

**Invitation of quotation**  
**for**  
**Assessment tools for Physical Medicine and**  
**Rehabilitation (Neuro-Rehabilitation Unit)**  
**At**  
**All India Institute of Medical Sciences, Jodhpur**

Inquiry No.: : Admn/Gen/51-03/2016-AIIMS.JDH

Inquiry Issue Date : 14<sup>th</sup> July, 2016

Last Date of Submission : 20<sup>th</sup> July, 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 Assessment tools for Physical Medicine  
and Rehabilitation (Neuro-Rehabilitation Unit) at AIIMS  
Jodhpur**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Jodhpur for supply of Assessment tools for Physical Medicine and Rehabilitation (Neuro-Rehabilitation Unit) 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 20.07.2016 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

**“QUOTATION FOR SUPPLY OF ASSESSMENT TOOLS FOR  
PHYSICAL MEDICINE AND REHABILITATION (NEURO-  
REHABILITATION UNIT) AGAINST INQUIRY NO. ADMN/GEN/51-  
03/2016-AIIMS.JDH” DUE ON 20.07.2016 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.**

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- 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.

**2. Special Terms & Conditions:**

- A) Bidder must quote the product as per specification provided in Annexure 1.
- B) Catalog must be attached with quotation for technical evaluation.
- C) 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	LOTCA- G	<ul style="list-style-type: none"> <li>• About the Product</li> <li>• LOTCA (Loewenstein Occupational Therapy Cognitive Assessment) Battery. 2nd Edition - Geriatric Version, Ages 70-91</li> <li>• Enables therapists to evaluate clients with neurological deficits and obtain a detailed cognitive profile</li> <li>• Ideal for intervention planning for management and maintenance</li> <li>• Includes a dynamic learning component that builds off the research used to develop the original LOTCA(TM) series</li> <li>• For use with clients aged 70 and over</li> <li>• Updated to include a computerized scoring spreadsheet.</li> </ul>	01
2	TVPS- 3	<ul style="list-style-type: none"> <li>• About the Product</li> <li>• This listing is for TVPS-3: Test of Visual Perception Skills - Third Edition</li> <li>• Ages: 4-0 through 18-11 Testing Time: 25 minutes Administration: Individual</li> <li>• COMPLETE TVPS-3 (©2006) KIT INCLUDES: Instructor's Manual, Stimulus Book pad of 25 Record Forms sturdy case</li> <li>• By analyzing the subtest score patterns, the examiner make functional comparisons of the child's abilities and provide a basis for planning the appropriate remediation. The manual contains an updated review of literature pertaining to the importance of visual perceptual ability to the tasks a child faces in both school and home settings.</li> <li>• This format is ideal for use with students who may have impairments in motor, speech, hearing, neurological, or cognitive functions.</li> </ul>	01
3	MVPT-4	<p>Ages: 4 through 80 Testing Time: 20-25 minutes</p> <p>Administration: Individual The MVPT-4 is the most recent revision of the only non-motor visual perceptual assessment that can be used throughout the lifespan. The MVPT-4 provides a quick, reliable, and valid measure of overall visual perceptual ability in children and adults. Stimuli are black-and-white line drawings and designs, with answer choices presented in an easy to record multiple-choice format. Test takers respond by pointing, making the test particularly useful with those who may have motor disabilities. The MVPT-4 is one of the most widely used visual perceptual assessment for recertifying adult drivers after head injury or stroke. The MVPT-4 can be used for screening and research purposes by psychologists, occupational therapists, educational specialists, optometrists, and others who may need to determine a person's overall ability to discern and understand visual stimuli. Visual Perceptual Abilities Assessed The following tasks are</p>	01

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		<p>assessed: Visual Discrimination - the ability to discriminate dominant features of different objects, including the ability to discriminate position, shapes, and forms. Spatial Relationships - the ability to perceive the positions of objects in relation to oneself and to other objects. Items assess the perception of pictures, figures, or patterns that are disoriented in relation to each other, such as figure reversals and rotations. Visual Memory - the ability to recognize a previously presented stimulus item after a brief interval. Figure-Ground - the ability to distinguish an object from background or surrounding objects. Visual Closure - the ability to perceive a whole figure when only fragments are presented.</p>	
	<p>CARS 2 Complete kit</p>	<ul style="list-style-type: none"><li>• This listing is for CARS-2: Childhood Autism Rating Scale - Second Edition</li><li>• COMPLETE CARS2 KIT INCLUDES: 25 Standard Version Rating Booklets (CARS2-ST); 25 High-Functioning Version Rating Booklets (CARS2-HF); 25 Questionnaires for Parents or Caregivers (CARS2-QPC); and a Manual. (©2010)</li><li>• Physicians, special educators, school psychologists, speech pathologists, and audiologists will all find the CARS-2 easy to give and score.</li><li>• The Childhood Autism Rating Scale - Second Edition (CARS2) is a 15-item rating scale used to identify children with autism and distinguishing them from those with developmental disabilities. It is empirically validated and provides concise, objective, and quantifiable ratings based on direct behavioral observation. It was normed on a sample of 1,034 individuals with autism spectrum disorders.</li></ul>	

**[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 ASSESSMENT TOOLS FOR PHYSICAL MEDICINE AND REHABILITATION (NEURO-REHABILITATION UNIT) AT AIIMS AGAINST THE INQUIRY NO. Admn/Gen/51-03/2016-AIIMS.JDH" DUE ON 20.07.2016 05.00 PM for supply of Assessment tools for Physical Medicine and Rehabilitation (Neuro-Rehabilitation Unit) 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	Make	Price/Unit Exclusive of TAX (INR)	TAX %	Price/Unit inclusive of TAX (INR)	Total Amount Inclusive of TAX (INR)
1	LOTCA	01					
2	TVPS	01					
3	MVPT	01					
4	CARS2 Complete Kit	01					

Date \_\_\_\_\_

Place \_\_\_\_\_

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

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

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

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

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