



National Institute of Mental Health and Neurosciences

राष्ट्रीय मानसिक स्वास्थ्य और स्नायु विज्ञान संस्थान  
ರಾಷ್ಟ್ರೀಯ ಮಾನಸಿಕ ಆರೋಗ್ಯ ಮತ್ತು ನರವಿಜ್ಞಾನ ಸಂಸ್ಥೆ

**NIMHANS**  
An Institute of National Importance



Ph.26995780

Email:aaos@nimhans.ac.in

**STR-D2/258/EQPT/RecoveryWard/19-20**

**15/05/2019**

Dear Sir,

**Subject:** Quotation for **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 **May 27<sup>th</sup>, 2019** positively by post/ courier/Hand. Quotation sent by Fax/mail will not be accepted. Please enclose the copies of your GST, Tin Number, Pan Number.

SI No	Item & Specification	Qty	Contact
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	Phlebotomy chair	2Nos	OPD-(Specimen Collection Centre) Ph No. 26995533
<b>Any clarification, Contact Medical Superintendent, Ph-080-26995201/5202</b>			

#### Enquiry Schedule

Downloading of enquiry documents from website	<a href="http://www.nimhans.ac.in">www.nimhans.ac.in</a> in tender
Sample Submission date	25.05.2019 by 4.00 pm.
Quotation submission last date	27.05.2019 by 4.00 pm.

#### 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 should have service support for **3 years 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 Enduser.
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. Sample Submission date is 25.05.2019, it has to submitted at BME, NIMHANS, Ph-080-26995221
15. However, the institute reserves the right to accept or reject any/all quotations without assigning any reason whatsoever.
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**

**SD/-**

**Special officer (E)**