NOTICE FOR INVITING PRICE QUOTATION


Sub:- Notice for Inviting Price Quotation (NIPQ) for carryout Pest Control Services at AIIMS Bhopal Hospital by the professional Pest Control Service Provider Agency under GFR-146.

AIIMS Bhopal is the recognized Healthcare Institution established by MoHFW, Govt. of India under PMSSY Scheme at Saket Nagar, Bhopal. Presently AIIMS Bhopal Hospital is offering various Patient Care services like OPD, IPD, OT, Laboratory Services to the Patients visiting for their treatment.

On behalf of Director, AIIMS Bhopal, the Medical Superintendent is inviting sealed quotations from authorized registered professional Pest Control Services provider Agencies for the carryout the Pest Control works (i.e. eradication of Rodents, Spiders, Houseflies, Mosquitoes, Snake/Reptiles, Bed Bugs and other insects in the functional areas of AIIMS Bhopal Hospital/Service Buildings). The interested Pest Control Service Provider Agencies is requested to submit their proposals in sealed envelopes in prescribed format given at Annexure-II; the requested pest control services detailed enclosed at Schedule of Requirement at Annexure-I below which are required to be carried out at AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India.

The self-attested, Stamped Price Quotation on Service Provider Agency’s Letter Head should reach to the Office of Medical Superintendent, AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India on or before 15.04.2016 at 15.00 Hrs. duly sealed & clearly superscripted “Price Quotation for Providing Pest Control Service to AIIMS Bhopal Hospital/Service Buildings”. 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 Pest Control Provider Agency. 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 11.00 Hrs on 16.04.2016 in the Office of Medical Superintendent at AIIMS Bhopal Hospital, Saket Nagar, Bhopal-462 020 (MP), India. If any Agency wants 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 entire job work of Pest Control Services inclusive of all required pest control material, manpower, taxes etc. for the minimum period of Three months basis will be carried out and successful L-1 Pest Control Service Provider Agency will be declared accordingly.

Important Terms & Conditions:-

1. **List of Pesticides planned/using by the Agency at AIIMS Bhopal Hospital**: The detailed list of pesticides with its make, pack size, concentration etc. to be planned and used by the Agency with its concentration is must for accompany with the Price Quotation proposal, failing which, quotation will not be considered and will be summarily rejected.

2. **Pest Control Schedule/Work Plan of the Agency**: This is required to be submitted by the interested Pest Control Provider Agency with the minimum Three month period work schedule/plan inclusive of all manpower, material availability, required safety measures and deployment of pest control equipment/tools etc. for carryout the job at AIIMS Bhopal. Any Agency is want to assess current Pest control requirement in the functional Areas of AIIMS Bhopal Hospital/Service Building Areas, may visit to AIIMS Bhopal (i.e. in the Office of Medical Superintendent) from any working day form 10:00 Hrs. to 15:00 Hrs. one day prior to Price Quotation submission date mentioned above in Notice Inviting Price Quotation to understand clearly the requirement.

3. **Compliance of Labour Law and Payment to engaged work force**: The successful Agency is liable for making timely payment to their manpower engaged to carryout AIIMS Bhopal pest control job along with complying all the present applicable Labour Laws. AIIMS Bhopal will not to party with any non-compliance of any statutory obligation, the engaged Pest Control Agency is solely responsible for the same and shall borne all such expenditure/penalties if any imposed on them for non-compliance of statutory requirements.

4. Pest Control Manpower deployed at AIIMS Bhopal should wear their Photo ID Cards, issued by the Agency for their clear identification and should bear good moral character during delivery of their Pest Control Services at AIIMS Bhopal Hospital/premises.

5. **Price Quotation submission**: The price Quotation proposal must be submitted in the name of “Director, AIIMS Bhopal, Saket Nagar, Bhopal” on the Letter Head of the Pest Control Provider Agency which should contain VAT/TAN/PAN/Service Tax/Valid Pest Control License number clearly otherwise it will not be considered.

6. **Price Basis & applicable Tax claim**: Price should be quoted by interested Pest Control Provider Agency Fixed and final payment shall be paid only after the satisfactory performance certification issued by the concerned functional area/facility In-charge basis at AIIMS Bhopal Hospital after the completion of Pest Control job at AIIMS Bhopal as per the work plan/schedule submitted by the Agency. Agency should clearly mention the Rate of applicable Taxes like CST/VAT/Service Tax etc. 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 and all the liability on account of Taxes/any other such expenditures is solely borne by the Pest Control Service Provider Agency.

