



Date: **03/10/2022**

NIQ No: AIIMS/MG/Procurement/06/Bath Tub

Sub: - “NIQ for Supply of Sitz Bath Tub” at AIIMS Mangalagiri.

**Notice Inviting Quotations**

On behalf of The Director, AIIMS Mangalagiri Quotations are invited with price bid and other documents from eligible Manufacturers/ Firms/ Companies/ Authorized Agents/ Distributors/ Dealers/ Supplier Agencies for “Supply of Sitz Bath Tub” at AIIMS Mangalagiri, as per specified terms and conditions.

**I. Schedule of Requirement:-**

S.No	Description of items	Required Quantity	Specifications
1.	Sitz Bath Tub	5 No	As details below

**II. Specifications of Sitz Bath Tub:**

- Type of Tub: Sitting Type.
- Elongated circular shape for comfortable sitting .
- Material: High Strength FRP Material.
- Provision of vertical stiffeners around the body
- Easy portable.
- Dimensions (  $\pm 5\%$  ) : 92 cm(H) x 75 cm (top dia) x 46 cm.

**Image of Sitz Bath Tub:**



**III. 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) The firm should provide an undertaking for acceptance of Terms & Conditions of AIIMS Mangalagiri against the NIQ. It should be printed on the Letter Head of participating Bidder Company, duly signed and accompanied with Technical Bid Document as per Format given at Annexure-II.

**b) 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 be enclosed with the Technical Bid.

**c) Purchase Order / RC Copy from INI** such as AIIMS Delhi, PGI Chandigarh, JIPMER, SGPGIMS, RML, State Government and Prominent Private Organizations, for the rate reasonability for the earlier supplied items, in the last financial years, if any.

**d) Delivery period:** Delivery period of the items shall be **21 days** from the issue of supply order. The period of delivery as communicated through purchase/Supply order has to be strictly followed by the Supplier.

**e) 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.

**f) Warranty Period:** Should be clearly mentioned in the quotation as per the OEM or company norms.

#### **IV. 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 of opening of NIQ.

**c) Price Quotation Format:** Price should be quoted in the “Financial Bid” **format given at Annexure-I strictly** by the vendor and cannot exceed Rs.2.5 Lakhs.

**V.** The outer envelope should be super scripted as “**Supply of Sitz Bath Tub**” at **AIIMS Mangalagiri**, and provided 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.

**VI.** The duly sealed and super scribed Quotations should reach **Procurement Cell, Admin & Library Building, 2<sup>nd</sup> Floor, Room no. 236, AIIMS Mangalagiri, Guntur-522503 by 15 :00 hrs on 13 / 10 / 2022**

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

**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 super scripted at “Financial Bid”)

“NIQ for supply of Sitz Bath Tub” at AIIMS Mangalagiri.

Quotation Reference No: - AIIMS/MG/Procurement/06/Bath Tub

Dated: / /2022

S. No	Description of Item with its required Technical Specifications	Required Quantity	Brand/Cat No./HSN Code	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=(3×7)
1	<b>Sitz Bath Tub</b> (Specifications & Image are mentioned at page No.1)	5 No.					
<b>Total Price in Rs.</b>							

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

Name of the Firm

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Address of the firm

.....

GST No.....

Contact Details: Cell No. ....

Email Id: .....

Authorized Signatory:

.....

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

**“NIQ for Supply of Sitz Bath Tub” 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 .....

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 .....