Sub:-Request for submission of Price Quotation for Supply and Installation of Incubator in the Central Sterilization and Supply Department (CSSD) at AIIMS Bhopal

On behalf of the Director, AIIMS Bhopal, the Medical Superintendent is inviting sealed quotations from eligible Supplier Agencies in the prescribed format given at Annexure-II; the sealed envelopes by post/per bearer for the supply of items detailed enclosed at Schedule of Requirement at Annexure-I below which are required for Central Sterilization and Supply Department, AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India.

The self-attested, Stamped Price Quotation on Supplier Agencies Letter Head should reach to the Office of Medical Superintendent, AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India on or before 04.04.2016 at 15.00 Hrs. duly sealed & clearly superscripted “Price Quotation for Supply of Incubator to CSSD, AIIMS Bhopal”. All quotations should be typewritten or written with indelible ink. All over writing and erased entries will not be considered and treated as deleted entries from the quotations. Each page of price Quotation page numbered and signed by the authorized signatory of the supplier firm. Offers receipt beyond the above Date and time shall not considered and liable for rejection.

Price Quotation Evaluation Process and acceptance of L-1 Prices:-

1. The receipt proposals shall be opened at 13.00 Hrs on 04.04.2016 in the concerned User Department at AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India. If any Firm want to be witness the opening of their Price Quotation, they may depute their representative for the same.

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

Important Terms & Conditions:-

1. Literature/Catalogue must enclosed with Price Quotation: Literature/Catalogue of the Equipment quoted must be submitted along with the quotation, failing which, quotation will not be considered and will be summarily rejected.

2. Technical Specifications, Make, Brand/Model : is required to be clearly mentioned by the interested Supplier Agency in their Price Quotation.

3. Price Quotation submission: The price Quotation must be submitted in the name of “Director, AIIMS Bhopal, Saket Nagar, Bhopal” on the Letter Head of the Firm which should contain VAT/TAN/PAN number clearly otherwise it will not be considered.

4. Price Basis & applicable Tax claim: Price should be quoted by interested Tenderer is inclusive of all (i.e. 3 years Warranty and other expenditures) up to F.O.R. AIIMS Bhopal basis. Vendor should clearly mention the Rate of applicable Taxes like CST/VAT separately, if firm will not mentioned, the Taxes clearly on their Price Quotation, AIIMS
Bhopal assume that the price quoted is inclusive of all and no extra amount in later stage shall be paid by AIIMS Bhopal on account of Taxes.

5. **Rate Validity Period:** The Rates approved should be valid for entire Year period from the date of Purchase Order issued by AIIMS Bhopal.

6. **Items supplied should be as per approved Technical Specifications/Sample:** The store should be supplied strictly in accordance with the supply order and with the approved specification/ samples.

7. **Standards/Test Reports:** The quoted items having quality mark such as ISI/BIS/CE (European)USFDA/ISO 9002 standardization should be mentioned. The Test Reports must required to be provided along with the supply of items (if applicable).

8. **Onsite Three Year Guarantee/Warranty inclusive of Spares & Labour etc:** Onsite Guarantee/Warranty Certificate for 3 Year period including all spares and labour must be provided, at the time of supply. The warranty should also include every Six monthly Calibration by an NABL accredited calibrator.

9. **Supply Delivery period:** The delivery and installation against supply order shall be completed within 30 days of receipt of the supply order. A delay of more fourteen days will invite cancellation of order and blacklisting of such defaulter Agency for the participation in AIIMS Price Quotations/LTE/Open Tenders for period of 2 Years.

10. **Payments:** Payments shall be made against invoice/bills in triplicate duly signed by authorized signatory along with copy of supply Challan. It shall be submitted to the dealing user department. The payments shall be released in considerable time after issue of Inspection/Final Acceptance Certificate in respect of successful commissioning of supplied Equipment by nominated Inspection committee of the AIIMS Bhopal.

11. **Right to Amendment /Acceptance /Rejection:** Director/Medical Superintendent, AIIMS Bhopal reserve the right to amend/accept/reject any offer against this Price Quotation Enquiry as per his discretion.

