

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

No. F/27-738/PROC/AIDS/2012/3792

Bhopal, Dated 26.11.2012

To

Dear Sir/Madam,

Sub : INVITATION FOR QUOTATIONS FOR SUPPLY OF CONSUMABLES FOR
SURVILLANCE (PAIR OF GLOVES, PARAFILM, MICRO PIPETTE TIPS).

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

Sl. No.	Brief Description of the Goods	Brief Specifications	Qty.	Delivery Period	EMD (In Rs.)	Place of Delivery
1	Pair of Gloves	Disposable Surgical Latex Gloves Size No:7,: Smooth & ISI Mark	21150	15 Days	5500.00	Store Section, M.P. State AIDS Control Society, IInd Floor, Oilfed Building, 1 Arera Hills , Bhopal (M.P.)
2	Parafilm	4" x 125 Meters	6			
3	Micro Pipette Tips	Yellow 2-200 Micro Liter	21150			
4	Micro Pipette Tips	Blue 200-1000 Micro Liter	38000			

2. Government of India has received a credit from the International Development Association (IDA) and a Grant from the Department for International Development (DFID)/ DBS/GFATM (Whichever is applicable) 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 Quantity of Contract awarded may be increased or decreased.

9 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 as specified on Page-01 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 60 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 6 month of the supply goods..
5. Govt. Organisation/Dept. need not submit EMD with their proposal.

Important for Item No. 1 (Pair of Gloves):

1. The Supplier should be a manufacturer or authorised dealer of manufacturer (Valid Original or Noterize Certificate/ Document should be enclosed with Quotation).
2. Technical Literature: The firm shall positively submit illustrated technical literature/ leaflet indicating the detail regarding the material.
3. Please submit the certificate of ISO/ISI of the offered goods.

Payment:

1- Payment shall be made after delivery and verification of the goods and after the submitting of bill.

Liquidated Damages:

For Consumables Supply: If supplier makes any delay in supply of goods/ items, the Liquidated Damages (L.D.) for delay in completion will be 0.5% (Zero point Five percent) per Week of value of delayed goods.

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 items/ 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. Any dispute arising out of this tender, shall be subject to the jurisdiction of court in Bhopal (Madhya Pradesh).
6. Project Director has right to cancelled the Quotation &/ give relaxation to any condition.
7. A pre bid Conference for tenderer shall be on 17.12.2012 at 11:30 am. You may take any clarification regarding the same.
8. You are requested to provide your sealed offer latest by 15.00 hrs. on 19.12.2012 On the top of the envelop please clearly mention the Quotation No. & Quotation for Medical Consumables of Servillance.

Bid Oppeing 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 19.12.2012 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 quotations and thank you for your interest in the project.

Attached Annexure- I & II

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

FORMAT OF QUOTATION

Sl. No.	Brief Description of the Goods	Brief Specifications	Qty	Make/Model No. (If any)	Quoted Unit Rate in Rs.	Total Amount for Qty (column 4)	
						In Figures	In Words
1	2	3	4	5	6	7	8
1	Pair of Gloves	Disposable Surgical Latex Gloves Size No:7,: Smooth & ISI Mark	21150				
2	Parafilm	4" x 125 Meters	6				
3	Micro Pipette Tips	Yellow 2-200 Micro Liter	21150				
4	Micro Pipette Tips	Blue 200-1000 Micro Liter	38000				

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 shall apply to the offered goods.

I read and understand all the terms and conditions mentioned in your Letter No. F/27-738 /PROC/AIDS/2012/3792 Bhopal dated 26.11.2012, 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 –II

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	संलग्न पेज नं.
1.	यदि आपने वेबसाईट के माध्यम से डाउनलोड कर निविदा प्रपत्र का उपयोग किया है तो निविदा प्रपत्र का मूल्य राशि रूपये 50/- के बैंक ड्राफ्ट/बैंकर्स चैक का विवरण		
2.	धरोहर राशि	ड्राफ्ट का विवरण	
3	कार्यालय द्वारा जारी संपूर्ण निविदाप्रपत्र जिसके प्रत्येक पृष्ठ पर निविदाकर्ता के सहमति के रूप में हस्ताक्षर होना अनिवार्य है		
4	The Supplier should be a manufacturer or authorised dealer of manufacturer (Valid Original or Noterize Certificate/ Document should be enclosed with Quotation). (for Pair of Gloves)		
5	Technical Literature: The firm shall positively submit illustrated technical literature/ leaflet indicating the detail regarding the material. (for Pair of Gloves)		
6	Please submit the certificate of ISO/ISI of the offered goods. (for Pair of Gloves)		
7	विक्रय कर संख्या (प्रमाण पत्र की छायाप्रति)	विवरण	
8	पेन नं.	विवरण	

Signature of the authorized person :

.....

Name of the person:

Name of the firm :

.....

Date :

Address :

.....

Phone No.:

Mob. No. :