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

8. **Maintaining Pest Control Activity Record**: The Agency should keep the day to day Pest Control Activity carryout at AIIMS Bhopal Hospital/Service Buildings in respective Area/facility wise record with them in the form of Pest Control Activity register duly singed by the Facility/Area In-charge of AIIMS Bhopal and Pest Control Agency Supervisor. This register is
needed to be produced to the Authorities as and when directed by the Agency for necessary cross verification.

9. **Pest Control Service Standards:** As per applicable Standard like HPCCP/IPCA should be maintained during Pest Control Service Delivery for the utmost safety of Patient/Staff working at AIIMS Bhopal.

10. **Service Delivery period:** The successful L-1 Pest Control Service Agency shall complete the allotted job within three months period from the date of issue of Work Order.

11. **Pest Control Service Timings to AIIMS Bhopal:** The Pest Control Agency shall plan its services preferably between 11:00 pm to 5.00 pm on any of the working day and 11:00 am to 15.00 pm on Saturday or will plan as per the Facility/Area In-Charge weekly time schedule.

12. **Payments:** Payments shall be made against invoice/bills in triplicate duly signed by authorized signatory along with copies of satisfactory Pest Control Service Certificate issued by the respective Area/Facility In-charges with the details of number of time Pest Control activity done on their area/facility duly signed and stamped. After completion of certification and its cross verification through Pest Control Activity register, the invoice in triplicate along with Pest Control Service Certificates copies shall be submitted to the Office of Medical Superintendent. The payments shall be released in considerable time by the AIIMS Bhopal.

13. **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.

14. **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 Authorized Signatory of the Agency with rubber seal(s)

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Annexure-I

Schedule of Requirement

Price Quotation Enquiry No.: AIIMSBPLHOSP1617001  Dated: 01.04.2016

Pest Control Services required for functional areas of AIIMS Bhopal Hospital/Service Buildings as follows:-

<table>
<thead>
<tr>
<th>S. No.</th>
<th>Pest Control Job requirement at AIIMS Bhopal</th>
<th>Tentative minimum period for Pest Control Services delivery</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PROVIDING PEST CONTROL SERVICES FOR ERADICATION OF PESTS, INSECTS, COCKROACH, HOUSEFLIES, MOSQUITOS, SPIDERS, RODENTS, REPTILE AND OTHER INSECTS IN THE FUNCTIONAL AREAS OF AIIMS BHOPAL HOSPITAL/SERVICE BUILDINGS AT LEAST FOR THE PERIOD OF THREE MONTHS</td>
<td>3 Months</td>
</tr>
</tbody>
</table>

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# Annexure-II

**FINANCIAL QUOTATION**

**Price Quotation Enquiry No. : AIIMSBPLHOSP1617001**

**Dated: 01.04.2016**

(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. : AIIMSBPLHOSP1617001 and offering rates for the handling Pest Control Service job given in the Schedule of Requirement, Annexure-I as below:-

<table>
<thead>
<tr>
<th>SL. NO.</th>
<th>NAME OF THE JOB (AS PER THE SCHEDULE OF REQUIREMENT ANNEXURE-I)</th>
<th>PRICE (IN Rs.) FOR CARRYOUT ENTIRE JOB ALONG WITH MANPOWER, MATERIAL, TOOLS/EQUIPMENT ETC FOR MINIMUM PERIOD OF THREE MONTHS (IN FIGURE)</th>
<th>TAXES &amp; OTHER EXPENCES (IF ANY)</th>
<th>Total Price Inclusive of Taxes &amp; all Expenditure (C)=(A)+(B)</th>
<th>Total Price (IN WORDS) inclusive of all Taxes &amp; Expenditures</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>PROVIDING PEST CONTROL SERVICES FOR ERADICATION OF OF PESTS, INSECTS, COCKROACH, HOUSEFLIES, MOSQUITOS, BED BUGS RODENT, REPTILE AND OTHER INSECTS IN THE FUNCTIONAL AREAS OF AIIMS BHOPAL HOSPITAL/SERVICE BUILDINGS</td>
<td>(A)</td>
<td>(B)</td>
<td>(C)</td>
<td></td>
</tr>
</tbody>
</table>

1. The Financial Quotation evaluation on the basis of entire job basis inclusive of all manpower, required Pest Control Material, Equipments/Tools, applicable Taxes and other expenditures (if any).

2. Successful L-1 Agency will be determined/declared on overall L-1 basis for entire job with inclusive of all.

Name(s) & Signature of the Authorized Signatory of Agency with Stamp/Seal

Name of the Firm ………………………………………………………………………………………………………

Authorized Signatory: ……………………………………………………………………………………………

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