



NIQ No: AIIMS/MG/Procurement/06/Medicines

Date : 12 / 01/2022

**NOTICE INVITING QUOTATIONS**

**PROCUREMENT OF ANESTHESIA DRUGS FOR OT SERVICES” AT AIIMS MANGALAGIRI**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Mangalagiri for supply of Items for the Institute as per terms & conditions mentioned below. The filled quotations along with the entire required document must reach in the office of the undersigned on or before **28th January 2022, 3:00 PM**. The Envelope containing the quotation would please be sealed and super scribed as under: -

**1. Schedule of Requirement:-**

S.No	Name of Drug	Specifications	Quantity
1.	INJ.ADENOSINE – 2ml ampoule	6mg / 2ml	10 No.
2.	INJ. ADRENALINE BITARTARATE – 1ml ampoule	1mg / 1ml	100 No.
3.	INJ. ATRACURIUM BESYLATE – 5ml ampoule	50mg / 5ml	100 No.
4.	INJ.ATROPINE SULPHATE – 1ml ampoule	0.6mg / 1ml	150 No.
5.	INJ.BUPIVACAINE HYDROCHLORIDE – 20ml vial	0.5% ; 5mg/ 1ml	100 No.
6.	INJ. BUPIVACAINE HYDROCHLORIDE IN DEXTROSE (HEAVY) – 4ml ampoule	5mg / 1ml	100 No.
7.	INJ.CALCIUM GLUCONATE – 10ml ampoule	1gm / 10ml	50 No.
8.	INJ.CLONIDINE HYDROCHLORIDE- 1ml ampoule	150 mcg / 1ml	50 No.
9.	INJ. ETOPHYLLINE & THEOPHYLLINE – 2ml ampoule	169.4 mg/50.6 mg / 2ml	30 No.
10.	INJ.DEXAMETHASONE SODIUM PHOSPHATE – 2ml vial	8mg / 2ml	100 No.
11.	INJ.DEXMEDETOMIDINE – 2ml ampoule	200mcg / 2ml	100 No.
12.	INJ.DICLOFENAC SODIUM - 1ml ampoule	75mg / 1ml	100 No.
13.	INJ.DOBUTAMINE HYDROCHLORIDE – 5ml ampoule	250mg / 5ml	10 No.
14.	INJ.DOPAMINE HYDROCHLORIDE- 5ml ampoule	200mg / 5ml	10 No.
15.	INJ.ESMOLOL HYDROCHLORIDE – 10ml vial	100mg / 10ml	30 No.
16.	INJ.ETOMIDATE emulsion – 10ml ampoule	20mg / 10ml	20 No.
17.	INJ.GLYCOPYROLATE – 1ml ampoule	200mcg / 1ml	100 No.
18.	INJ.HYROCORTISONE SODIUM SUCCINATE - vial	100mg / vial	100 No.
19.	INJ.KETAMINE HYDROCHLORIDE – 10 ml vial	500mg / 10ml	30 No.
20.	INJ.KETOROLAC TROMETHAMINE – 1ml ampoule	30mg / 1ml	100 No.
21.	INJ.LABETALOL HYDROCHLORIDE – 4ml ampoule	20mg / 4ml	50 No.

