



लोकप्रिय गोपीनाथ बरदलै क्षेत्रीय मानसिक स्वास्थ्य संस्थान

तेजपुर: असम: पिन: 784001

LGB REGIONAL INSTITUTE OF MENTAL HEALTH

(An Autonomous body under Ministry of Health and Family Welfare, Govt. of India)

Website: www.lgbrimh.gov.in, e - Mail: mail@lgbrimh.gov.in

Post Box No. 15:: FAX No. (03712) 233623

TEZPUR:: 784001 :: ASSAM

No. LGB/NAZ/4025/22/3423

Dated- 15th June 2022

QUOTATION CALLING NOTICE

Sealed rate quotation are hereby invited from Manufacturer/Authorized dealer/Distributor/supplier etc. for rate contract of refilling of Oxygen cylinder to LGBRIMH, Tezpur as per the specification given in Annexure I

Sl no.	Name of item	Approx qty. required per annum
1	Refilling of Oxygen cylinder, A type ,5 Litre	40 No
2	Refilling of Oxygen cylinder, B type ,10 Litre	45 No

Sealed Quotations for supply of above items should be submitted in two sealed envelopes duly super scribed as:

“Technical Quotation for Refilling of Oxygen cylinder

“Financial Quotation for Refilling of Oxygen cylinder

Both the quotations should be submitted in the separate sealed envelope super scribed as rate contract of refilling of Oxygen cylinder. Quotationer can submit query, if any at lgbetender@gmail.com within 7 days from the date of issue of the quotation notice. No quotations would be accepted by e-mail and only hard copies will be considered. The quotations should be submitted to the Office of the LGBRIMH, Tezpur within 15 days from the date of issue of notification addressed to the Director, LGBRIMH, Tezpur, Sonitpur, Assam 784001. The rate should be quoted both in figure and words. Any corrections made should be authenticated. Use of whitener is strictly unacceptable.

A. Technical Quotation

The following documents have to be provided along with the technical Quotation:

- i. Provide Profile of Firm/Company/ organization as per annexure-II
- ii. EMD of Rs.500 .00 in the form of DD/FDR/BG in favor of Director, LGBRIMH, Tezpur payable at Tezpur, Sonitpur, Assam or proof of EMD exemption should be submitted.
- iii. Valid Authorization letter from Manufacturer of Oxygen if quoted by other than Manufacturer.
- iv. Valid license for storage, filling and cylinder testing and other requisite license if any issued by Competent Authority as statutory requirement
- v. Names & addresses (at least three) in Govt/ Semi-govt./Govt. Autonomous academic institution along with the telephone numbers of the contact persons of the clients to whom similar supply has provided by your firm/organization etc. Documentary evidence shall produce from such institution.
- vi. Recent non-conviction/ non-blacklisting certificate *on non –judicial stamp paper of worth Rs. 100.00 – duly attested by Notary Public* (As per annexure III) should be submitted.
- vii. Updated Income Tax return documents for the financial year 2020-21 should be submitted.
- viii. PAN Card and GST registration certificate should be submitted.
- ix. Valid Trade License or Incorporation certificate if applicable
- x. Duly filled Undertaking as per Annexure IV
- xi. Dully filled specification of offered item as per Annexure I

B. General Terms & Conditions:

- i. Technical and Financial Quotation should be submitted on firm letter head and should be submitted duly signed by the authorized person.
- ii. Supply order will be placed as and when required basis. Quantity of oxygen cylinder mentioned on above is approximate, it may increase or decrease depending on the patient load throughout the contract period.
- iii. The payment will be released only after satisfactory completion of supply of goods as per supply order. No part payment will be made for part supply of the supply order.
- iv. This contract shall be valid for a period of initially one year which could be extended on mutually agreed terms after completion of satisfactory services for next

period. Institute reserves the right to terminate the contract by giving one month notice in writing without assigning any reason whatsoever.

- v. The quoted price shall be valid for at least 1 year. Institute will not entertain any request in respect of escalation of price due to any reason whatsoever.
- vi. Financial quotation of only those firms will be opened; whose Technical quotation is found to be eligible after Technical evaluation.
- vii. Sub-letting/Sub-contract of work is not allowed.
- viii. LGBRIMH, Tezpur reserves the right to accept or reject any or all the quotations without assigning any reason whatsoever.
- ix. In case of any dispute the same shall be mitigated as per provision of the tender and territorial jurisdiction shall be within the limit of the Tezpur District Court.

C. Scope of Work

1. Refilling of Oxygen cylinder must comply as per Indian Pharmacopoeia 2018 and will have to be completed as per instruction mentioned in the supply order.
2. The liquidated damages charges @ 0.5% per week shall be imposed if supply made after expiry of delivery period subject to maximum 2 % of the total value of supply order. Quantum of liquidated damages assessed and levied by the purchaser shall be final and not challengeable by the supplier, however in case of emergent requirement supply to be made within short period.
3. Supply of oxygen cylinder should not be stopped, if the payment of any bill is get delayed for some time due to unavoidable circumstances.
4. Should have full facility for testing and logging for impurities in each batch of manufactured gas & cylinders
5. Cylinder should mention date of last testing & due date of next testing
6. The firm should maintain color code of all medical gases cylinders.

