



ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

INSTITUTE OF NATIONAL IMPORTANCE UNDER MINISTRY OF HEALTH AND FAMILY WELFARE

NEAR GIANI ZAIL SINGH COLLEGE, JODHPUR ROMANA, DABWALI ROAD-151001

(Revised) Invitation of
quotation for
purchase of Bag Filters and Pre Filters for AHUs at
AIIMS Bathinda

Reference No.: AIIMS Bathinda / Engg. & Estate/24-25/ 4130

Dated:- 23 Dec 2024

Last Date of Submission – 02 Jan 2025, 04:00 PM

Invitation of quotations for purchase of Bag Filters and Pre Filters for AHUs at AIIMS Bathinda

Sealed Quotations are invited on behalf AIIMS, Bathinda for **purchasing of bag and pre filter for AHU** for AIIMS Bathinda (**Annexure-1**) required at AIIMS Bathinda as per terms & conditions mentioned below. The filled quotations along with all the required documents must reach in the office of the undersigned on or before **02-Jan-2025 (Thursday) till 04.00 PM**. The **Envelope containing the quotation** must be sealed and **super scribed as under**: -

Purchase of Bag Filters and Pre Filters for AHUs -Dept. of Engineering & Estate.

The Quotation should be sent to the address: -

The Executive Director
AIIMS Bathinda,
Punjab - 151001.

1. Terms & Conditions:

- a) The quotations received **after this deadline or unsealed shall not be entertained** under any circumstances whatsoever. In case of postal delay this Institute will not be responsible. The offer submitted by Fax / email shall not be considered and no correspondence will be entertained in this matter.
- b) Quotations must be in the **enclosed prescribed Performa (Annexure -2) on the letter head of the firm duly signed** by the Proprietor/ Partner/ Director or their authorized representative, in case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- c) The supplier should supply all the items.
- d) Rates must be quoted in Indian rupees.
- e) Rates must be inclusive of **all charges** (including Freight charges, taxes, etc.).
- f) **No overwriting or cutting** is permitted in the rate. If found, the quotation shall be summarily rejected.
- g) The **rates quoted must be valid for 90 days minimum from the date of opening of the quotation** and silence of any tendered on this issue shall be treated as agreed with this condition.
- h) **Total cost/amount will be taken in consideration for L1**. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- i) The firm/agency may satisfy the following conditions and **attach self-attested copy of the same with the quotation**:
 - The firm shall have valid GST/Other taxes and IT PAN.
 - The firm should not be black listed by any Government agency/Department
- j) **Work completion Period** - within 45 days from Purchase order or as per work order awarded.

- k) **Payment Terms:** Payment will be only after satisfactorily completion of work and after inspection by the Engineering Department, AIIMS Bathinda.
- l) No quotation will be accepted if received after due date. The envelope containing quotation should be sealed with WAX/TAPE on both sides. Quotations received through email, telegram, whatsapp will not be accepted.

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

(Annexure - 1)

S.NO	ITEM DESCRIPTION	SPECIFICATIONS	SIZE (in mm)	UNIT	NOS
1	BAG FILTER FLANGE TYPE	EFFICIENCY 99% @ 3 u MICRON	610X610X305	NOS	100
2	BAG FILTER FLANGE TYPE	EFFICIENCY 99% @ 3 u MICRON	305X610X305	NOS	40
3	BAG FILTER FLANGE TYPE	EFFICIENCY 99% @ 3 u MICRON	305X305X305	NOS	10
4	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	610X610X50	NOS	65
5	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	305X610X50	NOS	15
6	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	305X305X50	NOS	5

[BoQ]

(All rate/ amount in INR)

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4	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	610X610X50	NOS	65		
5	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	305X610X50	NOS	15		
6	PRE FILTER-Aluminium framed	EFFICIENCY 90% @ 10 u MICRON	305X305X50	NOS	5		
7	TRANSPORTATION CHARGES				1		
	SUB TOTAL						
	GST 18%						
	GRAND TOTAL						

Date:

(Name):

Place:

Name of Firm/Company/Agency:

GSTIN No.:

Phone No:

Email:

(Signature of Authorized Person)_____

Seal:_____