



अखिल भारतीय आयुर्विज्ञान संस्थान, नागपुर  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES, NAGPUR

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सत्यमेव जयते

ENGINEERING DEPARTMENT

No: AIIMS/NAG/ENGG/HVAC/MGPS/23-24/ NIQ /48

Date: 21 /12/2023

**NOTICE INVITING QUOTATIONS**

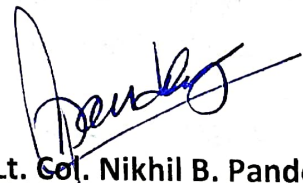
The Director AIIMS, Nagpur invites sealed quotations for "Supply Installation Testing and commissioning of Medical GAS pipeline Services work in Biplane DSA area IPD ground floor Radiodiagnosis at AIIMS Nagpur".

Sr. No	Description	Qty	Unit	Rate (Without GST)	Amount	GST %	Amount including GST
1	With colour coded hard Copper for suitable MGPS pipe 12 mm, including copper T Joints /L- Bow /reducer /Saddle / Brazing / rod.	80	feet				
2	With colour coded hard Copper for suitable MGPS pipe 15 mm, including copper T Joints /L- Bow /reducer /Saddle / Brazing / rod.	250	feet				
3	With colour coded hard Copper for suitable MGPS pipe 22 mm, including copper T Joints /L- Bow /reducer /Saddle / Brazing / rod.	70	feet				
4	Oxygen Gas Colour code Point Port	2	No's				
5	Vacuum colour code Point Port	2	No's				
6	Nitres colour code Point Port	2	No's				
7	AGSS colour code point port	2	No's				
8	Medical Air colour code Point Port	2	No's				
9	BPC flow meter bottle	2	No's				
10	Vacuum Jar 2000 ml	2	No's				
11	Labour Charges all any types Civil work Included	1	Lot				
<b>Total Amount including GST</b>							

*(Handwritten signature)*

**Terms & Conditions: -**

- 1) Quotation to be submitted in the name of **Director, AIIMS Nagpur** only. Quotation not addressed to the Director, AIIMS, Nagpur will not be opened & rejected summarily.
- 2) The Vendor should submit quotation in uploaded NIQ form duly signed & stamped.
- 3) Rate of items should be quoted per unit item excluding GST & GST should be mentioned in GST column separately.
- 4) The 100% payment shall be released after satisfactory completion of work and after submission of tax invoice.
- 5) Liquidated damages charges: - In the event of failure to completion of work within stipulated time, Liquidity Damage Charges will be deducted to the sum of 0.5% of the contract price of the delayed /undelivered, stores/services mentioned above for every week of delay or part their of a week, subject to the maximum value of the Liquidated Damages being not higher that 10% of the value of delayed stores.
- 6) Bank details such as Account Number, IFSC code etc. should be furnished so as to facilitate payment online, if any.
- 7) Time Period for supply of "Supply Installation Testing and commissioning of Medical GAS pipeline Services work in Biplane DSA area IPD ground floor Radiodiagnosis at AIIMS Nagpur " will be 30 Days from the date of issue of work order.
- 8) Interested Firms/ Vendors should submit their quotation through hard copy in Engineering Department of AIIMS, Nagpur scribing "Supply Installation Testing and commissioning of Medical GAS pipeline Services work in Biplane DSA area IPD ground floor Radiodiagnosis at AIIMS Nagpur " On or before 30 Dec-2023 before 17:00 hours. Quotation will be opened on 01 Jan 2024 at 11:00 hrs.
- 9) Agency should submit the "Annexure A" duly filled-in and signed.
- 10) The work will be awarded to the lowest (L1) eligible vendor.
- 11) Right to accept/reject any quotation rest with the competent authority AIIMS, Nagpur.



**Lt. Col. Nikhil B. Pandey**  
**Superintending Engineer**  
**AIIMS, Nagpur**

**ANNEXURE- 'A'**

**Form for Detailed Information of Vendor/Supplier.**

**Name of work: - "Supply Installation Testing and commissioning of Medical GAS pipeline Services work in Biplane DSA area IPD ground floor Radiodiagnosis at AIIMS Nagpur".**

1.	Name of the Vendor/Supplier	
2.	Permanent Account Number (PAN)	
3.	Complete Postal Address of the Vendor /Supplier.	
4.	Particular of Bank Account.	
	a) Name of Bank.	
	b) Name of Bank Branch	
	c) Branch Code	
	d) Address	
	e) City	
	f) Telephone/ Mobile Number.	
5.	Legal status of Vendor/Supplier (Attach documents)	
	a) An Individual	
	b) A Proprietary Firm	
	c) A Firm in Partnership	
	d) A limited company or corporation	
6.	GST Registration Number	
7.	Valid Email ID of the Vendor/Supplier.	

**Signature of the Vendor/Supplier**