



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/>

Date: 15/07/2022

NIQ No: **AIIMS/MG/Procurement/06/IPD Record Sheets**

Sub: - “NIQ for supply of IPD Record Sheets, Requisition forms and Registers” at AIIMS Mangalagiri.

**Notice Inviting Quotation**

On behalf of The Director, AIIMS Mangalagiri invites Quotations with price bid and other documents from eligible Manufacturers/ Firms/ Companies/ Authorized Agents/ Distributors/ Dealers/ Supplier Agencies for “Supply of IPD Record Sheets, Requisition forms and Registers” at AIIMS Mangalagiri, as per specified terms and conditions.

**1. Schedule of Requirement:-**

S.No	Description of items	Required Quantity	Sample and images
1.	Progress Notes (Each 100 sheets) with AIIMS Logo (2 Pages)	200 No.	As details given below
2.	Vitals Chart (Each 100 Sheets) with AIIMS Logo ( 2 pages)	100 No.	
3.	Medication Chart (Each 100 Sheets) with AIIMS Logo ( 2 pages)	200 No.	
4.	Nurses Notes (Each 100 Sheets) with AIIMS Logo ( 2 pages)	200 No.	
5.	Admission Notes (Each 100 Sheets) with AIIMS Logo ( 2 pages)	100 No.	
6.	X-ray Request Form (Each 100 Sheets) with AIIMS Logo.	100 No.	
7.	Intake Output Chart (Each 100 Sheets) with AIIMS Logo ( 2 pages)	150 No.	
8.	Investigation Sheet (Each 100 Sheets) with AIIMS Logo ( 2 pages)	100 No.	
9.	Diabetic Monitoring Chart (Each 100 Sheets) with AIIMS Logo ( 2 pages)	100 No.	
10	PAP Requisition forms (Pink) (100 pages)	12 No.	
11	Cytology Requisition forms (Green) (100 pages)	10 No.	
12	Fluid Cytology Requisition forms (Yellow) (100 pages)	8 No.	
13	Histopathology Requisition forms (100 pages)	10 No.	
14	FNAC Register (125 Pages)	5 No.	
15	Fluid Cytology Register (125 pages)	03 No.	
16	PAP Smear Register (125 Pages)	7 No.	
17	Histopathology Register (125 pages)	5 No.	

Samples to be provided along with the NIQ bid documents.

**2. Specifications & Images of IPD Record Sheets, Requisition forms and Registers:**

**Patient Progress Sheet (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI**



**अखिलभारतीयआयुर्विज्ञानसंस्थान, मंगलगिरी**


**PATIENT PROGRESS SHEET**

<b>NAME :</b>	<b>AGE /SEX:</b>	<b>IP NO :</b>
<b>WARD :</b>	<b>BED NO :</b>	<b>DATE :</b>
<b>DATE/ TIME</b>	<b>PROGRESS NOTES</b>	


**Patient Progress Sheet (Back Side)**

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**Vitals Chart (Front Side)**

<b>ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI</b>																		
		अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी																
		<b>VITALS CHART</b>																
NAME:			AGE/SEX:						IP NO:									
WARD:			DEPT:						BEDNO:									
DATE			TIME		2 6 10		2 6 10		2 6 10		2 6 10		2 6 10		2 6 10		2 6 10	
PULSE	TEMP		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM
210	°C	°F																
200	40.6	105																
190	40	104																
180	39.4	103																
170	38.9	102																
160	38.3	101																
150	37.8	100																
140	37.2	99																
130	36.7	98																
120	36.1	97																
110	35.6	96																
100	35	95																
90	RESP																	
		60																
80		50																
70		40																
60		30																
50		20																
40		10																
BLOOD PRESSURE (mm of Hg)																		
SPO2 (%)																		
PAINSCORE																		
STOOL																		
URINE																		
DAY	IVLINE																	
	NGTUBE																	
	FOLEYS																	
	DRAIN																	
	P-OP																	
OTHER S																		
WEIGHT(Kg)																		

