अखिल भारतीय आयुर्विज्ञान संस्थान

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

मंगलगिरी, गुंटूर (आंध्र प्रदेश) 522503

Mangalagiri, Guntur District (Andhra Pradesh) – 522503

website: <https://www.aiimsmangalagiri.edu.in/>

**NIQ No. : AIIMS/MG/Stores/Biochemistry Department / Reagents compatible with Beckman coulter for the Clinical Diagnostic lab /31**

**Dated: 10/02/2021**

**Sub**: - “**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.**

**Notice Inviting Quotations**

On behalf of Director, AIIMS Mangalagiri**,** invites quotation with price bid and other documents from eligible Manufacturers/Firms/Companies/Authorized Agents/Distributors/ Dealers/Supplier Agencies on mutually agreed terms and conditions for “**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.** the Specificationsdetails given at Schedule of Requirement.

**Schedule of Requirement:-**

|  |  |  |  |
| --- | --- | --- | --- |
| **S.No** | **Description of items** | **Pack Size** | **Required Quantity** |
| **Calibrators from Beckman Coulter analyser DXC 700 AU** | |  |  |
| 1. | System Calibrator | 20 x 5 ml | 2 No. |
| 2. | HDL Cholesterol Calibrator | 2 x 3 ml | 1 No. |
| 3. | CRP Latex calibrator highly sensitive set | 5x1x2 ml | 1 No. |
| 4. | HbA1c Calibrator | 1x8 ml ; 5x2 ml | 1 No. |
| **Controls** | |  |  |
| 1. | Biorad level-1 | 5 x 12 ml | 1 No. |
| 2. | Biorad Level-2 | 5 x 12 ml | 1 No. |
| 3. | ExtendSURE HbA1c Liquid controls | 12 x 10 ml | 1 No. |

***The above items should be compatible with Beckman Coulter Analyser DXC 700 AU (Auto analyser)***

**1. Technical Bid Documents:-**

**Technical Bid Documents Copies duly signed and page numbered required to be accompanied with Technical Bid Envelope as follows:-**

1. **Mandatory Documents**:
2. **Undertaking for acceptance of Terms & Conditions of AIIMS Mangalagiri** against theNIQ should be printed on the Official Letter Head of participating Bidder Company, duly signed and Stamped and accompany with Technical Bid Document as per **Format** **given at Annexure-II**.
3. **Copy of Certificates/Standards for confirming the Quality of Supplied product:** The quoted Item/Items should have applicable quality mark such as ***ISI/BIS/ISO* 9002** for Quality assurance in Production and its utmost safety compliance for use in patient care should be mentioned and the copy of such applicable certification must enclose with the price quotation.
4. **Purchase Order / RC Copy from INI such as AIIMS Delhi, PGI Chandigarh, JIPMER, SGPGIMS, RML, State Government and Prominent Private Organizations , for the rates reasonability for the earlier supplied same consumables , in the last three Financial Years**
5. Authorization Certificate: Please mention the name and address with the complete email id and the validity period of the Authorization Certificate. (If any).
6. **Fall clause:** If at any time during the period of contract, the price of this NIQ items isreduced or brought down by any law or Act of the Central of State government, the supplier shall be bound to inform Purchasing Authority immediately about such reduction in the contracted prices. In case the supplier fails to notify or fails to agree for such reduction of rates, the Purchasing Authority will revise the rates on lower side. If there is a price increase for any product after quoting the rates, the bidders have to supply the item as per the quoted rates.
7. **Delivery period:** Delivery period of the items shall b**e 14 days** from the issue of suppl**y** order. 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**.**
8. **Penalty:** The penalty @ **0.50% per week** will levied on supply order value of the itemand will be deducted from the payment Bill. The maximum penalty will be **10 %** against any of Purchase/Supply Order total value (i.e. the maximum delay acceptable only 5 weeks from the time stipulated in the Supply/Purchase Order subject to deduction of applicable LD).
9. **Warranty Period**: Should clearly be mentioned in the quotation as per the OEM orcompany Norms.

**2.** **Financial Bid Documents:-**

1. **Price Basics:** Unit base price should be inclusive of GST and all applicable Expenses up toF.O.R. at AIIMS Mangalagiri basis.
2. **Price Validity:** The quoted prices should remain valid for the **180 days** period at AIIMSMangalagiri against this NIQ.
3. **Price Quotation Format:** Price should be quoted in the “**Financial Bid” format given at Annexure-I strictly** by the interested Supplier Agency.

Both the above sealed envelopes to be kept in another big outer envelope superscripted as – “**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.** in sealed condition for the supply ofitem/items detailed given in the Schedule of Requirement.

The sealed NIQ should reach in the Office of Sr.S.O, AIIMS Mangalagiri, First floor, Dharmasala Building, Room No. 111 or 110 ,Mangalagiri, Guntur-522503 on or before at  **16/ 02 /2021, till 15.00 hrs**. duly sealed & clearly superscripted - “**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.** All quotationsshould be type written or written with indelible ink, duly signed, stamped and page numbered.

All over writing and erased entries will not be considered and treated as deleted entries from the quotations. The Bids received after the due date and time, shall be liable for rejection.