S.No	Name of Drug	Specifications	Quantity
22.	INJ.LEVETIRACETAM – 5ml vial	500mg / 5ml	20 No.
23.	INJ.LIGNOCAINE HYDROCHLORIDE 2% - 30ml vial	20mg / 1ml	50 No.
24.	INJ.LIGNOCAINE HYDROCHLORIDE 2% - 50ml vial (Loxicard)	20mg/ 1ml	100 No.
25.	INJ.LIGNOCAINE HYDROCHLORIDE 2% & ADRENALINE BITARTARATE (1:200000) - 30 ml vial	Lignocaine-20mg / 1ml Adreanline - 5mcg/ 1ml	50 No.
26.	INJ.MAGNESIUM SULPHATE 50% w/v – 2ml ampoule	1gm / 2ml	100 No.
27.	INJ.MANNITOL 20% w/v – 100ml vial	200mg / 1ml	10 No.
28.	INJ.MEPHENTERAMINE SULPHATE – 10ml vial	30mg / 1ml	30 No.
29.	INJ.METACLOPRAMIDE HYDROCHLORIDE – 2ml ampoule	5mg / 1ml	50 No.
30.	INJ.METHYLPREDNISOLONE SODIUM SUCCINATE - vial	40mg / vial	10 No.
31.	INJ.MIDAZOLAM – 5ml vial	5mg / 5ml	50 No.
32.	INJ.GLYCOPYROLATE + NEOSTIGMINE METHYLSULPHATE – 5ml ampoule	Glycopyrrolate - 0.5mg / 5ml Neostigmine- 2.5mg / 5ml	200 No.
33.	INJ.NALBUPHINE HYDROCHLORIDE – 1ml ampoule	10mg / ml	30 No.
34.	INJ.NEOSTIGMINE METHYL SULPHATE – 1ml ampoule	0.5mg / 1ml	50 No.
35.	INJ.NITROGLYCERINE – 5ml ampoule	25mg / 5ml	20 No.
36.	INJ.NOR ADRENALINE BITARTARATE – 2ml ampoule	2mg / ml	50 No.
37.	INJ.ONDASETRON HYDROCHLORIDE – 2ml ampoule	4mg / 2ml	200 No.
38.	INJ.PANTOPRAZOLE SODIUM - vial	40mg / vial	50 No.
39.	INJ.PARACETAMOL - 100ml vial	1000mg/100ml	200 No.
40.	INJ.PHENYLEPHRINE HYDROCHLORIDE – 1ml ampoule	10mg / 1ml	50 No.
41.	INJ.PROPOFOL – 10 ml vial	100mg / 10ml	200 No.
42.	INJ.PROPOFOL – 20 ml vial	200mg / 20ml	100 No.
43.	INJ.RANITIDINE HYDROCHLORIDE – 2ml ampoule	50mg / 2ml	50 No.
44.	INJ.ROCURONIUM BROMIDE – 5 ml vial	50mg / 5ml	50 No.
45.	INJ.ROPIVACAINE HYDROCHLORIDE – 0.75% - 20ml vial	7.5mg / 1ml	50 No.
46.	INJ.ROPIVACAINE HYDROCHLORIDE – 0.5% - 10ml ampoule	5mg / 1ml	50 No.
47.	INJ.SODIUM BICARBONATE 8.4% w/v – 10ml ampoule	8.4% w/v	50 No.
48.	INJ.SUCCINYLMCHOLINE CHLORIDE – 10ml vial	50mg / 1ml	30 No.
49.	INJ.THIOPENTONE SODIUM – vial	1000mg / vial	10 No.
50.	INJ.TRAMADOL HYDROCHLORIDE – 1ml ampoule	50 mg / 1ml	50 No.
51.	INJ.TRANEXAMIC ACID – 5ml ampoule	500mg / 5ml	200 No.
52.	INJ.VECURIONIUM BROMIDE - Vial	10mg / vial	30 No.
53.	INJ.VECURIONIUM BROMIDE - Ampoule	4mg / ampoule	50 No.
54.	RESPULES. SALBUTAMOL	2.5ml / respule	20 No.
55.	RESPULES. LEVOSALBUTAMOL & IPRATROPIUM BROMIDE	2.5ml / respule	20 No.

S.No	Name of Drug	Specifications	Quantity
56.	INHALER. LEVOSALBUTAMOL & IPRATROPIUM BROMIDE	-	4 No.
57.	INHALER. FORMOTEROL FUMARATE & BUDESONIDE	-	4 No.
58.	INHALER. BUDESONIDE	-	4 No.
59.	INHALER. SALBUTAMOL	-	4 No.
60.	INJ. OXYTOCIN – 1ML AMPOULE	5 I.U./ml	300 No.
61.	INJ. METHYL ERGOMETRINE- 1ML AMPOULE	0.2 mg/ml	50 No.
62.	INJ. CARBOPROST TROMETHAMINE – 1ML AMPOULE	250 mcg/ml	50 No.
63.	COLLOIDS- HYDROXY ETHYL STARCH – 500 ML BAG	500 ML BAG	30 No.
64.	INJ. AMIODARONE – 3ml ampoule	150mg / 3ml	20 No.
65.	INJ. DITIAZEM HYDROCHLORIDE – 5ml vial	25mg / 5ml	20 No.
66.	INJ. METAPROLOL TARTARATE – 5ml ampoule	5mg/ 5ml	20 No.

## 2. Documents for Submission:-

### i) Technical Bid:

- Undertaking for Acceptance of Terms & Conditions of AIIMS Mangalagiri (Annexure-II)
- Profile of Organization (Annexure-III).
- Copy of Certificates/Standards for confirming the Quality of Supplied produce
- Company Drug license should be submitted.
- License to Sell, Stock of Exhibit or Offer for Sale or Distribution certificate
- Purchase Order / RC Copy from any Govt/Semi Govt/PSU/INI institutions, for the rates reasonability for the earlier supplied items, in the last financial years, if any.