**Vitals Chart (Back Side)**

<b>ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI</b>																	
		अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी															
		<b>VITALS CHART</b>															
NAME:				AGE/SEX:				IP NO:									
WARD:				DEPT:				BEDNO:									
DATE			TIME			2 6 10		2 6 10		2 6 10		2 6 10		2 6 10		2 6 10	
PULSE	TEMP		AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	AM	PM	
210	°C	°F															
200	40.6	105															
190	40	104															
180	39.4	103															
170	38.9	102															
160	38.3	101															
150	37.8	100															
140	37.2	99															
130	36.7	98															
120	36.1	97															
110	35.6	96															
100	35	95															
90	RESP																
	60																
80	50																
70	40																
60	30																
50	20																
40	10																
BLOOD PRESSURE (mm of Hg)																	
SPO2 (%)																	
PAINSCORE																	
STOOL																	
URINE																	
DAY	IVLINE																
	NGTUBE																
	FOLEYS																
	DRAIN																
	P-OP																
OTHER S																	
WEIGHT(Kg)																	





**Nursing Officer's Notes (Front Side)**



ALL INDIA INSTITUTE OF MEDICAL SCIENCE, MANGALAGIRI

अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी

**NURSING OFFICER'S NOTES**

NAME :		AGE / SEX:		IP NO:	
WARD:		DEPT:		BED NO:	
DATE/ TIME	NURSING OFFICER'S NOTES	DATE/ TIME	NURSING OFFICER'S NOTES		



**Nursing Officer's Notes (Back Side)**

DATE/ TIME	NURSING OFFICER'S NOTES	DATE/ TIME	NURSING OFFICER'S NOTES

**Admission Notes (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI**



**अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी**

**ADMISSION NOTES**

<b>NAME :</b>	<b>AGE /SEX:</b>	<b>IP NO :</b>
<b>WARD :</b>	<b>BED NO :</b>	<b>DATE :</b>
<b>DATE/ TIME</b>	<b>ADMISSION NOTES</b>	

**Admission Notes (Back Side)**

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**X-Ray Request Form (Only Front Side)**



**ALLINDIAINSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI**

**अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी**

**DEPARTMENT OF RADIO-DIAGNOSIS AND IMAGING-REQUISITION FORM**

Name.....Age/Sex.....Ref.Dept.....Date.....

IP NO.....IP(Bedno)/OP/Casualty.....LMP.....

**Brief Clinical History and Provisional Diagnosis:**

Any previous studies (please provide No. if available):

Blood Urea/Sr.Creatinine (for IV contrast study only):

Any H/o allergies/asthma/surgeries/implant (MR compatibility—yes/no):

**Examination Requested:**

EXAMINATION	PARTS WITH SPECIFICATIONS
X-ray	
Ultrasonography	
CT Scan (P/C/HR)*	
MRI (P/C)*	
Others	

\*P—Plain C- Contrast HR- High Resolution

**Consent:**

**Name & Signature of Ref. Physician/Date**

I hereby give consent for the performance of any diagnostic or therapeutic radiological procedure with or without the use of contrast injection and/or sedation. The associated complications and risk have been explained to me.

I give my consent to use all the clinical data & radiological images for research purpose if required, provided my identification not to be revealed.

**Name & Signature of Patient /Attendant/Date**

**Name & Signature of Radiographer/Date**

**Intake Output Chart (Front Side)**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI



अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी

**INTAKE OUTPUT CHART**

DATE:

NAME :		AGE / SEX:				IP NO:				
WARD:		DEPT:				BED NO:				
TIME	INTAKE						OUTPUT			
	ORAL		IV		OTHERS		URINE	NG ASPIRATION	DRAINAGE	OTHERS
	TYPE	QTY	TYPE	QTY	TYPE	QTY				
8 AM										
9 AM										
10 AM										
11 AM										
12 PM										
1 PM										
SUB TOTAL										
2 PM										
3 PM										
4 PM										
5 PM										
6 PM										
7 PM										
SUB TOTAL										
8 PM										
9 PM										
10 PM										
11 PM										
12 AM										
1 AM										
2 AM										
3 AM										
4 AM										
5 AM										
6 AM										
7 AM										
GRAND TOTAL										

TOTAL INTAKE :

TOTAL OUTPUT :

