



ALL INDIA INSTITUTE OF MEDICAL SCIENCES (AIIMS) BHOPAL

Saket Nagar, Bhopal-462024 (Madhya Pradesh) India

Website : www.aiimsbhopal.edu.in

Department: Microbiology Department Medical College

Sr. AO /2017-18/T-103/202

Dated: 22/05/2017

Ref: NIL; dated: 10/04/2017

Subject: Requirement of Dengue NS-1 Rapid Card Test **Microbiology Department**, Medical College **(Under Category No.005 Serological & Immunological Kits)** Quotation shall be submitted as a hard copy in a sealed envelope addressed to 'The Director, AIIMS Bhopal', & Kid attention to the office to the Sr. Administrative Office Medical College AIIMS Bhopal, **latest by 14:00 pm of 29/05/2017.**

Sr. No.	Item Description with its brief Specification	Req. Qty.
1	2	3
1	Dengue NS-1 Rapid Card Test (Kit should be CE/IVD/FD Approved)	500 Tests

Terms & Conditions:-

1. The quotation is to be submitted only in the format enclosed. Not acceptable in any other form.
2. The quotation must be **submitted in sealed envelope to the office of Sr. Administrative Office Medical College) AIIMS Bhopal.**
3. Each page of the quotation must be printed on **letter head of the company duly numbered.**
4. If you are the authorized distributor for more than one **manufacturer and empanelled** for all such category then, please submit separate quotation for each Manufacturer.
5. **Quotation of non empanelled companies will not be entertained.**
6. Failure to comply with any of these conditions will lead to **rejection of the quotations** and the responsibility for the same will lie with the company submitting the quotations.
7. **F.O.R.:** Rate quoted shall be fixed and on FOR Basis
8. **TAX:**
 - (1) Quotation must contain **VAT/TIN/PAN number otherwise** it will not be considered.
 - (2) Rate of applicable tax should be shown separately
 - (3) **According to the M.P. VAT (Amendment) Act 2016 in case invoice value is above 5000/- the VAT will be deducted at source from Invoice and in lieu thereof form 31 will be issued.**
9. **Delivery Period:** Supply is required immediately from ready stock but maximum within a period of **21 days**.
10. **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-III** 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.
11. **Rates Validity: Rates quoted first time will be valid for one year from the date of Purchase Order.**
12. **Penalty:** If you fail to supply the consumables as per the specifications in order within the scheduled delivery period, you are liable to pay LD of 1% of the **order Value for** every month delay or part thereof beyond the due date, subject to a maximum of 5%. The Director reserves the right to cancel the order in case the delay is more than **45 days**, and penalty, if any will be deducted from the SD (security deposit) or any amount due to the suppliers.
13. **After empanelment, if the supplier fails to deliver the article/items as per the delivery schedules, AIIMS Bhopal shall be free to procure the balance/ undelivered supply at the risk and the cost of the supplier.**
14. **Right of rejection:** The competent authority reserves all the right to reject any or all quotation without assigning any reason.

Financial Bid Format (On Letter Head)

Sr. AO /2017-18/T-103/202

Dated: 22/05/2017

Name of Bidder.....

Date:...../...../2017

Address of Bidder:.....

Contact No :

Email Id:.....

Quotation Ref No:.....

Quotation for supply of Serological and Immunological Kits for Microbiology Department, as per the Enquiry NIL, Dated: 2/05/2017													
Sr. No.	Description	Qty. Req.	Brand	Cat No: *Attach Photo copy of Highlighted Item	Pack Size as per catalogue.	Pack/Price in Rs.			% of Discount on unit Price in col:9		Net Per Unit Cost after discount whichever is higher in Col:10&11	Net Unit cost including All	Total Cost per Pack in Rs.
						MRP as printed on Pack	Catalogue price	Per Unit Cost whichever is less on col:7 & 8	Discount % as per the Empanelment letter	Current Discount %			
1	2	3	4	5	6	7	8	9	10	11	12	13	14
1	Dengue NS-1 Rapid Card Test (Kit should be CE/IVD/FDA Approved)	500 Tests											
Sub Total(A)													
CST/VAT <u>Extra@.....%</u> in Rs.													
Total (inclusive of all Taxes) in Rs.													

. Attach Photo copy of the catalogue No: highlighted along with the quotation.

Signature with Stamp

Palace:

Date: