NOTICE INVITING PRICE QUOTATION (NIPQ)

Ref No.: AIIMSBPLHOSPGFR1541617001  Dated: 18.06.2016

Sub:- Purchase of Roche make Troponin – T Testing Strip for whole blood samples testing in the Department of General Medicine at AIIMS Bhopal, Saket Nagar, Bhopal-462020 (MP) on Proprietary Article Certificate basis under GFR-154.

AIIMS Bhopal Hospital is intended to Purchase Troponin – T Testing Strip for whole blood samples Testing on Proprietary basis under the provisions of GFR-154 as per the Schedule of Requirement given at Annexure-II. The Proprietary Article Certificate (PAC) certification is attached at Annexure-I for kind perusal.

The above documents are being uploaded for open information to Authorized Dealer/Distributor/ Supplier Agency/Firm, who are interested and willing to supply the requested Proprietary nature Troponin – T Testing Strip for whole blood samples testing to AIIMS Bhopal. For this purpose interested Agency is required to be submit their Price Quotation in the format given at Annexure-III on their Letter head along with necessary Technical Catalog/Specification details, Proprietary Article Certificate, Authorization for Supply from Manufacturing Company within 21 Days on issue of this Proprietary Article enquiry with clearly mentioning reference No. AIIMSBPLHOSPGFR1541617001 Dated: 18.06.2016.

The Sealed Price Quotation along with Proprietary Certificate, Authorization from manufacturing Company and Technical Catalog/Specifications should be received by Office of the Medical Superintendent at AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462020 (MP) on or before 11/07/2016 upto 15:00 Hrs., failing which it will be presumed that no any other vendor having the authorization/availability to supply of requested Troponin – T Testing Strip for whole blood samples Testing to AIIMS Bhopal Hospital and based on the same procurement through only known single source (i.e. as mentioned in the Proprietary Article Certificate at Annexure-I) under the Provisions of GFR-154 may be carried out for AIIMS Bhopal Hospital.

( Dr K.C. Tamaria)
Medical Superintendent

Enclosure :- Related Documents enclosed
1) Proprietary Article Certificate (PAC) of Department of General Medicine, Annexure-I
2) Schedule of Requirement – Troponin – T Testing Strip for whole blood samples Testing, Annexure-II
3) Price Quotation Format, Annexure-III
Annexure-I

Proprietary Article Certificate

Ref No. : AIIMSBPLHOSPGFR1541617001  Dated: 18.06.2016

Proprietary Article Certificate

December 2, 2013

This is to certify that

- Roche Cardiac T Quant. 10 tests (cobas) (Product ID 04877772190)
- Roche Cardiac M 20 tests (cobas) (Product ID 04877799190)
- Roche Cardiac D-Dimer 10 Tests (cobas) (Product ID 04877802190)
- Roche Cardiac CK-MB 10 tests (cobas) (Product ID 04877900190)
- cobas h 232 Kit (no scanner) (Product ID 049001126190)
- cobas h 232 Kit (scanner) (Product ID 04901142190)
- Roche Cardiac proBNP+ 10 tests (cobas) (Product ID 05533643190)
- TROPT sensitive 5 Tests (Product ID 11621947196)

are proprietary products of Roche Diagnostics GmbH, Sandhofer Strasse 116, 68305 Mannheim, Germany and that

Roche Diagnostics (India) Pvt. Ltd.
Plot No. 114,
Mumbai 400 093
India

is the sole importer, marketer and supplier of these products in India.

Roche Diagnostics GmbH

ppa.  i. V.

Martin Meisiek
(Head Legal Germany)

Susanne Hässly
(Legal Counsel)

Roche Diagnostics GmbH; Sandhofer Strasse 116; D-68305 Mannheim; Telefon +49 621 759 0; Telefax +49 621 759 2890
Procurement of Proprietary Articles under GFR 2005 Rule No. 154

Certificate for
Purchase of Proprietary Article
Recorded by Indenting Department

(1) Description of Article: Procurement of Troponin-T Sensitive Test strip (whole blood samples) Roche make for Point Care facility in the Department of General Medicine.

(2) Quantity: As per List of Items given in Table-1

(3) Approximate cost, if known: Rs. 1,10,880/- (Rupees One Lakh Ten Thousand Eight Hundred Eighty Only)

(4) Maker's name and address:
M/s Roche Diagnostics India Pvt. Ltd.,
501 B, Silver Utopia, Cardinal Gracious Road,
Chakala, Andheri (East)
Mumbai-400069

(5) Name and Address of Authorized Distributor:
M/s Udit Agencies,
21, Alok Press, First Floor,
Talaiya Road, Bhopal-462001 (MP)

(6) I am submitting request for approval for the purchase of items and I certify that: --
a) As per enclosed Vendor's "Proprietary Certificate" No other make/brand will be suitable due to the above mentioned Point Care Testing kits not manufactured by any other company.
b) To the best of my knowledge, this is the only firm who is manufacturing/stocking/supplying these items.

Dr. Rajnish Joshi
Assistant Professor,
Department of General Medicine
AIIMS, Bhopal
Dated: 18.06.16
### ANNEXURE-II

**SCHEDULE OF REQUIREMENT**

Price Quotation Enquiry Ref. No.: ALLMSBPLHOSPFGFR1541617001  Dated: 18.06.16

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Name of Quality Control Bacterial Strains</th>
<th>Pack Size</th>
<th>Qty. proposed for proc.</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Troponin – T Testing strip for whole blood samples</td>
<td>5 test per box</td>
<td>240 Tests</td>
</tr>
</tbody>
</table>
ANNEXURE-III

PRICE QUOTATION


(Strictly in the format given below only sealed in the Financial Quotation Envelope)

Quotation Reference No. of the Supplier Agency:.......................... Dated: .....................

To,
The Director,
AIIMS Bhopal, Saket Nagar, Bhopal-462020 (MP)

Dear Sir,
I am submitting Price Quotation against your Price Quotation Enquiry No. : AIIMSBPLHOSPGFR1541617001 Dated 18.06.2016 and offering rates for the supply of Troponin – T Testing Strips given in the Schedule of Requirement, Annexure-I for whole blood samples Testing at AIIMS Bhopal as below:-

<table>
<thead>
<tr>
<th>ITEM SL. NO.</th>
<th>NAME OF THE ITEM (AS PER THE SCHEDULE OF REQUIREMENT ANNEXURE-II)</th>
<th>MAKE</th>
<th>PRICE (IN Rs.) PER UNIT/TEST (IN FIGURE) (A)</th>
<th>TAXES &amp; OTHER EXPENCES (IF ANY) PER UNIT/TEST UPTO FOR (B)</th>
<th>Total Price Unit/Test Inclusive of Taxes &amp; all Expenditure upto FOR (C)=(A)+(B)</th>
<th>Total Price per Unit/Test (IN WORDS) UPTO F.O.R. inclusive Taxes &amp; Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Troponin – T Testing strip for whole blood samples</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Sub-Total Amount (Rs.)

VAT/CST @.........%

Total Amount (Rs.)

1. The Financial Quotation evaluation on the basis of per Unit Item basis will be carried out and Successful L-1 Tenderer/Tenderers will be declared accordingly Item Rate wise.

2. The rates should be inclusive of all taxes & charges up to F.O.R.

Name(s) & Signature of the Bidder with Stamp/Seal

Name of the Firm .................................................................................................................................

Authorized Signatory: .........................................................................................................................

Contact Details: Cell Nos.................................................Email Id : .................................................

* * * * * * * * *