**Intake Output Chart (Back Side)**

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI



अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी

**INTAKE OUTPUT CHART**

**DATE:**

<b>NAME :</b>		<b>AGE / SEX:</b>				<b>IP NO:</b>				
<b>WARD:</b>		<b>DEPT:</b>				<b>BED NO:</b>				
TIME	INTAKE						OUTPUT			
	ORAL		IV		OTHERS		URINE	NG ASPIRATION	DRAINAGE	OTHERS
	TYPE	QTY	TYPE	QTY	TYPE	QTY				
8 AM										
9 AM										
10 AM										
11 AM										
12 PM										
1 PM										
SUB TOTAL										
2 PM										
3 PM										
4 PM										
5 PM										
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8 PM										
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10 PM										
11 PM										
12 AM										
1 AM										
2 AM										
3 AM										
4 AM										
5 AM										
6 AM										
7 AM										
GRAND TOTAL										

**TOTAL INTAKE :**

**TOTAL OUTPUT :**

**Investigation Sheet (Front Side)**



अखिल भारतीय आयुर्विज्ञान संस्थान, मंगलगिरी  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI  
అఖిల భారత వైద్య విజ్ఞాన సంస్థ, మంగళగిరి, ఆంధ్రప్రదేశ్

**INVESTIGATION SHEET**

NAME :	AGE / SEX:	IP NO:
WARD:	DEPT:	BED NO:
DATE		
<b>HAEMATOLOGY:</b>		
Hb%		
TLC		
DC		
Platelets		
PCV		
ESR		
Retic. Count		
RBC Count		
Peripheral Smear		
BT		
CT		
PT/INR		
aPTT		
Hb-electrophoresis		
<b>SUGARS:</b>		
RBS		
FBS		
PPBS		
HbA1c		
<b>TFT:</b>		
T3		
T4		
TSH		
<b>RFT:</b>		
Blood Urea		
S. Creatinine		
S. Na+		
S. K+		
S. Cl-		
S. Ca++		
S. Mg++		
S. Po4-		
<b>LFT:</b>		
Total Protein		
Albumin		
Globulin		
A:G Ratio		
T. Bilirubin		
D. Bilirubin		
I. Bilirubin		
SGOT		









**PAP REQUISITION FORM (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI - 522503.**

**DEPARTMENT OF PATHOLOGY**

**PAP REQUISITION FORM**

<b>Name :</b>		<b>Pt ID :</b>		<b>Lab No/Yr :</b>	
<b>Address :</b>		<b>Age/ Sex :</b>		<b>Date :</b>	
<b>Referring Dr:</b>		<b>Department :</b>		<b>OPD/IPD (Ward/Bed No):</b>	

Dt of Procedure (DD/MM/YY): .....

Per Vaginal Findings: .....

LMP (DD/MM/YY): .....

Parity: .....

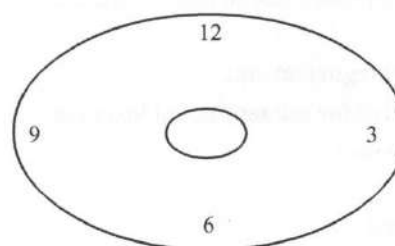
Conventional / LBC

Total Slides Submitted: .....

Status: New / Follow up

Site of PAP smear: Cervix / Vault

Previous Operation if any:



**Complaints:**

- None
- Vaginal Discharge
- Irregular Bleeding
- Post Coital Bleeding
- Menorrhagia
- Post-Menopausal Bleeding
- Others  
(Specify).....

**Colposcopy findings:**

- Not Done
- Normal
- Immature Metaplasia
- Wart
- Low-Grade Lesion
- High-Grade Lesion
- Invasive Carcinoma
- Unsatisfactory
- Others (Specify)

**Contraception:**

- None
- Barrier
- Hormonal
- IUCD
- Tubal
- Others.....

**Previous Biopsy / Cytology Report If Any:**

.....

**Per Speculum Findings:**

- Cervix Normal,
- Erosion,
- Bleeds on Touch,
- Suspicious .....