### ii) Financial Bid:

- Financial Bid - Price Quotation (Annexure-I)

## 3. General Terms & Conditions:

- The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever.
- All interested vendors are requested to send their quotation physically in one sealed envelope addressed to the **O/o AO (Procurement), 4th Floor, Nursing College building, AIIMS Mangalagiri, Guntur-522503**. The bidder's name, telephone number and complete mailing address should be indicated on the cover of the outer envelope. It should reach before the date of opening of the technical bids.
- The envelope should be clearly marked **“Technical bid for procurement of anesthesia drugs for OT services at AIIMS Mangalagiri”** and second envelope **“Price Bid for procurement of anesthesia drugs for OT services at AIIMS Mangalagiri”**. Both envelopes should be sealed in single cover.
- Quotations must be in the prescribed Proforma on the company letterhead duly signed by the Proprietor/ Partner/ Director.
- Rates must be quoted as per the format specified taxes should not be quoted and will be charged /paid on actuals.

- f) No overwriting or cutting is permitted. If found, the quotation shall be summarily rejected in case of any overwriting or cutting is found.
- g) If there is any discrepancy in figures, then rates quoted in words will be considered final.
- h) The rates quoted must be valid for 180 days minimum from the date of opening of the quotation and silence of any bidder/vendor on this issue shall be treated as agreed with this condition.
- i) RTGS/NEFT details need to be furnished by the bidder with quotation on the letterhead of supplier/firm/agency.
- j) 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.
- k) **The supplied medicines should have minimum 2/3<sup>rd</sup> self life remaining from date of supply to AIIMS Mangalagiri.**
- l) **The drugs/ medicines near to expiry ( 3 months from the expiry date) should be replaced by vendor at no extra cost.**
- m) **Delivery Period** – 15 days from issuing purchase order.
- n) E-way Bill: For any purchase order with the consignment of value Rupees Fifty thousand or more, E-way bill must be submitted.
- o) **Liquidated Damage:** - If the supplier fails to deliver the item(s) 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.
- p) **Payment Terms:** Payment will be made only after satisfactorily delivery, commissioning and inspection of item(s) by the AIIMS Mangalagiri.
- q) **Sample/Demonstration:** The bidder may be asked to demonstrate the material sample as and when required by the Institute for quality evaluation and all the expenses for demonstration will be borne by the bidder. Purchase will be done only after the approval of the quality of the product by the Competent Authority.
- r) **Disputes:** -In the event of any dispute or disagreement arising between the Supplier and any department of AIIMS Mangalagiri, the same shall be referred to the Director, AIIMS Mangalagiri whose decision will be final and binding upon the Supplier.
- s) AIIMS, Mangalagiri reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the AIIMS, Mangalagiri will be final in this regard.
- t) AIIMS, Mangalagiri reserves the right to reject any quotation in part or the whole during quotation inviting process without assigning any reason. Decision of the AIIMS, Mangalagiri will be final in this regard.
- u) All disputes shall be subject to Vijayawada/Guntur District Court Jurisdiction.

Sd/--

**AO (Procurement)**  
**For and on behalf of Director**

(To be submitted on Letter Head of the Firm)

**Annexure-I**

**Financial Bid (Price Quotation)**

NIQ for “Procurement of Anesthesia Drugs for OT services” at AIIMS Mangalagiri.

Quotation Reference No: -AIIMS/MG/Procurement/06/Medicines

Date...../...../2022

S.No	Name of Drug	Item Code/ HSN Code	Brand Name	Required Quantity	Price per unit in Rs.	Total price of Required Quantity (In ₹)
1	2	3	4	5	6	7=(6*5)
1.	INJ.ADENOSINE – 2ml ampoule			10 No.		
2.	INJ. ADRENALINE BITARTARATE – 1ml ampoule			100 No.		
3.	INJ. ATRACURIUM BESYLATE – 5ml ampoule			100 No.		
4.	INJ.ATROPINE SULPHATE – 1ml ampoule			150 No.		
5.	INJ.BUPIVACAINE HYDROCHLORIDE – 20ml vial			100 No.		
6.	INJ. BUPIVACAINE HYDROCHLORIDE IN DEXTROSE (HEAVY) – 4ml ampoule			100 No.		
7.	INJ.CALCIUM GLUCONATE – 10ml ampoule			50 No.		
8.	INJ.CLONIDINE HYDROCHLORIDE- 1ml ampoule			50 No.		
9.	INJ. ETOPHYLLINE & THEOPHYLLINE – 2ml ampoule			30 No.		
10.	INJ.DEXAMETHASONE SODIUM PHOSPHATE – 2ml vial			100 No.		
11.	INJ.DEXMEDETOMIDINE – 2ml ampoule			100 No.		
12.	INJ.DICLOFENAC SODIUM - 1ml ampoule			100 No.		
13.	INJ.DOBUTAMINE HYDROCHLORIDE – 5ml ampoule			10 No.		
14.	INJ.DOPAMINE HYDROCHLORIDE- 5ml ampoule			10 No.		
15.	INJ.ESMOLOL HYDROCHLORIDE – 10ml vial			30 No.		
16.	INJ.ETOMIDATE emulsion – 10ml ampoule			20 No.		

