NOTICE INVITING PRICE QUOTATION (NIPQ)

Ref No. : AIIMSBLHOSPGFR1541617002 Dated: 18.06.2016

Sub:- Purchase of Homocue make HbA1c Testing Cartridges and Hb201 Cuvettes for point care facility of 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 HbA1c Testing Cartridges and Hb201 Cuvettes for point care facility 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 HbA1c Testing Cartridges and Hb201 Cuvettes for point care facility of 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. AIIMSBLHOSPGFR1541617002 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 HbA1c Testing Cartridges and Hb201 Cuvettes for point care facility of 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 – HbA1c Testing Cartridges and Hb201 Cuvettes for point care facility, Annexure-II
3) Price Quotation Format, Annexure-III

Price Quotation under Proprietary Article Certificate Ref No:AIIMSBLHOSPGFR1541617002 Dated: 18.06.16 Pg 1 of 6
Annexure-I

Proprietary Article Certificate

Ref No. : AIIMSBPLHOSPGFR1541617002  Dated: 18.06.2016

[Image of the document]

Price Quotation under Proprietary Article Certificate Ref No:AIIMSBPLHOSPGFR1541617002 Dated: 18.06.16 Pg 2 of 6
Proprietary Certification

Whereas, HemoCue AB, who are established and reputable manufacturers of

HemoCue® Hb 201® Analyzer
HemoCue® Hb 201 Microcuvette
HemoCue® Hb 301 Analyzer
HemoCue® Hb 301 Microcuvette
HemoCue® Glucose 201® Analyzer
HemoCue® Glucose 201 Microcuvette
HemoCue® Glucose 201 RT Analyzer
HemoCue® Glucose 201 RT Microcuvette
HemoCue® Plasma/Low Hb Photometer
HemoCue® Plasma/Low Microcuvette
HemoCue® Albumin 201 Analyzer
HemoCue® Urine Albumin Microcuvette
HemoCue® WBC Analyzer
HemoCue® WBC Microcuvette
HemoCue® WBC DIFF Analyzer
HemoCue® WBC DIFF Microcuvette

having factories at
Kuvettgatan 1
SE-262 71 Angelholm,
Sweden

do hereby certify that HemoCue® Hb 201 Microcuvettes are proprietary products of HemoCue AB.

We market these products through our authorized channel partner in the Indian Market.

Pia Werndrup, Ph.D
Patent Attorney
Procurement of Proprietary Articles under GFR 2005 Rule No. 154

Certificate for
Purchase of Proprietary Article
Recorded by Indenting Department

(3) Description of Article: Procurement of HbA1C Testing Cartridges and Hb201 Testing Cuvettes for Point Care facility in the Department of General Medicine

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

(3) Approximate cost, if known: Rs. 9,19,800/- (Rupees Nine Lakh Nineteen Thousand Eight Hundred Only)

(4) Maker's name and address: M/s Hemocue, Box 1204, S/262 23, Angelholm, Sweden

(5) Name and Address of Authorized Distributor:
M/s Shrey Associates,
B-313, Chinar Royale,
Opp. University, Hoshangabad Road,
Bhopal-462026

(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 (MP, India)
Dated: 13.06.2016
## ANNEXURE-II
### SCHEDULE OF REQUIREMENT

Price Quotation Enquiry Ref. No. : AIIMSBPLHOSPGFR1541617002  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>HbA1C Cartridges for HbA1c Analyzer</td>
<td>10 test per Pack</td>
<td>2400 Tests</td>
</tr>
<tr>
<td>2</td>
<td>Hb201 Cuvettes for Hb201 Analyzer</td>
<td>200 test per Pack</td>
<td>1200 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. : AIIMSBPLHOSPGFR1541617002 Dated 18.06.2016 and offering rates for the HbA1c Testing Cartridges and Hb201 Cuvettes given in the Schedule of Requirement, Annexure-I for point care facility 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>HbA1C Cartridges for HbA1c Analyzer</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>Hb201 Cuvettes for Hb201 Analyzer</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 : ..............................................

* * * * * * * * * *