**Ancillary tests: HPV**

**Clinical Diagnosis:**

**VIA: Positive / Negative / Not Done**

**VILI: Positive / Negative / Not Done**

**Date:**

**Signature:**

**Note: Incomplete forms are liable to be rejected. Tick as applicable.**

**PAP REQUISITION FORM (Back Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI - 522503.**  
**DEPARTMENT OF PATHOLOGY (Lab No / Year- )**

THE 2014 BETHESDA SYSTEM FOR REPORTING CERVICAL CYTOLOGY

**A. Type of sample:**

- Conventional
- Vault smear
- Liquid-based cytology

**B. Specimen adequacy:**

- Satisfactory - Tz\_\_ & Endo \_\_\_\_\_
- Satisfactory but limited
- Unsatisfactory due to .....

**C. General categorization:**

- Negative for intraepithelial lesion or malignancy

**D. Organisms:**

- Bacterial Vaginosis
- Candida / Fungal
- Trichomonas Vaginalis
- Actinomycosis
- Herpes Simplex Virus
- Human Papilloma Virus
- CMV
- Others .....

**E. Non - neoplastic findings:**

Reactive cellular changes associated with-

- Inflammation Repair
- Radiation IUCD
- Atrophy
- Others .....

**F. Endometrial cells are seen:**

- Consistent with a day ..... of LMP
- > 40 years of age
- Not applicable

**G. Squamous cell abnormality:**

- ASC - US
- ASC - H
- LSIL (Mild dysplasia / CIN -1 HPV changes)
- HSIL (Moderate dysplasia / CIN II & Severe dysplasia / CIN III)
- SSC

**H. Glandular cell abnormality:**

- AGC: .....
- AGC favor neoplastic: .....
- Adenocarcinoma in situ
- Adenocarcinoma

**I. Other malignant neoplasms (pls specify)**

**J. Microscopic findings (if any):**

Interpretation / Result: .....

Advice: .....

SR/JR ..... Date..... Cytopathologist .....

**CYTOLOGY REQUISITION FORM (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI - 522503.  
DEPARTMENT OF PATHOLOGY**

**CYTOLOGY REQUISITION FORM**

Name :		Pt ID :		Lab No/Yr:	
Address :		Age/ Sex :		Date :	
Referring Dr:		Department :		OPD/IPD (Ward/Bed No) :	

**Clinical History:**

**Site of FNA:**

**Radiological Findings:**

**Provisional Diagnosis:**

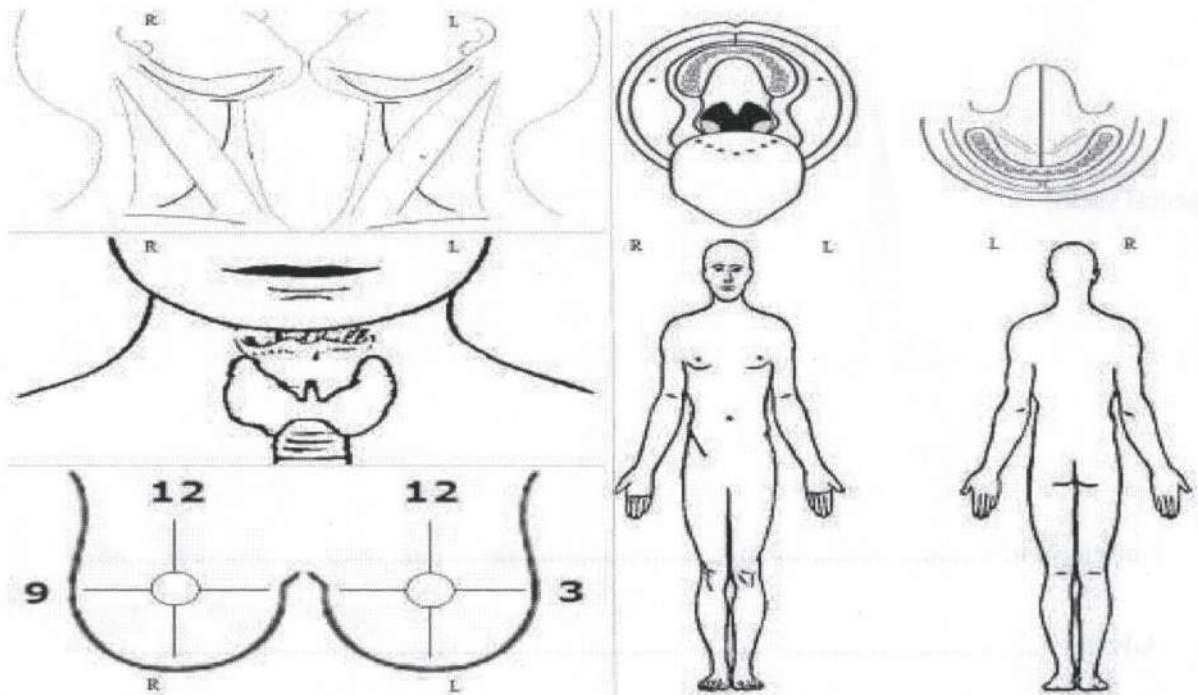
**Previous Cytology / Biopsy No (if any):**