12. **Jurisdictions:** The Court of Bhopal shall alone have jurisdictions to decide any dispute arising out of or in respect of the contract.

**Undertaking**

I/we Shri/Ms------------------------------------------------------------declare that I/We read the terms & Conditions and understood and hereby declare that the information submitted is true to the best of my/our knowledge. Any false information/fabrication will invite cancellation of the bid and action under relevant rules & regulations.

Name(s) & Signature of the Tenderer with rubber seal(s) ..........................................................
# Annexure-I

## Schedule of Requirement

**Price Quotation Enquiry No. : AIIMSBPLHOSP1516002**  
**Dated: 17.03.2016**

Incubator Equipment required for the Central Sterilization and Supply Department, AIIMS Bhopal Hospital as per following Technical Specifications:-

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Items needs to be supplied in the each of the set mentioned in the Technical Specification given below after the Schedule of Requirement for Tenderer information</th>
<th>Tentative Required Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Should have a minimum inner chamber capacity of 200 Litres with at least 2 stainless perforated steel trays with adjustable slots to accommodate various heights.</td>
<td>1</td>
</tr>
<tr>
<td></td>
<td>Should be operated on 220 / 230V, 50Hz single phase AC supply and having temperature ranging 30°C-80°C with ± 2°C accuracy.</td>
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<tr>
<td></td>
<td>Internal door shall be transparent.</td>
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<tr>
<td></td>
<td>Insulated door fitted with heavy hinges handle locking and mechanical door lock.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Electrical safety conforms to standards for electrical safety IEC-60601/ IS 3450.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Should be compliant to ISO 13485: Quality systems – Medical devices-particular requirements for the application of ISO 9001 applicable to manufacturers and service providers that perform their digital services.</td>
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<tr>
<td></td>
<td>System should confirm to IS:6365-1971 (Reaffirmed 1995) with latest amendments in ISI specification for Laboratory Electric Ovens. Alternatively system should be USFDA / CE(European) approved.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Peltier or jacket or Blanket heating with continuous air circulation and heating by natural / forced convection for homogenous temperature distribution.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Should be made of double walled chamber.</td>
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</tr>
<tr>
<td></td>
<td>Inner chamber shall be made of stainless steel SS 304 grade and powder coated outer surface made up of mild steel.</td>
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<td></td>
<td>The instrument should be calibrated by NABL accredited calibrator at the time of installation.</td>
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</tr>
<tr>
<td></td>
<td>Should have three year onsite warranty inclusive of all Spares and Labour. The warranty should also include every Six monthly calibration by an NABL accredited calibrator.</td>
<td></td>
</tr>
</tbody>
</table>

Incubator Equipment should be supplied with following:-

2. Suitable UPS with maintenance free batteries for minimum one-hour back-up should be supplied with the system.
Annexure-II

FINANCIAL QUOTATION


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

Quotation Reference No. of the Tenderer: .............................. Dated: ..............................

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

Dear Sir,

I am submitting Price Quotation against your Price Quotation Enquiry No. : AIIMSBPLHOSP1516002 and offering rates for the items given in the Schedule of Requirement, Annexure-I as below:

<table>
<thead>
<tr>
<th>ITEM SL. NO.</th>
<th>NAME OF THE ITEM (AS PER THE SCHEDULE OF REQUIREMENT ANNEXURE-I)</th>
<th>MAKE &amp; MODEL QUOTED UNIT PRICE (IN Rs.) (IN FIGURE)</th>
<th>TAXES &amp; OTHER EXPENCES (IF ANY) UPTO F.O.R.</th>
<th>Total Unit Price Inclusive of Taxes &amp; all Expenditure up to FOR (C)=(A)+(B)</th>
<th>Total Price per Unit (IN WORDS) UPTO F.O.R. inclusive Taxes &amp; Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Incubator</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 viz. all the accessories, Freight chargers, packing charges, Octroi, Installation, minor nature civil/plumbing/electrical work (if required), 3 Years Warranty inclusive of all spares & labour etc (if applicable).

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

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

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

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

* * * * *

Price Quotation Enquiry No. : MSO/HC/AIIMSBPLHOSP1516002 Dated: 17.03.2016 Page 4 of 4