

# Invitation of Quotation

For

Assessment of  
Costing of Hospital  
User Charges

At

All India Institute of Medical Sciences, Rishikesh

**Issue Date** : 13 March 2018  
**Inquiry No.** : F.No. 08/08/2018/Store-I(AIIMS-RIS)  
**Last Date of Submission** : 27 March 2018 at 05:00 PM.



**All India Institute of Medical Sciences, Rishikesh**

Virbhadrā Road, Rishikesh, Uttarakhand-249201.

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## **Invitation of Quotation for Assessment of Costing of Hospital user charges at AIIMS Rishikesh**

Sealed Quotations are hereby invited by the undersigned on behalf of the Director, AIIMS Rishikesh for Assessment of Costing of hospital user charges for the Institute as per terms & conditions mentioned below. The filled quotations along with all the required document must reach in the office of the undersigned on or before 27.03.2018, 05.00 PM. The Envelope containing the quotation would please be sealed and super scribed as under:-

### **”QUOTATION FOR ASSESSMENT OF COSTING OF HOSPITAL USER CHARGES AGAINST INQUIRY FILE NO.- 08/08/2018/Store-I(AIIMS-RIS)” DUE ON 27.03.2018, 05.00 PM”.**

#### **1. Terms & Conditions: -**

- A) The quotations received after this deadline & unsealed shall not be entertained under any circumstances whatsoever. In case of postal delay this Institute will not be responsible.
- B) Quotations must be in the enclosed prescribed Performa 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) Rates must be quoted as per the format specified Taxes extra, if any, must be written separately.
- D) No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- E) The rates quoted must be valid for 60 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.
- F) Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.  
**L1 will be decided on individual item basis.**
- G) RTGS/NEFT details need to be furnished by the supplier with the quotation on the letter head of supplier/firm/agency.
- H) The firm/agency may satisfy the following conditions and attach self-attested copy of the same with the quotation:-
  - Firm shall be registered with the Government of Uttarakhand /Central Government.
  - The firm shall have valid GST No. and IT PAN.
  - **The firm should not be black listed by any Govt. Agency/Dept.**

- I) Quotations qualified by such vague and indefinite expressions such as “subject to prior confirmation”, “subject to immediate acceptance” etc. will be treated as vague offers and rejected accordingly. Any conditional quotation shall be rejected summarily.
- J) **Liquidated Damage:** - If the supplier fails to provide their services on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied subject to maximum of 10% of the total order value.
- K) **Payment Terms:** Payment will be made only after satisfactory of the work.
- L) **Disputes:** -In the event of any dispute or disagreement arising between the service provider and any other department of AIIMS Rishikesh with regards to the interpretation of “Terms & Conditions” of this inquiry, the same shall be referred to the Director, AIIMS Rishikesh whose decision will be final and binding upon the Supplier.
- M) Quotation must be submitted in the following Addresses.  
Admin LPC, Store-I  
AIIMS Rishikesh
- N) AIIMS, Rishikesh reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the AIIMS, Rishikesh will be final in this regard.

### **Scope of Work**

Online & offline quotations are invited from qualified Professional Cost Accountants having proper registration for conducting assessments of services by this Institute such as diagnostic services (Radiological, laboratory), therapeutic and surgical procedures.

#### **First Phase-**

Assessment of cost for all diagnostic services (Radiological including Nuclear sciences, laboratory services) which are approximately 2000 plus being provided by All India Institute of Medical Sciences, Rishikesh as on date.

#### **Second Phase-**

Assessment of cost for all therapeutic services (package treatment services) which are approximately 500 plus being provided by All India Institute of Medical Sciences, Rishikesh as on date.

#### **Third Phase-**

Assessment of cost for all Surgical procedures (Major & Minor) which are approximately 2000 plus being provided by All India Institute of Medical Sciences, Rishikesh as on date.

### **Period of completion of work**

Each phase required to be completed within two months or prior. No extension in any condition will be permissible, subject to condition to some unavoidable circumstances.

### **Termination of contract**

The intended work is categorized as high priority work and shall be assessed by F&CAO or his nominee time to time and in any case it is found that the work is not being performed as per timelines, the contract can be terminated with no cost of payment of work done till date of termination.

Last date of submission of quotation- Quotation with phase wise rate shall be submitted by 27 March 2018 by 5pm.

**Administrative Officer**

Encl.: Annexure 1 (Format of Price Bid)

[On the letterhead of firm]

**ANNEXURE - I**

**PRICE**

**BIDFORM**

To,  
Administrative Officer,  
AIIMS, Rishikesh.

Dear Sir,

1. I/We ..... Submitted the quotation for Enquiry No. **“QUOTATION FOR ASSESSMENT OF COSTING OF HOSPITAL USER CHARGES AGAINST THE INQUIRY NO. FILE NO. 08/08/2018/Store-I(AIIMS-RIS)” DUE ON 27.03.2018, 05.00 PM** for following work at AIIMS Rishikesh”.
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby offer to supply at the following rates.

S. N	Assessment of Costing of hospital user charges	Rate Quote in Figure	Rate Quote in Word
1	Phase - I		
2	Phase – II		
3	Phase - III		

Date \_\_\_\_\_  
Place \_\_\_\_\_

(Signature of Authorized Person) \_\_\_\_\_  
(Name) \_\_\_\_\_  
Name of Firm/Company/Agency \_\_\_\_\_  
Phone No. \_\_\_\_\_  
Email: \_\_\_\_\_