.....  
**For Cytology lab use only**

**Site of FNA:**

**Laterality:**

**Nature of aspirate:**



**1<sup>st</sup> Pass → G: P: ZN:**

**2<sup>nd</sup> Pass → G: P: ZN:**



**FLUID CYTOLOGY REQUISITION FORM (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI - 522503.**

**DEPARTMENT OF PATHOLOGY**

**FLUID CYTOLOGY REQUISITION FORM**

<b>Name:</b>		<b>Pt ID :</b>		<b>Lab No/Yr:</b>	
<b>Address :</b>		<b>Age/ Sex :</b>		<b>Date :</b>	
<b>Referring Dr:</b>		<b>Department :</b>		<b>OPD/IPD/ Ward/Bed No</b>	

**Clinical History -**

- TB
- Infection
- H/o Malignancy
- H/o Treatment
- Occupation.....
- .....

**Clinical symptoms & duration-**

**Habits-**

- Smoking / Alcohol
- Nil
- .....

**Site:**

- Gynecologic specimens-**
  - LBC PAP
- Non - Gynecologic specimens -**
  - Ascitic fluid
  - BAL
  - Bladder washings
  - Breast smears (nipple discharge)
  - Sputum
  - Pleural fluid
  - Pleural washing
  - Peritoneal fluid / Washing
  - Pericardial fluid / Washing
  - Fine needle aspirates
    - Breast
    - Thyroid
    - Salivary gland
    - Lymph node
  - Synovial fluid
  - Urine - Day 1 / 2 / 3
  - .....

**Anticoagulant used:** Heparin / Citrate / EDTA/  
1% Ammonium oxalate.

**Temperature:** Room temp / Refrigerated

**Tumor marker -**

**Endoscopy findings-**

- G I Endoscopy -
- Bronchoscopy -
- Cystoscopy -
- Laparoscopy -
- Colonoscopy -
- .....

**Radiological Findings-**

- Degree of effusion - Mild / Moderate / Severe
- Mass: Present / Absent
- Site of mass -
- Size of mass -
- Lymph node
- Metastasis to .....

**Previous Cytology / Biopsy No. (if any)-**

**Provisional diagnosis -**

**Signature of Dr**

<b>Lab Use</b>	<b>Date</b>	<b>Time</b>
Collection		
Receiving		
Processing		

**FLUID CYTOLOGY REQUISITION FORM (Back Side)**

**Lab No/Yr:**

**Sample details:**

- Quantity:
- Colour:
- Consistency:
- Clotting: Yes / No
- Sample temp: Room temp / Refrigerated
- Processing: Conventional / LBC
- Number of smears:
  - PAP ..... Giemsa .....

**Fluid cytology report:**

- Unsatisfactory
- Satisfactory
- Satisfactory but limited

**Microscopic description:**

**Cell Counts:**

- TLC..... cells/mm<sup>3</sup>
- DC: N..... L..... E..... M.....

