



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) BHOPAL

Saket Nagar, Bhopal-462024 (Madhya Pradesh) India

Website : www.aiimsbhopal.edu.in

No.: Stores/2017-18/LPC/177

Dated: 18/05/2017

Subject: Quotation for Supply of IHC Detection Kit

Dear Sir,

- Sealed quotation are invited, for supply of **IHC Detection Kit** as shown in enclosed Financial bid form so as to reach the Sr Administrative Office , First Floor Medical College Building AIIMS Bhopal **by 14:00 Hrs. of 25/05/2017**
- 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.

Terms & Conditions:-

- The quotation is to be submitted only in the format enclosed. Not acceptable in any other form.
- The quotation must be submitted in sealed envelope to the **office of the Sr Administrative Office Medical College AIIMS Bhopal.**
- Each page of the quotation must be printed on **letter head** of the Participants duly numbered.
- Failure to comply with any of these conditions will lead to rejection of the quotation and Responsibility for the same will lie with the participants submitting the quotations.
- **F.O.R.:** Rate quoted shall be fixed and on **F.O.R destination Basis.**
- **Tax:** Quotation must contain **VAT/TIN/PAN Number otherwise the quotation will not be considered.**
- **Rate of applicable Tax should be shown separately.**
- **Supply Delivery period:** The delivery against supply order shall be completed within **30 days** of receipt of the supply order.
- **Penalty/LD on delayed Supply:-** The period of delivery strictly to be followed by the Supplier Agency as per time period communicated through Purchase/Supply Order through e-mail/hard copy through speed post. The penalty @**0.5 %** per week will levied on supply order value of the item and will be deducted from the payment Bill of the supplier Agency. The maximum penalty **will be 10 % against** any of Purchase/Supply Order total value. If any agency will fail to supply the ordered items within this period mentioned as above, the supply order will be treated as cancelled without any further reference and the action as deemed fit shall be initiated against such defaulter Agency/Firms (i.e. blacklisting of such agency for participating in AIIMS Bhopal Price Quotations Enquiries/LTEs/Open Tenders at AIIMS Procurement in any form for Two Years period).
- **Repeat Order:** The rates quoted shall remain valid for 12 Months, for the purpose of Repeat Order
- **Payments:** Payments shall be made against invoice/bills in triplicate duly signed by authorized signatory along with copy of Delivery Challan, NEFT/RTGS Account Details, Vendor Registration Form for registering Vendor in the Public Finance Management System implemented at AIIMS Bhopal in the Format given at **Annexure-I** of the Supplier Agency etc. ,along with requested Item supply in the Name of "Director, AIIMS Bhopal, Saket Nagar, Bhopal". The payments shall be released in considerable time after issue of CRC/Final Acceptance Certificate in respect of successful commissioning of supplied Items and acceptance of ordered items as per technical specifications asked through this NIQ by user Department of the AIIMS Bhopal after deduction of applicable LD (if any due to delayed supplied) and Taxes like MP VAT/TDS as per present applicable Tax Rates.
- **Right of rejection:** The Competent authority reserves all rights to reject any or all quotation without assigning any reason.

On Letter head
Undertaking

I/we Shri/Ms _____ declare that,
I/We, Shri _____ 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/BIDDER

Rubber seal(s)

Date:.....

Place:.....

Financial Quotation

Price Quotation Enquiry No.: Stores/2017-18/LPC/177

Dated:18/05/2017

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

Quotation Reference No..... Dated:.....,Tin No :.....

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

Dear Sir,

I am submitting Price Quotation against your Price Quotation Enquiry No. : Stores/2017-18/LPC/177, and offering rates for the items given in the Schedule of Requirement, Annexure-I as below:-

| Sr. No. | Description | Req. Qty. | Brand | Cat No: | Pack Size | Pack Price in Rs . | Unit Rate in Rs. | Discount % | Net Unit Cost after discount | Total cost in Rs. |
|--|---|--------------|-------|---------|-----------|--------------------|------------------|------------|------------------------------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 7/6=8 | 9 | 8-9=10 | 11 |
| 1 | Universal IHC Detection kit for detection of single monoclonal antibodies | 500-600 Test | | | | | | | | |
| Sub Total(A) | | | | | | | | | | |
| VAT Extra@.....% in Rs. | | | | | | | | | | |
| Total (inclusive of all Taxes) in Rs. | | | | | | | | | | |

1. The Financial Quotation evaluation on the basis of per Item unit Price inclusive of all basis will be carried out and Successful L-1 Tenderer/Tenderers will be declared accordingly and supplier Agency will supply the ordered items at desired location at AIIMS Bhopal.

2. The applicable MP VAT/TDS shall be deducted as per prevailing Tax Rules from the payment claim of the Supplier Agency and same shall be deposited to the concerned Statutory Body by AIIMS Bhopal.

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

Name of the Firm

Authorized Signatory:

Contact Details: Cell No.....Email Id :

Annexure-I
Vendor Registration Form.

| ALL INDIA INSTITUTE OF MEDICAL SCIENCES BHOPAL PUBLIC FINANCIAL MANAGEMENT SYSTEM (PFMS) | | |
|---|---------------------------|---------|
| PFMS UNIQUE CODE :- | | |
| VENDOR REGISTRATION FORM | | |
| S.No. | Head Name | Details |
| 1 | Vendor Name | |
| 2 | Father/Husband/Owner Name | |
| 3 | Date of Birth | |
| 4 | PAN Number | |
| 5 | Aadhaar Number | |
| 6 | TAN Number | |
| 7 | TIN Number | |
| 8 | Service Tax No | |
| 9 | Address1 | |
| 10 | Address2 | |
| 11 | Address3 | |
| 12 | City | |
| 13 | Country | |
| 14 | State | |
| 15 | District | |
| 16 | Pin Code | |
| 17 | Mobile No. | |
| 18 | Phone No. | |
| 19 | Email ID | |
| 20 | Bank Name | |
| 21 | IFSCCode | |
| 22 | Account Number | |

DATE : _____

PLACE : _____

VENDOR SIGNATURE WITH SEAL

Department Name: _____

Forwarded by HOD/In charge

Note: All related documents also enclosed with this form self-attested and stamp on it.:-

1. Pan Card of Form
2. Aadhar Card of Firm Owner.
3. Firm Account cancelled cheque copy
4. Firm registration Certificate
5. Tin Registratioin Certificate

**** The bidders who have already registered for vendor's registration may please ignore this Vendor Registration Form.**