Invitation of Quotation

For

Printing Work

At

All India Institute of Medical Sciences, Rishikesh

Issue Date : 19 July, 2016
Inquiry No. : F.No. 09/17/2015 (RIS)/Admn.
Last Date of Submission : 25 July, 2016 at 05:00 PM.

All India Institute of Medical Sciences,
Rishikesh
Virbhadra Road, Rishikesh, Uttarakhand-249201.
Telephone: 0135-2462913, email: rakeshkumar.aoaiims@gmail.com
www.aiimsrishikesh.edu.in
**Invitation of Quotation for Printing work at AIIMS Rishikesh**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Rishikesh for printing of various registers for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 25.07.2016, 05.00 PM. The Envelope containing the quotation would please be sealed and superscribed as under:-

"QUOTATION FOR PRINTING WORK AGAINST INQUIRY FILE NO. 09/17/2015(RIS)/ADMN "DUE ON 25.07.2016, 05.00 PM"

1. **Terms & Conditions:-**

   A) The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible.

   B) Quotations must be in the enclosed prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.

   C) Rates must be quoted as per the format specified Taxes extra if any must be written separately.

   D) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.

   E) The rates quoted must be valid for 60 days minimum from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.

   F) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.

     **L1 will be decided on individual item basis.**

   G) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.

   H) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:

     - Firm shall be registered with the Government of Uttarakhand /Central Government.
     - The firm shall have valid VAT/ Sales Tax No. and IT PAN.
     - **The firm should not be black listed by any Govt. Agency/Dept.**

   I) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.

   J) The supplier may be asked to submit a sample of the product(s), which will be evaluated by
a technical evaluation committee. The expenditure incurred for demonstrating the items will be borne by the supplier.

K) **Delivery Period** – 15 days from issuing purchase order.

L) **Liquidated Damage**: - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.

M) **Payment Terms**: Payment will be made only after satisfactorily delivery, commissioning and inspection of material by the AIIMS Rishikesh.

N) **Disputes**: -In the event of any dispute or disagreement arising between the Supplier and any other department of AIIMS Rishikesh with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Rishikesh whose decision will be final and binding upon the Supplier.

O) AIIMS, Rishikesh reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Rishikesh will be final in this regard.

P) Quotation must be submitted in the following Addresses.
   
   Admin LPC, Store-I  
   AIIMS Rishikesh

Q) AIIMS, Rishikesh reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Rishikesh will be final in this regard.

R) After finalization of work order, sample will be provided by AIIMS Rishikesh.

**Administrative Officer**

Encl.: Annexure 1 (Format of Price Bid)
To,

Administrative Officer, AIIMS, Rishikesh.

Dear Sir,

1. I/We ........................................................................................................................................ Submitted the quotation for Enquiry No. “QUOTATION FOR PRINTING WORK AGAINST THE INQUIRY NO. FILE NO. 09/17/2015(RIS)/ADMN” DUE ON 25.07.2016, 05.00 PM for printing of various types of registers at AIIMS Rishikesh”.

2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.

3. I/We hereby offer to print & supply at the following rates.

<table>
<thead>
<tr>
<th>S.N</th>
<th>Departments</th>
<th>Items with specification</th>
<th>Qty.</th>
<th>Make</th>
<th>Rate per unit</th>
<th>Tax %</th>
<th>Total including taxes</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Department of Nursing</td>
<td>Patient Admission Register, 200 pages, Size – 18”x12”</td>
<td>12 No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2</td>
<td></td>
<td>Staff Nurse Attendance Register, 200 pages, Size – 18”x12”</td>
<td>02 No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td></td>
<td>Stock Register, 400 pages, Size – 43x33cm, Back to Back print</td>
<td>10 No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>Day care OT</td>
<td>Post operative patient shifting out register</td>
<td>02 No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td></td>
<td>Day care operation theatre register</td>
<td>02 No.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6</td>
<td></td>
<td>Anaesthesia census register</td>
<td>02 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>Department of pathology and laboratory Medicine</td>
<td>Haematology nominal and TAT register, 500 pages, Size- 13”x8”, white paper 80 GSM thickness</td>
<td>05 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>8</td>
<td></td>
<td>Haematology reporting register, 500 pages, Size- 16”x13”, ledger paper, paper 100 GSM thickness</td>
<td>05 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td></td>
<td>Urine nominal and TAP register, 500 pages, Size- 13”x8”, white paper 80 GSM thickness</td>
<td>02 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td></td>
<td>Urine reporting register, 500 pages, Size- 16”x13”, ledger paper white paper 100 GSM thickness</td>
<td>02 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>11</td>
<td></td>
<td>Sample collection , 500 pages, size – 13”x08”, leger paper, 100 GSM paper thickness</td>
<td>04 no.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Date_________
Place______

(Signature of Authorized Person)_____________________
(Name)_____________________
Name of Firm/Company/Agency_____________________
Phone No._____________________
Email: _________________________

[On the letterhead of firm]