

Cost of Tender Form-Rs 50/- (by hand)
Cost of Tender Form-Rs 150/- (by post/courier)
For Govt. Organization / Undertaking free of Cost

M.P. STATE AIDS CONTROL SOCIETY
1, Arera Hills, IInd Floor Oilfed Building, Bhopal
Phone No. 0755- 2570435, 2570424, 2577628 Fax : 2556619

INVITATION FOR QUOTATIONS FOR SUPPLY OF
GOODS UNDER SHOPPING PROCEDURES (RETENDER)

No. F/27-388/PROC/AIDS/2010/788

Bhopal, Dated 15.02.2010

To

Dear Sir/Madam,

Sub : INVITATION FOR QUOTATIONS FOR SUPPLY & COMPRESSIVE ANNUAL MAINTENANCE CONTRACT OF STERILE CONNECTING DEVICE FOR BLOOD BANK (BCSU).

1. You are invited to submit your most competitive quotation for the following goods :-

Sl. No.	Brief Description of the Goods	Brief Specifications	Qty	EMD (In Rs.)	Delivery period	Place of Delivery
1	2	3	4	5	6	7
1	Sterile Connecting Device	As per attached specifications– Annexure-A	01	2000.00	15 days	M.P. State AIDS Control Society Bhopal

2. Government of India has received a credit from the International Development Association (IDA) and a Grant from the Department for International Development (DFID) in various currencies towards the cost of the Project and intends to apply a part of the proceeds of this credit to eligible payments under the contract for which this invitation for quotations is issued.

3. BID PRICE

- The contract shall be for the full quantity as described above. Corrections, if any, shall be made by crossing out, initialing dating and rewriting.
- All duties, taxes and other levies payable by the contractor under the contract shall be included in the total price.
- The rates quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
- The prices shall be quoted in Indian Rupees only.

4. Each bidder shall submit only one quotation.

5. VALIDITY OF QUOTATION

Quotation shall remain valid for a period of 90 days after the deadline date specified for submission.

6 EVALUATION OF QUOTATION

The purchaser shall evaluate and compare the quotations determined to be substantially responsive i.e. which

- a. are properly signed; and**
- b. Confirm to the terms and conditions and specifications.**

The quotations would be evaluated separately for each item.

7. AWARD OF CONTRACT

The purchaser will award the contract to the bidder whose quotation has been determined to be **substantially responsive and who has offered the lowest evaluated quotation price.**

7.1 Notwithstanding the above, the purchaser reserves the right to accept or reject any quotation and to cancel the bidding process and reject all quotations at any time prior to the award of the contract.

7.2 The bidder whose bid is accepted will be notified of the award of the contract by the Purchaser prior to the expiration of the quotation validity period. The terms of the accepted offer shall be incorporated in the purchase order.

8 One year site Guarantee shall be applicable to the supplied goods.

9 Quantity of Contract awarded may be increased or decreased.

10 You have to follow all instruction & decision of Project Director, MPSACS, Bhopal.

Other Terms and Conditions :

EARNEST MONEY:

1. Each bidder is required to furnish an Earnest Money Deposit of Rs 2000/- (Rs Two Thousand Only) through crossed demand draft of a Nationalised or Scheduled Bank in favour of Project Director, M.P. State AIDS Control Society, Bhopal payable at Bhopal which is issued on/after publication of this tender. Tenders not accompanied by E. M .D will not be considered. Govt. Dept./ Govt. Body are not required to submit EMD.

2. The EMD shall be forfeited in the event of withdrawal of the tender with in the original validity.

3. Any delay in supply of medical equipment/ goods for more than 30 days from date of issue of supply order, the order can be cancelled by Project Director, MPSACS, in such condition EMD may be forfeited.

4. The successful Bidders' EMD will be released after the supplying the goods & submitting the performance security

5. Govt. Organisation/Dept. need not submit EMD with their proposal.

Performance Security of Equipment:

The successful Bidders' will have to submit performance security for regular and proper working of said goods (in prescribed perfoma) in the form of Bank Guarantee/any other specified instrument, which is equivalent to 10% of the contract price. (valid till 28 days after the date of expiry of defect liability period or the guarantee/warranty period and four year CMC period as the case may be).

Important:

1. The Supplier should be a manufacturer or authorised dealer of manufacturer (Valid Original or Noterize Certificate/ Attested Document should be enclosed with Quotation).
2. ISI/ISO Certification marked goods.
3. Technical Literature: The firm shall positively submit illustrated technical literature/ leaflet indicating the model quoted by them. If quoted model is a modified version of their and standard model that should also be indicated in the offer.
4. Technical Specification of the equipment as per annexure-A.