**Cytological interpretation:**

Cells	Few	Many
● Squamous cells		
● Bronchial Cells		
● Goblet cells		
● Monocyte / Macrophages		
● Neutrophils		
● Lymphocytes		
● RBCs		
● Glandular cells		
● Urothelial cells		
● Ductal epithelial cells		
Stromal cells		
Bacteria		
⊘ Fungi		
Viral cytopathy		

**Diagnosis:**

- Negative for malignancy
  - Inflammation
  - Infection
  - T/t induced changes
  - \_\_\_\_\_
- Reactive
  - Reactive squamous / Glandular cells
  - Reactive lymphoid cells
  - \_\_\_\_\_
- Atypical NOS
- Atypical, suspect malignancy Positive for malignancy (type)

**Provisional report –**

**Ancillary test -** Cell block / Immunocytochemistry / Immunohistochemistry / Special stain

**Final report -**

**Advice:**

SR/JR

**Cytopathologist**



**HISTOPATHOLOGY REQUISITION FORM (Front Side)**

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES, MANGALAGIRI - 522503.**

**DEPARTMENT OF PATHOLOGY**

**HISTOPATHOLOGY REQUISITION FORM**

<b>Name :</b>		<b>Pt ID :</b>		<b>Lab No/Yr :</b>	
<b>Address :</b>		<b>Age/ Sex :</b>		<b>Date :</b>	
<b>Referring Dr:</b> <i>Name &amp; Contact no.</i>		<b>Department :</b>		<b>OPD/IPD</b> <b>(Ward/Bed No) :</b>	

**Clinical History:**

**Radiological Findings:**

**Operative Procedure:**

**Site of Biopsy:**

**Specimen type:**

**Other Investigations:**

**Provisional Diagnosis:**

**Previous Cytology / Biopsy No (if any)/ Frozen No.**

**Signature of Doctor**

.....  
**For use in the Department of Pathology**

**Name and contact number  
of the person submitting**

**Name of lab attendant  
Date & Time**

**Incomplete requisition forms are likely to be rejected**

*Tissue after removal should be transferred to 10% Neutral buffered formalin (NBF) immediately. The ratio of tissue to formalin should be 1:15 for proper fixation in a wide mouth container. 10% NBF Monosodium dihydrogen phosphate (4gm) + Disodium monohydrate phosphate (6.5gm) + 40% formalin (100ml) + Tap water (900ml).*

*Patient samples **in toto** should be submitted to the lab at AIIMS, Mangalagiri.*

*Sample requiring any special investigation should be clearly informed to a lab.*

*Contact the Department of Pathology, AIIMS, Mangalagiri for any queries or discrepancies in reports.*

**HISTOPATHOLOGY REQUISITION FORM (Back Side)**

**HISTOPATHOLOGY FORM**

**(Lab No./ Yr:        )**

<b>Date of Receiving:</b>	<b>Date of Grossing:</b>	<b>No of Specimens Received:</b>	<b>Museum/ Teaching:</b>
<b>No of Blocks:</b>	<b>Any Frozen No.</b>	<b>Instructions and Movement:</b>	
<b>Grossed by:</b>	<b>NTL: Y/N</b>	<b>Date of Discard: Signature:</b>	





**PAP Smear Register**

PAPSMEAR									
LABNo	C.R No	RECEIVED DATE	NAME	AGE/SEX	No.Of SMEARS	FINAL DIAGNOSIS	REPORTED BY	REPORTING DATE	REMARKS

## Histopathology Register

HISTOPATHOLOGY											
LABNo	C.R No	RECEIVED DATE	NAME	AGE/SEX	TISSUE TYPE	NO.OFCO NTAINERS	PE/AE	FINALDIAG NOSIS	REPORTED BY	REPORTED DATE	REMARKS

### **3. Technical Bid Documents:-**

All the documents mentioned below are mandatory and are to be placed in the Technical Bid Envelope. They should be duly signed and pages numbered.

- a) **Undertaking for acceptance of Terms & Conditions of AIIMS Mangalagiri** against the NIQ should be printed on the Official Letter Head of participating Bidder Company, duly signed and Stamped and accompanied with Technical Bid Document as per **Format given at Annexure-II**.
- b) **Authorization Certificate:** The name and address with the complete email ID and the validity period of the Authorization Certificate, if any, needs to be mentioned.
- c) **Delivery period:** Delivery period of the items shall be **21 days** from the issue of supply order. The period of delivery has to be strictly followed by the Supplier Agency as communicated through Purchase/Supply Order.
- d) **Penalty:** Penalty @ **0.50% per week** will levied for late delivery on supply order value of the item and will be deducted from the payment Bill. The maximum penalty will be **10 %** of total value against any of Purchase/Supply Order total value.