F. EARNEST MONEY DEPOSIT(EMD)

- a) Quotationer should submit EMD of Rs. 500.00 in the form of DD/FDR/BG drawn in favor of Director, LGBRIMH, Tezpur, Assam, payable at Tezpur, Sonitpur, Assam failing which the quotation shall not be considered for acceptance and will be summarily rejected. Cash, cheque or any other mode of payment will not be accepted at all. The EMD deposited against previous quotation/tender cannot be adjusted or considered for this quotation. No interest will be payable on the EMD. The EMD of the approved quotationer will be released only after the concerned firm deposits necessary performance security. EMD of unsuccessful quotationer will be returned in due time.
- b) **PERFORMANCE SECURITY:-** Performance Security, equivalent to 3% of the total cost of the goods approved shall have to be deposited by the successful quotationer in the form of DD/FDR/BG drawn in favor of Director LGBRIMH, payable at Tezpur. Performance security should remain valid for a period of 14 month from the date of Award of contract. The same amount will be released after fulfillment of contractual obligations and no interest shall be payable thereof.

G. Financial Quotation

Sl No	Item Name	Basic rate of refilling per cylinder	Percentage of GST	Total Rate inclusive GST per cylinder
1	Refilling of Oxygen cylinder, A type			
2	Refilling of Oxygen cylinder, B type			

Dated:

Signature.....

Name in full.....

Firm/organization etc Name.....

Designation.....

Contact No.....

Specification of Medical Oxygen

ANNEXURE – I

Item name	Specification	Compliance (Yes/No)
Medical Oxygen	<ul style="list-style-type: none">i. Should comply with Indian Pharmacopoeia 2018ii. Purity 99-100%ii. Carbon monoxide less than 5 PPMiii. Carbon-di-oxide not more than 300 PPMiv. Water vapor not more than 67 PPMv. Free from halogen, polymer & oxidizing substance & moisturevi. Should not cause any damage to the materials of cylinders, Gas pipeline, Anesthesia machine and ventilators.	

Organization's contact details

NAME & ADDRESS OF THE Firm/ Manufacturer / Agent/Organization	
Phone	
Fax	
E-mail	
Contact Person Name	
Mobile Number	
PAN Number	
GST Number	
Bank details	

CRIMINAL LIABILITY UNDERTAKING

(To be executed on Rs.100/-Non-judicial Stamp Paper duly attested by Public Notary)

I.....S/o.....

..... Resident of

.....
.....
.....

..... Do

solemnly pledge and affirm:

1. That I am the proprietor /partner/authorized signatory of

M/s.

.....
.....

1. No police case is pending against the Proprietor / partner of the Company (Agency). Indicate any convictions if any against the Company/firm/partner.

2.(Proprietor/firm) has never blacklisted by any organization.

Name & Signature

Seal of the participating Quotationer/ Company

UNDERTAKING

**The Director,
LGBRIMH, Tezpur**

Sir,

1. The undersigned certify that I/we have gone through the entire quotation documents including terms and conditions mentioned in the document and undertake to comply with them. I/We have no objection for any of the content of the document and I/We undertake not to submit any complaint/ representation against the quotation document after submission date and time of the quotation. The rates quoted by me/us are valid and binding on me/us for acceptance till the validity of quotation.
2. I/We undersigned hereby bind myself/ourselves to LGB Regional Institute of Mental Health, Tezpur, Assam -784001 to supply the approved goods in the approved prices to **LGBRIMH, Tezpur**. The service to be of the best quality and of the kind as per the requirement of the institution. The decision of the Director, **LGBRIMH, Tezpur**, India (herein after called the said officer) as regard to the quality and kind of goods shall be final and binding on me/us.
3. Performance security 3% of the cost of the goods approved shall be deposited by me/us in the form of DD/FDR/Bank Guarantee in the name of Director, **LGBRIMH, Tezpur** on award of the contract from a Nationalised / Commercial Bank and shall remain in the custody of the Director **LGBRIMH, Tezpur** till the validity of the Contract period plus two month (i.e. for 14 months).
4. I/we undertake to provide supply of the oxygen cylinder within stipulated period and if fail to do so during the stipulated period the necessary action can be taken by the Director, **LGBRIMH, Tezpur**, India.
5. I/We undertake that if the rates of any item lowered due to any reason, I will charge the lower rates.
6. I/we do hereby confirm that the prices/rates quoted are fixed and are at par with the prices quoted by me/us to any other Govt. of India/Govt. Hospitals/Medical Institutions/PSUs. I/we also offer to supply at the prices and rates not exceeding those mentioned in the Financial quotation.
7. I/we pledge and solemnly affirm that the information submitted in quotation documents is true to the best of my knowledge and belief. I further pledge and solemnly affirm that nothing has been concealed by me and if anything adverse comes to the notice of purchaser during the validity of tender period, the Director, **LGBRIMH, Tezpur** (India) will have full authority to take appropriate action as he/she may deem fit.

Date.....

Signature

Place.....

With seal of firm (Name of Quotationer)

CHECKLIST

SL. NO.	Document	Subitted Yes/No	Page No
1.	Provide Profile of Firm/Company/ organization as per Annexure-II		
2.	EMD of Rs. 500.00 in the form of DD/FDR/BG in favor of Director, LGBRIMH, Tezpur payable at Tezpur, Sonitpur, Assam or proof of EMD exemption.		
3.	Valid Authorization letter from Manufacturer of Oxygen if quoted by other than Manufacturer.		
4.	Valid license for storage, filling and cylinder testing and other requisite license if any issued by Competent Authority as statutory requirement		
5.	Names & addresses (at least three) in Govt/ Semi-govt./Govt. Autonomous academic institution along with the telephone numbers of the contact persons of the clients to whom similar supply done by your firm/organization etc. Documentary evidence shall produce from such institution.		
6.	Recent non-conviction/ non-blacklisting certificate <i>on non – judicial stamp paper of worth Rs. 100.00 – duly attested by Notary Public</i> (As per Annexure III).		
7.	Updated Income Tax return documents for the financial year 2020-21		
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