Invitation of Quotation

For

Dental Consumables

At

All India Institute of Medical Sciences, Jodhpur

Issue Date : 23rd March, 2016

Inquiry No. : Admin/General/15/2015-AIIMS.JDH

Last Date of Submission : 30th March, 2016 at 05:00 PM.



All India Institute of Medical Sciences, Jodhpur

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Invitation of Quotation for Dental Consumables for AIIMS Jodhpur

Sealed Quotations are hereby invited by the undersigned on behalf of the Director of AIIMS Jodhpur for supply of Dental Consumables for the Institute as per terms & conditions mentioned below. The filled quotations along with the entire required document must reach in the office of the undersigned on or before 30.03.2016, 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

"QUOTATION FOR DENTAL CONSUMABLES AGAINST INQUIRY NO. Admin/General/15/2015-AIIMS.JDH" DUE ON 30.03.2016, 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 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.

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Quotation for Dentistry Consumables

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,

- 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 of Items	Qty	Make	Price / Unit Excl. of Tax (INR)	TAX %	Price / Unit Incl. of Tax	Total Amount Of TAX	MRP
1	Dental Suction Tips	10 Pkt						
2	GIC Filling (15gm Powder, 8gm	05 Pkt						
	Liquid)							
3	K- File No.10-25mm	10 Pkt						
4	K- File No.15-25mm	10 Pkt						
5	K- File No.20-25mm	05 Pkt						
6	K- File No.25-25mm	05 Pkt						
7	K- File No.30-25mm	05 Pkt						
8	Calcium Hydroxide past +	02 Pkt						
	Iodoform (Pack of 2 Syringe)							
9	Impression Material A- Silicon	01 Pkt						
10	Sterilization Sleeves Roll 5cm	01 Pkt						
11	Sterilization Sleeves Roll 10cm	01 Pkt						
12	F1 GP Point	06 Pkt						
13	NiTi File 25mm, 15No	03 Pkt						
14	NiTi File 25mm, 20No	03 Pkt						
15	NiTi File 25mm, 25No	03 Pkt						
16	NiTi File 25mm, 30No	03 Pkt						
17	F2 Protaper GP	02 Pkt						
18	Temporary Filling Material	10 Nos						
19	Root Canal Sealer (Endomethasone Based)	04 Pkt						
20	Pulp Devitalizer	02 Nos						
21	Cold Cure (Liquid and Powder)	01 Pkt						
22	SX Protaper File (Pack of Six File)	02 Pkt						
23	F1 Hand Protaper 25mm (Pack of Six File)	03 Pkt						
24	S1 Hand Protaper 25mm (Pack of Six File)	03 Pkt						
25	S2 Hand Protaper 25mm (Pack of Six File)	03 Pkt						

S. No.	Particulars of Items	Qty	Make	Price / Unit Excl. of Tax (INR)	TAX %	Price / Unit Incl. of Tax	Total Amount Of TAX	MRP
26	F2 Hand Protaper 25mm (Pack of Six File)	01 Pkt						
27	Tooth Coloured Cold Cure Acrylic	01 Nos						
28	Zinc Oxide Powder	03 Nos						
29	Endodontic EDTA (Pack of 3 Syringe)	08 Pkt						
30	Metal Cutting Bur	05 Pcs						
31	Endo-Z-Bur	10 Pcs						
32	Dental Stone Pack of 3Kg	01 Pkt						

Date	
Place	
	(Signature of Authorized Person)
	(Name)
	Name of Firm/Company/Agency
	Phone No
	Email: