



अखिल भारतीय आयुर्विज्ञान संस्थान पटना
ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Inquiry No. AIIMS/Pat/Q/PC/Anesthesia/F7684

Date: 04.01.2018

Invitation of quotation for Supply & Installation of Nerve stimulator for Department Of Anesthesia, AIIMS Patna.

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Patna for supply of Supply & Installation of Nerve simulator for Anesthesia for Department of Physiology as per terms & conditions mentioned below. The filled quotations along with all required document must reach in the office of the undersigned on or before 12.01.2018 at 12:00 noon. The Envelope containing the quotation would please be sealed and super scribed as under:-

“Quotation for Supply & Installation of Nerve stimulator for Anesthesia against enquiry no. AIIMS/Pat/Q/PC/ Anesthesia/F7684” due on 06 /11/2017 12:00 noon”

1. Terms & Conditions:

- A. Envelope should be super-scribed “Quotation for the Supply & Installation of Nerve simulator for Anesthesia against Inquiry No. AIIMS/Pat/Q/PC/Anesthesia/F7684” Due on 12/01/2018 at 12:00 noon.

Quotations need to be submitted to be submitted by speed post/registered post or may be dropped in the tender box placed in Administrative Office, Medical College building after obtaining the acknowledgement for the same in the office of Faculty In-charge Procurement , AIIMS Patna.

The quotations received after this deadline shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible.

- B. The interested Companies/Firms/Agencies may send their quotation complete in all respect along with Earnest Money Deposit (EMD) of Rs. 5,000/- (Rupees Five Thousand Only) in the form of Demand Draft issued in favour of AIIMS, Patna, drawn on any scheduled bank payable at Patna.
- C. Unsealed quotation will be rejected.
- D. Quotations must be in the enclosed prescribed Performa and forwarding letter 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.
- E. Rates must be quoted as per the format specified taxes extra if any must be written separately. The rates must
Be quoted in figures as well as in words.
- F. In general no overwriting or is permitted in the rate. If found, the quotation shall be summarily rejected.

However, except rate all cuttings and over writings must be signed by the authorized person of the firm.

- G. 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.
- H. Ceiling amount of this quotation will be within 2.5 Lac.
- I. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified L1 will be decided for the overall value of quotation and not item items wise.
- J. RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- K. 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 Bihar/ Central Government.
 - The firm shall have valid GST No.
 - ***Certificate of non-inclusion in the black list as per given format attached in an Annexure "2" need to be provided on Rs. 100/- stamp paper duly notarized.***
 - Market standing of minimum 3 Years.
- L. 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.
- M. The supplier may be asked to submit a sample of the product, which will be evaluated by a technical evaluation committee. Price bids of only those firms will be opened which qualifies technically as per the recommendation of the committee.
- The expenditure incurred for demonstrating the items will be borne by the supplier.
- N. **Delivery Period** – 15 days from award of work.
- O. **Liquidated Damage:** -In the event of the Seller's failure supply the stores/goods are conduct trails, installation of equipment, training, etc. as specified in this inquiry, the Buyer may at his discretion, withhold any payment until the completion of the contract. The Buyer may also deduct from the Seller as agreed, liquidated damages to the sum of 0.5% of the contract price of the delayed/undelivered, stores/services mentioned above for every week of delay or part their of a week, subject to the maximum value of the Liquidated Damages being not higher that 10% of the value of delayed stores.
- P. **Guarantee/Warranty Terms:** The equipment's/Instruments/Materials supplied by result of this Quotation/supply order shall be of the best quality and workmanship and new in all respects and shall be strictly in accordance with the specifications and particulars contained /mentioned against each item in this document/ supply order. The seller guarantees that the said good equipment's / Instruments would continue to confirm to the description and quality a foresaid for a period of 12 months from the date of delivery/installation of the said equipment's/Instruments/materials to the buyer.
- Q. **EMD:** Quotation received without EMD amount by way of demand draft in favour of AIIMS, Patna will not be considered at all and shall be summarily rejected.
- R. **Refund of Earnest Money Deposit:** The EMD submitted by unsuccessful vendors shall be returned to them without any interest whatsoever, within 15 to 30 days after conclusion of the contract with successful bidder. The EMD submitted by successful vendor shall be returned to them after the successful supply & installation of goods.
- S. **Payment Terms:** 100% after delivery and submission of following documents by vendors to Finance Accounts Section –
- a. Contingent Bill in triplicate along with supporting vouchers.
 - b. Store Receipt Certificate issued by stores.

- c. Installation/Inspection Report issued by the concerned department if applicable.
- T. **Disputes:** -In the event of any dispute or disagreement arising between the contractors and any other department of AIIMS Patna with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Patna whose decision will be final and binding upon the contractor.
- U. AIIMS, Patna reserves the right to increase or decrease amount of work. Decision of Quantity of Equipment and Instruments in the AIIMS, Patna will be final in this regard.
- V. AIIMS, Patna reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, PATNA will be final in this regard.