Regarding Comprehensive Annual Maintenance Contract:

- a. Servicer Engineer shall compulsorily visit and take satisfactory report from incharge officer, in every six Month, who will inspect and service the equipment at the place where it is installed.
- b. To attend all break down calls as and when required during the Comprehnsvie Annual Maintenance Contract for extra visit no charge shall be paid.
- c. Any certificate like Duty Exemption or any other document required for clearance from Custom if required shall be arranged by tenderer.
- d. All electrical parts and mechanical parts including most costly parts are covered under the contract.
- e. All consumables like Battery, etc. shall be supplied at No Extra charge.
- f. All Equipments/ Goods should be used at various places of Madhya Pradesh, successful bidder will have to give all services/ gurantee including 4 year CMC (Including all part and services) after **Guarantee** period at their installed places.
- g. Proposal should be only for the on site Comprehensive Annual Maintenance Contract including all parts of the equipment.
- h. **Conditional proposal for the CMC of said equipment will not be considered, If conditional proposal given by the tenderer, such whole proposal will not be considered and their Earnest Money will be forfeited by the M.P. State AIDS Control Society.**
- i. Complaints for breakdown of equipment communicated by Phone, Fax or in Writing should be attended.

Payment:

- 1- Payment (Only Equipment Cost including tax if any) shall be made after delivery and verification of the goods and after the submitting of performance security.
- 2- CMC Charges shall be paid after the successful completion of annual CMC of after producing the bill along with satisfactory service report (All) of concerned Blood Bank Officer on annual basis. Payment of CMC Charges will be made after the completion of first year CMC period 10 % of the total CMC charges will be paid, after the completion of second year of CMC period 20% of the total CMC charges will be paid , after the completion of third year of CMC period 30% of the total CMC charges will be paid, after the completion of fourth year of CMC period 40% of the total CMC charges will be paid.

Liquidated Damages:

For Equipment Supply: If supplier makes any delay in supply of equipment/goods/ items, the Liquidated Damages (L.D.) for delay in completion will be 0.1% (Zero point One percent) per Day of value of delayed goods.

For CMC: If repair work remain unattended for 96 hours, a penalty of the Liquidated Damages (L. D.) for delay in completion, **0.1% (Zero point one percent) per day.** If repair works remain unattended for 15 days, any action (like cancellation of the order, forfeited the EMD and/or any other punishment) may be taken by Project Director, MPSACS, Bhopal.

General Information:

1. Arithmetical errors will be rectified on the following basis - (A) If there is a discrepancy between the unit price and the total price, that is obtained by multiplying the unit price and quantity, the unit price shall prevail and the total price shall be corrected. (B) If there is a discrepancy between words and figures, the amount in words will prevail.
2. The price should be quoted F.O.R. destination. No additional amount will be paid.
3. If defect of any kind or deviations from specifications in items are detected and reported to the supplier, he should effect the replacement or rectify the defects free of charge within 15 days from the date of report, failing which the item will not be accepted and will be returned to the supplier at his own cost and risk and the entire earnest money will be forfeited.
4. The Supplier shall provide such packing of the medical equipment/ goods as is required to prevent their damage or deterioration during transit to their final destination as indicated in the Contract. The packing shall be sufficient to withstand, without limitation, rough handling during transit and exposure to extreme temperatures, salt and precipitation during transit and open storage. Packing case size and weights shall take into consideration, where appropriate, the remoteness of the Goods final destination and the absence of heavy handling facilities at all points in transit. The packing, marking and documentation within and outside the packages shall comply strictly with such special requirements as shall be provided for in the Contract including additional requirements, if any subsequent instructions ordered by the Purchaser.
5. You have to demonstrate the same equipment as desired by MPSACS after submission the quotation.
6. Any dispute arising out of this tender, shall be subject to the jurisdiction of court in Bhopal (Madhya Pradesh).
7. Project Director has right to cancelled the Quotation &/ give relaxation to any condition.
8. A pre bid Conference for tenderer shall be on 23.02.2010 at 11:30 am. You may take any clarification regarding the same. Firm who already submit their proposal earlier vide tender no 169dt 14/01/2010 need not submit the proposal for same. They can change their proposal in due time
9. You are requested to provide your sealed offer latest by 15.00 hrs. on 03.03.2010 On the top of the envelop please clearly mention the Quotation No. & Quotation for Plasma Thawing Bath.