S.No	Name of Drug	Item Code/ HSN Code	Brand Name	Required Quantity	Price per unit in Rs.	Total price of Required Quantity (In ₹)
1	2	3	4	5	6	7=(6*5)
17.	INJ.GLYCOPYROLATE – 1ml ampoule			100 No.		
18.	INJ.HYROCORTISONE SODIUM SUCCINATE - vial			100 No.		
19.	INJ.KETAMINE HYDROCHLORIDE – 10 ml vial			30 No.		
20.	INJ.KETOROLAC TROMETHAMINE – 1ml ampoule			100 No.		
21.	INJ.LABETALOL HYDROCHLORIDE – 4ml ampoule			50 No.		
22.	INJ.LEVETIRACETAM – 5ml vial			20 No.		
23.	INJ.LIGNOCAINE HYDROCHLORIDE 2% - 30ml vial			50 No.		
24.	INJ.LIGNOCAINE HYDROCHLORIDE 2% - 50ml vial (Loxicard)			100 No.		
25.	INJ.LIGNOCAINE HYDROCHLORIDE 2% & ADRENALINE BITARTARATE (1:200000) - 30 ml vial			50 No.		
26.	INJ.MAGNESIUM SULPHATE 50% w/v – 2ml ampoule			100 No.		
27.	INJ.MANNITOL 20% w/v – 100ml vial			10 No.		
28.	INJ.MEPHENTERAMINE SULPHATE – 10ml vial			30 No.		
29.	INJ.METACLOPRAMIDE HYDROCHLORIDE – 2ml ampoule			50 No.		
30.	INJ.METHYLPREDNISOLONE SODIUM SUCCINATE - vial			10 No.		
31.	INJ.MIDAZOLAM – 5ml vial			50 No.		
32.	INJ.GLYCOPYROLATE + NEOSTIGMINE METHYLSULPHATE – 5ml ampoule			200 No.		
33.	INJ.NALBUPHINE HYDROCHLORIDE – 1ml ampoule			30 No.		
34.	INJ.NEOSTIGMINE METHYL SULPHATE – 1ml ampoule			50 No.		
35.	INJ.NITROGLYCERINE – 5ml ampoule			20 No.		
36.	INJ.NOR ADRENALINE BITARTARATE – 2ml ampoule			50 No.		

S.No	Name of Drug	Item Code/ HSN Code	Brand Name	Required Quantity	Price per unit in Rs.	Total price of Required Quantity (In ₹)
1	2	3	4	5	6	7=(6*5)
37.	INJ.ONDASETRON HYDROCHLORIDE – 2ml ampoule			200 No.		
38.	INJ.PANTOPRAZOLE SODIUM - vial			50 No.		
39.	INJ.PARACETAMOL - 100ml vial			200 No.		
40.	INJ.PHENYLEPHRINE HYDROCHLORIDE – 1ml ampoule			50 No.		
41.	00INJ.PROPOFOL – 10 ml vial			200 No.		
42.	INJ.PROPOFOL – 20 ml vial			100 No.		
43.	INJ.RANITIDINE HYDROCHLORIDE – 2ml ampoule			50 No.		
44.	INJ.ROCURONIUM BROMIDE – 5 ml vial			50 No.		
45.	INJ.ROPIVACAINE HYDROCHLORIDE – 0.75% - 20ml vial			50 No.		
46.	INJ.ROPIVACAINE HYDROCHLORIDE – 0.5% - 10ml ampoule			50 No.		
47.	INJ.SODIUM BICARBONATE 8.4% w/v – 10ml ampoule			50 No.		
48.	INJ.SUCCINYLCHOLINE CHLORIDE – 10ml vial			30 No.		
49.	INJ.THIOPENTONE SODIUM – vial			10 No.		
50.	INJ.TRAMADOL HYDROCHLORIDE – 1ml ampoule			50 No.		
51.	INJ.TRANEXAMIC ACID – 5ml ampoule			200 No.		
52.	INJ.VECURONIUM BROMIDE - Vial			30 No.		
53.	INJ.VECURONIUM BROMIDE - Ampoule			50 No.		
54.	RESPULES. SALBUTAMOL			20 No.		
55.	RESPULES. LEVOSALBUTAMOL & IPRATROPIUM BROMIDE			20 No.		
56.	INHALER. LEVOSALBUTAMOL & IPRATROPIUM BROMIDE			4 No.		
57.	INHALER. FORMOTEROL FUMARATE & BUDESONIDE			4 No.		