### **4. Financial Bid Documents:-**

- a) **Price Basics:** Unit base price should be inclusive of GST and all applicable expenses up to F.O.R (Freight on road) at AIIMS Mangalagiri.
- b) **Price Validity:** The quoted prices should remain valid for a period of **180 days** from date opening of NIQ.
- c) **Price Quotation Format:** Price should be quoted in the “Financial Bid” **format given at Annexure-I** strictly by the vendor.
5. The outer envelope superscripted as “**Supply of IPD Record Sheets, Requisition forms and Registers**” at **AIIMS Mangalagiri**, in sealed condition for the supply of item/items detailed in the Schedule of Requirement. All quotations should be type written or written with indelible ink, duly signed, stamped and pages numbered. Over written and erased entries will not be considered and treated as deleted entries.
6. The duly sealed and super scribed Quotations should reach **Procurement Cell, Admin Building, 2<sup>nd</sup> Floor, Room No. 236, AIIMS Mangalagiri, Guntur-522503** by 15:00 hrs on **25 / 07 / 2022**.

Sd/-

Asst F I/c (Procurement)  
For and on behalf of Director  
AIIMS, Mangalagiri

**Annexure-I****Financial Bid (Price Quotation)**

(Strictly in the format given below in a sealed Envelope to be typed in the Letter head of the Supplier Agency and superscripted at “Financial Bid”)

“NIQ for supply of IPD Record Sheets, Requisition forms and Registers” at AIIMS Mangalagiri.

Quotation Reference No: - AIIMS/MG/Procurement/06/IPD Record Sheets.

Dated: ...../...../2022

S. No	Description of Item with its required Technical Specifications	Required Quantity	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=(3x6)
1.	<b>Progress Notes (Each 100 sheets) with AIIMS Logo (2 Pages Front side and Back Side)</b> (Sample & Image are mentioned at page no.2 & 3)	200 No.				
2.	<b>Vitals Chart (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & image are mentioned at page no.4 and 5)	100 No.				
3.	<b>Medication Chart (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.6 and 7)	200 No.				
4.	<b>Nurses Notes (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.8 and 9)	200 No.				
5.	<b>Admission Notes (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.10 & 11)	100 No.				
6.	<b>X-ray Request Form (Each 100 Sheets) with AIIMS Logo</b> ( Sample & Images are mentioned at page no.12)	100 No.				
7.	<b>Intake Output Chart (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.13 & 14)	150 No.				
8.	<b>Investigation Sheet (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no. 15 & 16)	100 No.				
9.	<b>Diabetic Monitoring Chart (Each 100 Sheets) with AIIMS Logo (2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.17 & 18)	100 No.				
10.	<b>PAP Requisition forms (Pink) (100 pages)(2 Pages Front side and Back side)</b> (Sample & Images are mentioned at page no.19 & 20)	12 No.				
11.	<b>Cytology Requisition forms (Green) (100 pages))(2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.21 & 22)	10 No.				
12.	<b>Fluid Cytology Requisition forms (Yellow) (100 pages)(2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.23 & 24)	8 No.				
13.	<b>Histopathology Requisition forms (100 pages)(2 Pages Front side and Back side)</b> ( Sample & Images are mentioned at page no.25 & 26)	10 No.				



S. No	Description of Item with its required Technical Specifications	Required Quantity	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=(3x6)
14.	<b>FNAC Register (125 Pages)</b> ( Sample & Images are mentioned at page no.27)	5 No.				
15.	<b>Fluid Cytology Register (125 pages)</b> ( Sample & Images are mentioned at page no.28)	3 No.				
16.	<b>PAP Smear Register (125 Pages)</b> ( Sample & Images are mentioned at page no.29)	7 No.				
17.	<b>Histopathology Register (125 pages)</b> ( Sample & Images are mentioned at page no.30)	5 No.				
<b>Total Price in Rs.</b>						
<b>Other Charges (if any) in Rs.</b>						
<b>Grand Total in Rs.</b>						

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

Name of the Firm

.....

Address of the firm

.....

GST No.....

Contact Details: Cell No. ....

Email Id: .....

Authorized Signatory:

.....

**Annexure-II**

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

“NIQ for supply of IPD Record Sheets, Requisition forms and Registers” 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 21 days 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 .....