



No.: Stores/2017-18/LPC/520

Dated: 24/07/2017

Subject: **Quotation for Supply of Minor Lab equipment**

Dear Sir,

- Sealed quotation are invited, for supply of **Minor Lab equipment** as shown in enclosed Financial bid form so as to reach the Sr. Administration Office, Central Store, First Floor Medical College Building AIIMS Bhopal **by 14:00 Hrs. of 31/07/2017**
- 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. Administration Office Medical College Building) 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 **GST/TIN/PAN Number otherwise the quotation will not be considered.**
- **Rate of applicable GST Tax should be shown separately.**
- **Supply Delivery period:** The delivery against supply order shall be completed within **21 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-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.
- **Warranty:** Warranty Period should be Cleary stated on the quotation.(As per the Principle manufacture)
- **Any Offer:** **Seasonal offers if available from manufacturer may please be indicated on Financial Bid which will be given along with supply.**
- **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:.....

Annexure-1

Schedule of Requirement

Price Quotation Enquiry No.: Stores/2017-18/LPC/ 520

Dated: 24/07/2017

Supply of Minor Lab equipment at AIIMS Bhopal Medical College Building as per following Technical Specifications:-

| S. No. | Name of Item | Technical Specification | Req Qty |
|--------|---|---|---------|
| 01. | Horizontal Gel Electrophoresis Apparatus | <ol style="list-style-type: none">1. Horizontal agarose gel electrophoresis apparatus.2. Gel tray should be of following dimensions:<ol style="list-style-type: none">(a) 1st Unit: 15 X 15 cms approx.(b) 2nd Unit: 12.8 X 15 cms approx3. Gel trays should be UV transparent.4. Gel tray should be supplied with fitting gel caster.5. Combs should have 12-16 wells of 1-2mm thickness.6. The comb should be color-coded and height adjustable.7. Should be supplied with buffer tank of appropriate size with platinum electrodes. The system should also provide with buffer recirculation ports.8. The buffer volume should not be more than 1.2 Ltr.9. The maximum running temperature should not be more than 45^o C.10. The system should be provided with color loading strips for easy well detection. | 2 |
| | Power Pack | <ol style="list-style-type: none">1. Power pack- max voltage (300V), max current (400mA) (90W) and at least two outputs.2. The unit should have an automatic crossover feature to switch between constant current and voltage mode.3. The unit should have large, easy-to-read LCD display.4. The unit should be automatic recover after power failure.5. Should have continuous run or 999 minutes timer.6. The unit should be certified to meet CE, UL and CSA safety standards.7. The unit should be protected against defects by a one-year warranty. | 1 |

Financial Quotation

Price Quotation Enquiry No.: Stores/2017-18/LPC/ 520

Dated: 24/07/2017

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

Quotation Reference No..... Dated:....., GST 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/520 , and offering rates for the items given in the Schedule of Requirement, Annexure-I as below:-

| Sr. No. | Particular | Req. Qty. | Unit Name | Make/Brand | Model No: | MRP | Unit Rate in Rs. | Discount % if any | Net Unit Cost after discount | Total cost in Rs. |
|---|--|-----------|-----------|------------|-----------|-----|------------------|-------------------|------------------------------|-------------------|
| 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 |
| 01 | Horizontal Gel Electrophoresis Apparatus (Specifications as per above) | 02 | | | | | | | | |
| 02 | Power Pack (Specifications as per above) | 01 | | | | | | | | |
| Sub Total (A) | | | | | | | | | | |
| GST 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.

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

Name of the Firm

Authorized Signatory:

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

Annexure-III
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. GST No

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