



**NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES**  
(Institute of National Importance), Hosur Road, Bengaluru – 560 029

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STR-D2/258/Recovery Ward/18-19

19/02/2019

Sir,

**Subject: Quotation for the supply of Pneumatic Compressive DVT Device.**

With reference to subject cited above, kindly make arrangements to send your Quotation/Proforma Invoice in a sealed cover to the undersigned for the supply of the following item/s as detailed below on or before **04.03.2019** positively by post/ courier/Hand. Quotation sent by Fax will not be accepted. Please enclose the copies of your Tin Number, Pan Number.

Sl No	Item Name & Specification	Qty	Department/Section/Wards
1	Pneumatic Compressive DVT Device with Re-usable DVT sleeves of Assorted Size (Small, Medium, Large)	8 Nos.	Recovery ward Ph No. 26995461/5761
2	Phlebopress Pneumatic above knee stocking	2 Nos.	Male Surgical ward Ph No. 26995456/5756
3	3 bucket moping system with squeezer	1 No.	Stroke wards Ph No. 26995445/5446
4	Phlebotomy chair	2 Nos.	OPD-(Specimen Collection Centre) Ph No. 26995533

<b>Downloading of Tender documents from website</b>	<a href="http://www.nimhans.ac.in">www.nimhans.ac.in</a>
<b>Last date for Enquiry (If required)</b>	<b>27.02.2019</b>
<b>Quotation submission last date</b>	<b>04.03.2019</b>

**Note:**

1. Sealed quotation has to be submitted only by either manufacturer of the articles or the authorized local supplier of the manufacturer. Copy of authorization letter has to be enclosed
2. Quantity of items may be increased/decreased as per requirement
3. Item wise price, taxes, any surcharges (such as transportation, installation, customs duty, etc.), grand total, warranty, delivery period, contact person details (such as Mobile No., E-mail, local supplier address) should be clearly mentioned and the price mentioned should be door delivery price.
4. The unit quoted is to be for **1 year warranty.**
5. Price quoted, should be valid for **1 year.**
6. Mention our Reference No. and due date on envelope cover.
7. Payment terms: No advance payment will be made. Payment will be released only after successful installation & commissioning in all formats and handing over the furniture/equipment to the End-user.

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8. Enclose the copies of your GST Number & PAN Number, Bank details, without these your quotation will be rejected.
9. Mention the warranty period and delivery period of the item.
10. Quotation must be submitted along with relevant documents counter signed along with seal by the bidder (if applicable such as authorization certificates, Item supplied list of Institutes/Hospitals, catalogues etc.). If not submitted quotation will be treated as incomplete and may be rejected.
11. If the purchase of article is approved by the institute, the article should be supplied/installed within the delivery period quoted else penalty will be levied as per institute rules.
12. Sealed quotation shall be addressed to **THE SPECIAL OFFICER(E),PURCHASE SECTION, NIMHANS, HOSUR ROAD, BENGALURU – 560 029**
13. Quotation received after last date and time will not be considered under any circumstances.
14. However, the institute reserves the right to accept or reject any/all quotations without assigning any reason whatsoever.
15. If necessary the firm may be called for **demo or supply of samples of** the articles.
16. For equipments worth Rs. 2,00,000/- and above, Agreement has to be executed on Rs. 200/- stamp paper (Specimen will be provided with purchase order) and Bank Guarantee has to be executed from a Nationalized Bank for 10% of total value valid for a period of 60 days beyond the warranty period, else payment will not be processed .

**Yours faithfully**

**Special Officer(E)**