophthalmic Drapes without Collection				
37.	Bag (Small) 15 x 15 cm	150			

Note-: Items should have Minimum 1 Year Expiry at the time of Delivery

Date	
Place	
	(Signature of Authorized Person)
	(Name)
	Name of Firm/Company/Agency
	Phone No
	Fmail·