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**Senior Store Officer**

**For and on behalf of Director**

**AIIMS Mangalagiri**.

\*Submit with firm letter head

**Annexure-I**

**Financial Bid (Price Quotation)**

**(Strictly in the format given below only in sealed Envelope in the Letter head of the Supplier Agency superscripted at “Financial Bid”)**

“**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.**

**Quotation Reference No. /NIQ No. AIIMS/MG/Stores/Biochemistry Department/ Reagents compatible with Beckman Coulter for Clinical Diagnostic lab/31**

**Dated: …../…../2021**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **S.**  **No.** | **Description of Item**  **with its required**  **Technical**  **Specification** | **Required**  **Quantity** | **Brand/Cat No./HSN Code** | **Unit** | **Price per unit in Rs.** | **GST%** | **Unit Rate Including GST in Rs.** | **Total price of Required Quantity**  **(In ₹)** |
| ***1*** | ***2*** | ***3*** | ***4*** | ***5*** | ***6*** | ***7*** | ***8=(6+7)*** | ***9=(3\*8)*** |
|  | **Calibrators from Beckman Coulter Analyser DXC 700 AU** |  |  |  |  |  |  |  |
| 1 | System Calibrator  20 x 5 ml | 2 No. |  | 1 No |  |  |  |  |
| 2 | HDL Cholesterol Calibrator  2 x 3 ml | 1 No. |  | 1 No. |  |  |  |  |
| 3 | CRP Latex calibrator highly sensitive set  5x1x2 ml | 1 No. |  | 1 No. |  |  |  |  |
| 4 | HbA1c Calibrator  1x8 ml ; 5x2 ml | 1 No. |  | 1 No. |  |  |  |  |
|  | **Controls** |  |  |  |  |  |  |  |
| 1 | Biorad level-1  5 x 12 ml | 1 No. |  | 1 No |  |  |  |  |
| 2 | Biorad Level-2  5 x 12 ml | 1 No. |  | 1 No. |  |  |  |  |
| 3 | ExtendSURE HbA1c Liquid controls  12 x 10 ml | 1 No. |  | 1 No. |  |  |  |  |
| **Total Price in Rs** | | | | | | | |  |
| **Other Charges (if any) in Rs.** | | | | | | | |  |
| **Grand Total in Rs.** | | | | | | | |  |

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

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

Address of the firm…………………………………………………………………………………

………………………………………………………………………………………………………

GST No……………………………………………………………………………………………..

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

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

\*Submit with firm letter Head



Annexure-II

**Undertaking for Acceptance of Terms & Conditions of AIIMS Mangalagiri**

**(Should be printed on the Official Letter Head of participating Bidder Company, duly signed and Stamped and accompanied with Technical Bid Document)**

“**NIQ for supply of Reagents compatible with Beckman Coulter analyser DXC 700 AU for the Clinical Diagnostic lab for Biochemistry Department, AIIMS Mangalagiri”.**

**To**

**The Director,**

**AIIMS Mangalagiri,**

**Andhra Pradesh.**

**Sir,**

1. The undersigned certify that I have gone through the terms and conditions mentioned in the NIQ document and undertake to comply with them. I have no objection to any of the content of this NIQ document and I undertake not to submit any complaint/ representation against the NIQ document after submission date and time of the NIQ. The rates quoted by me/us are valid and binding on me/us for acceptance till 01 year.
2. I/We undersigned hereby bind myself/ourselves to ALL INDIA INSTITUTE OF MEDICAL SCIENCES MANGALAGIRI ANDHRA PRADESH, to supply the approved awarded Consumables/Equipment/Instruments/Apparatus/items in the approved prices to AIIMS Mangalagiri during the period.
3. The articles shall be of the best quality and of the kind as per the requirement of the institution. The decision of the Director, AIIMS Mangalagiri, India (hereinafter called the said officer) as regard to the quality and kind of article shall be final and binding on me.
4. Should the said officer deem it necessary to change any article on being found of inferior quality, it shall be replaced by me/us free of cost in time to prevent inconvenience.
5. I/We hereby undertake to supply the items during the validity of this NIQ as per directions given in supply order within stipulated period positively.
6. If I/We fail to supply the items to the stores in stipulated period the AIIMS Mangalagiri has full power to compound the loss through imposing penalty as per the Terms and Condition of this NIQ or forfeit the Bid Security/security deposit.
7. I/We declare that no legal/financial irregularities are pending against the proprietor/partner of the Supplier Agency or manufacturer.
8. I/We undertake that the rates quoted by me when approved and selected by the Director, AIIMS Mangalagiri will be valid for one year from the date of approval of the rate contract.
9. I undertake to supply the Consumables/equipment/stores within **14** days. I undertake to supply the order within stipulated period and if fail to supply order during the stipulated period the necessary action can be taken by the Director, AIIMS Mangalagiri, India.
10. I/We undertake that if the rates of any items are lowered due to any reason, I will charge the lower rates.
11. I/We undertake that the items supplied are as per Demonstration/Catalogue/technical literature description submitted along with Technical Bid.
12. I/We undertake that the quoted rates are not higher than that approved in any other Govt. institutions in India for the same items during the current Financial Year.
13. I/we do hereby confirm that the prices/rates quoted are fixed and are at par with the prices quoted by me/us to any other Govt. of India/Govt. Hospitals/Medical Institutions/PSUs. I/we also offer to supply the Consumables/Equipment/stores at the prices and rates not exceeding those mentioned in the price bid or MRP in any condition.

**Signature of the Supplier Agency Authorized Signatory with seal of the firm**

**(Authorized Signatory)**

Place ………………

Date

**Affirmation**

I pledge and solemnly affirm that the information submitted in this NIQ Document is true to the best of my knowledge and belief. I further pledge and solemnly affirm that nothing has been concealed by me and if anything adverse comes to the notice of purchaser during the validity period. The Director, All India Institute of Medical Sciences, Mangalagiri (A.P.) will have full authority to take appropriate action as he/she may deem fit.

**Signature of the Supplier Agency Authorized Signatory with seal of the firm**

**(Authorized Signatory)**

Place ………………

Date