**Faculty-in-charge
Procurement Cell**

Encl.: Annexure 1 (Format of Price Bid)
Annexure 2 (Declaration Format)
Annexure 3 (Specifications)

PRICE BID FORM

To,
The Faculty-in-charge
Procurement Cell, AIIMS
Patna
Dear Sir,

1. I/We submitted the quotation for Enquiry No. AIIMS Patna against enquiry no. AIIMS/Pat/Q/PC/ Anesthesia/F7684" due on 06/11/2017 at 15:00 noon for ""**Invitation of quotation for Supply & Installation of Nerve stimulator for Department of Anesthesia,**" at AIIMS Patna.
2. I/We thoroughly examined and understood terms & conditions of contract given in the enquiry document.
3. I/We hereby offer to supply at the following rates. I/We undertake that I/We are not entitled to claim any enhancement of rates on any account during the validity of rate.

Sl. No. (a)	Product with Description (b)	Unit (c)	Quantity required (d)	Price per unit (e)	(Including all GST @ %.) (f)	Price per Unit (inclusive of all taxes) (g = f + e)	Total Amount (h =g x d)	Total Amount (In Words) (i)
1	Nerve stimulator (Specification as per annexure -3)	NOS	2					

*All items must be as per technical specification (Annexure-3)

(Signature of Authorized Person)

Name:- _____

Date:-

Name of Firm/Company/Agency

(Designation)

Contact Details



अखिल भारतीय आयुर्विज्ञान संस्थान पटना

ALL INDIA INSTITUTE OF MEDICAL SCIENCES PATNA

Annexure 1

AFFIDAVIT

(On Non-Judicial Stamp paper of Rs. 100)

I, _____ Son / Daughter / Wife of Shri _____ resident _____ of
Proprietor/Director authorized signatory of the agency/Firm (M/s _____), do hereby solemnly affirm and
declare as follows:

1. I am authorised signatory of the agency/firm and is competent to sign this affidavit and execute this quotation document;
2. I have carefully read and understood entire quotation document including all the terms and conditions of the quotation and undertake to abide by them;
3. The information / documents furnished along with the above application are true and authentic to the best of my knowledge and belief. I / we, am / are well aware of the fact that furnishing of any false information / fabricated document would lead to rejection of my quotation at any stage
Besides liabilities towards prosecution under appropriate law.
4. I/We further undertake that no case/enquiry/investigation is pending with the police/court/vigilance or any government body against the Proprietor/Partner/Director etc. as individual or against legal entity of the Company /Firm/Agency.
5. I/We further undertake that none of the Proprietor/Partners/Directors of the Agency/agency was or is Proprietor or Partner or Director of the Agency with whom the Government have banned /suspended/blacklisted business dealings. I/We further undertake to report to the Faculty-in-Charge Procurement Cell, AIIMS, Patna immediately after we are informed but in any case not later 15 days, if any Agency in which Proprietor/Partners/Directors are Proprietor or Partner or Director of such an Agency which is banned/suspended in future during the currency of the Contract with you.
6. I/We further undertake that our firm/company is fulfilling all the terms and conditions/eligibility criteria obvious/explicit or implied/implicit recorded anywhere in the quotation document. If at any time including the currency of the Contract, any discrepancy is found relating to our eligibility or the process of award of the contract criteria, this may lead to termination of contract and/or any other action deemed fit by the Institute.

(Signature of the Bidder)

Date:

Name:

Place:

Designation

Seal of the Agency

Address:

I/We do hereby solemnly declare and affirm that the above declaration is true and correct to the best of my knowledge and belief. No part of it is false and nothing has been concealed therein.

Deponent

PERIPHERAL NERVE STIMULATOR FOR ACUTE PAIN SERVICES IN ANAESTHESIA

QUANTITY: 2

1. Instrument type : BF
2. Power consumption : 6 mA (* mA max)
3. Stimulation current : 5 mA max (0-12 k)
4. Stimulation Voltage : 95V
5. Stimulation frequency : 1 Hz / 2 Hz
6. Allowable load impedance : 0 k – 12 k
7. Stimulus duration : 1.0 ms - 0.5 ms - 0.3 ms - 0.1 ms - 0.05 ms
8. Current measuring accuracy : +/- 0.02 mA
9. Impedence measuring range : 1 KOhms – 90 Kohms for target stimulation current > 0.5 mA
10. Weight : less than 500 g
11. Battery : Use only 9V alkaline manganese batteries (eg. Duracell MN 1604)
12. Factory setting :Max Current : 5 mA

Stimulus duration : 0.1 ms
Stimulation frequency : 2 Hz
Automatic switch off : 20 min
Current thrshhold : Off
Language : English

13. The enlarged full graphics LC display having good visibility with wide angle of view

Charan
30/12/17

[Handwritten signature]

We certify that specifications are generic in nature and not restrictive and it will suit at least more than two models / companies and does not pertain to a particular make / model of a particular company.



[Handwritten signature]
MEMBER

[Handwritten signature]
MEMBER

[Handwritten signature]