Bid Opening Date & Time:

1. Quotations will be opened in the presence of the Bidders or their representatives who choose to attend at 15.30 hours on 03.03.2010 in the office of the M.P. State AIDS Control Society, 1, Arera Hills, 2nd Floor, Oilfed Building, Hoshangabad Road, Bhopal – 462011.
2. If tenderer take printout of application and tender form from the website www.mpsacsb.org he has to submit Rs. 50.00 (Rupees Fifty only) Demand Draft in favour of Project Director, Madhya Pradesh State AIDS Control Society, Bhopal for the cost of tender document.
3. If there is any correction/ amendment in above condition/s it will be mentioned on web site (www.mpsacsb.org)/ Notice Board of this office. Please check the same just one day before of the last submission date and give your proposal accordingly.
4. We look forward to receiving your Signed quotations and thank you for your interest in the project.

Joint Director (Finance)
For Project Director
 M.P. State AIDS Control Society,
 1, Arera Hills, 2nd Floor, Oilfed Building,
 Hoshangabad Road, Bhopal – 462011

I read and understand all the terms and conditions mentioned above. I/We are agreed for all the conditions

Signature of the authorized person:

.....
 Name of the person:
 Name of the firm :
 :.....
 Date :

**SPECIFICATION OF THE EQUIPMENT
Sterile Connecting Devise**

SN	Prescribed Specification	Your Specification (Kindly filled the details of your specification)	If your Specification is other than Prescribed Specification Kindly Mention Whether it is less or Higher Than Prescribed Specification
	Make :		
	Model No. (If any) :		
	Sterile Connecting Devise		
1	Compatible with all standard tubing of Blood Bags		
2	Should be possible to weld external diameter 3.9 to 4.5 mms. and internal diameter of 2.9 to 3.1 mms.		
3	Sensor controlled temperature welding.		
4	To be operational on 220 to 240 V at 50 Hz.		

FORMAT OF QUOTATION
Sterile Connecting Devise

Sl. No.	Description Goods	Qty.	Make	Model	Quoted Unit Rate in Rs.	Total Amount for Qty (column 3)	
						In Figures	In Words
1	2	3	4	5	6	7	8
1	Sterile Connecting Devise as per specification of annexure-A	01					
	Taxes (If any)						
	CMC after Guaranty period of one year (Total for next 4 years)	01					
	Taxes (If any)						

We are agree to supply the above goods in accordance with the technical specifications within the period specified in the Invitation for Quotations.

We also confirm that the normal commercial guarantee of 12 months shall apply to the offered goods.

I read and understand all the terms and conditions mentioned in your Letter No. F/27-388 /PROC/AIDS/2010/788, Bhopal dated 15.02.2010, I/We are agreed for all the conditions.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery.

PAN NO/ST. No.....

Signature of the authorized person :

.....

Name of the person:

Name of the firm :

.....

Date :

Address :

:

:

Phone No.:

Mob. No. :

Annexure –C

दस्तावेजों की सूची जिसे आपको पूर्ण जानकारी अंकित करते हुए अनिवार्यतः संलग्न करना है।
संलग्न किए जाने वाले प्रत्येक संलग्नक पर निविदाकर्ता के हस्ताक्षर होना अनिवार्य है।

क्र.	दस्तावेजों की सूची	विवरण
1.	यदि आपने वेबसाईट के माध्यम से डाउनलोड कर निविदा प्रपत्र का उपयोग किया है तो निविदा प्रपत्र का मूल्य राशि रुपये 50/- के बैंक ड्राफ्ट/बैंकर्स चैक का विवरण
2.	धरोहर राशि रुपये.....	ड्राफ्ट का विवरण
3	कार्यालय द्वारा जारी संपूर्ण निविदाप्रपत्र जिसके प्रत्येक पृष्ठ पर निविदाकर्ता के सहमति के रूप में हस्ताक्षर होना अनिवार्य है	
4	आपके द्वारा प्रदाय सामग्री के निर्माता अथवा निर्माता के इस हेतु अधिकृत होने का वैध प्रमाण पत्र	प्रमाण पत्र का विवरण
5	फर्म के मालिक/पार्टनर की जानकारी इस संबंध में प्रमाण पत्र की छायाप्रति प्रस्तुत की जावे।	विवरण
6	विक्रय कर संख्या (प्रमाण पत्र की छायाप्रति)	विवरण.....
7	पूर्व में यदि आपके द्वारा प्रस्तावित उपकरण किसी अन्य चिकित्सालय/संस्थान को प्रदाय किए गए हो तो उसका विवरण देवे:-	
	संस्थान/चिकित्सालय का नाम एवं पता	संबंधित प्रभारी का नाम एवं मोबाईल/दूरभाष क्र. (एसटीडी कोड सहित)

PAN NO.....

Name of the Firm:.....

Signature of Supplier :

Name :

Date :

Address :

:

:

Phone No.:

Mob. No. :