S.No	Name of Drug	Item Code/ HSN Code	Brand Name	Required Quantity	Price per unit in Rs.	Total price of Required Quantity (In ₹)
1	2	3	4	5	6	7=(6*5)
58.	INHALER. BUDESONIDE			4 No.		
59.	INHALER. SALBUTAMOL			4 No.		
60.	INJ. OXYTOCIN – 1ML AMPOULE			300 No.		
61.	INJ. METHYL ERGOMETRINE- 1ML AMPOULE			50 No.		
62.	INJ. CARBOPROST TROMETHAMINE – 1ML AMPOULE			50 No.		
63.	COLLOIDS- HYDROXY ETHYL STARCH – 500 ML BAG			30 No.		
64.	INJ. AMIODARONE – 3ml ampoule			20 No.		
65.	INJ. DITIAZEM HYDROCHLORIDE – 5ml vial			20 No.		
66.	INJ. METAPROLOL TARTARATE – 5ml ampoule			20 No.		
Total Price in Rs.						
Other Charges (if any)						
Grand Total in Rs.						

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

Name of the Firm .....

Authorized Signatory:

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

**NIQ for “Procurement of Anesthesia Drugs for OT services” at AIIMS Mangalagiri.**

**To**

**The Director,  
AIIMS Mangalagiri,  
Andhra Pradesh.**

**Sir,**

1. The undersigned hereby certifies 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 after submission date and time of the NIQ. The rates quoted by me/us are valid and binding on me/us for acceptance till 180 days after opening of bid.
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 at approved prices to AIIMS Mangalagiri during the period.
3. The Items 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) with regards to the quality and kind of items 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. I/We undertake to supply the Consumables/equipment/stores within 15days and if I/We fail to supply the order during the stipulated period, necessary action can be taken by the Director, AIIMS Mangalagiri, India; and 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 undertake that if the rates of any items are lowered due to any reason, I will charge the lower rates. 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.
8. 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.

9. 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.

10. I/We undertake that the items supplied are as per Demonstration/Catalogue/technical literature description submitted along with Technical Bid.

11. I/We declare that no legal/financial irregularities are pending against the proprietor/partner of the Supplier Agency or manufacturer.

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

**(Authorized Signatory)**

Place .....

**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

**PROFILE OF THE ORGANIZATION/COMPANY/FIRM**  
(To be given on Company Letter Head)

<b>FORM A: Particulars of the Firm/Company/Agency</b>		
1.	Name of the firm/Company/Agency	
2.	Type of Firm/Company (Individual/proprietary/partnership/ public/private/ limited/ if any specify)	
3.	Type of business (Manufacturer/ Authorized Agent/ Consulting company/ if any specify)	
4.	Website	
5.	Year of Establishment	
6.	Permanent Account No (PAN)	
7.	GST Registration Certificate No	
8.	Communication Address	
9.	Email ID	
10.	Telephone/Phone Number	
<b>Particulars of the firm representative</b>		
11.	Name of the contact person	
12.	Designation	
13.	Email ID	

14.	Mobile No.	
<b>FORM B: Particulars of Firm Bank Details</b>		
15.	Name of the account holder / Firm	
16.	Account Number	
17.	Name of the Bank & Branch	
18.	IFSC Code	
19.	MICR code	
20.	Type of account	
21.	Address	
*Please attach a Cancelled Cheque along with the account information form.		

I hereby declare that the particulars given above are correct and complete. If the transaction is delayed or not effected at all for reasons of incomplete or incorrect information I would not hold the user institution responsible. I have read the option invitation letter and agree to discharge responsibility expected or means a participant under the scheme.

**Certified that the particulars furnished above are correct as per our records.**

**Signature of the Authorized**

Date:

(Designation Office Seal of the Bidder)