



P.B. No. 2900, Hosur road, Bangalore-560029
Ph.26995023to25/26995780
Email: aaos@nimhans.ac.in

STR/D-5/011/REG/TM&H/2021-22

Date: 16/04/2021

Dear Sir/Madam,

Subject: Inviting Quotations for Printing & Supply of TMH Registers (3 Types) & Training Certificates.

With reference to subject cited above, kindly make arrangements to send your Quotation/Proforma Invoice in a sealed cover to the undersigned for **Printing & Supply of TMH Registers (3 Types) & Training Certificates** as detailed at Annexure - 1, on or before **May 7th, 2021** positively by **post/courier/Hand**. **Quotation sent by mail/Fax will not be accepted.** Please enclose the copies of your Tin Number, Pan Number, GST number.

Note:

1. Before sending quotation, please confirm with the End User.
2. This Tender Document contains Page No 1-8.
3. Mention our Reference No. and due date on the envelope cover. Specify the percentage of tax claiming.
4. Payment terms: No advance payment will be made. Payment will be released only after successful supply.
5. Enclose the copies of your Tin Number, Pan Number & GST Number.
6. No soft copy or DTP work is provided from the Institute end.
7. Purchaser reserves the right to accept or reject any quotations and to cancel the bidding process and reject all quotations at any time prior to the award of contract.
8. **National Institute of Mental Health & Neuro Sciences, Bangalore**, reserves the right to reject, accept any or whole or part of any of the tender without assigning any reason thereof and no claim will be heard. In case of dispute, the decision of **The Director, National Institute of Mental Health & Neuro Sciences, Bangalore** will be final and binding.
9. If the successful bidder is not able to supply the goods items within the delivery date specified in the purchase order, the purchase order will be automatically treated as cancelled. The vendor will have to submit an undertaking in this regard that this condition is acceptable to him. In case of extra ordinary circumstances the vendors must send a request for extension of validity of purchase orders, with proper justification prior to the expiry of validity date for consideration.
10. Delivery of the items and bills should be produced within 20 days from the date of receipt of our order otherwise penalty will be levied as per the institute rules.
11. Quotation should be addressed to **I/c Administrative Officer (S), NIMHANS Purchase section, Bangalore-560029.**

Yours faithfully

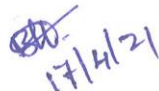

I/c Administrative Officer (S)

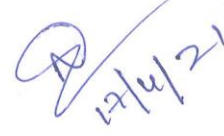
प्रशासनिक अधिकारी (एस)
National Institute of Mental Health & Neuro Sciences
Bangalore 560 029.

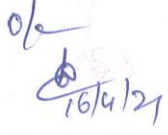
राष्ट्रीय मानसिक स्वास्थ्य एवं स्नायु विज्ञान संस्थान
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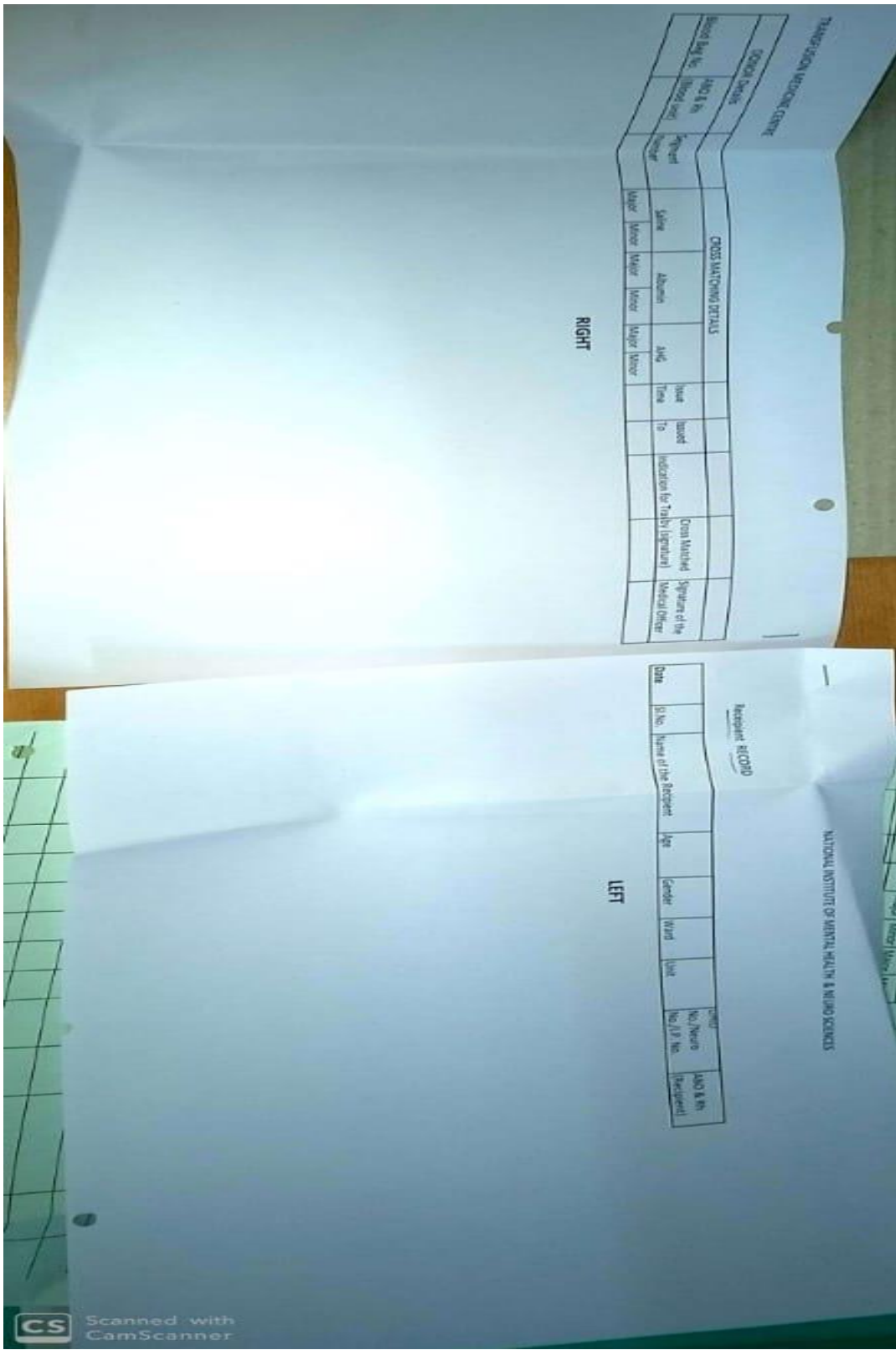

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Annexure -1

SI No	Item	Qty
1	Blood Component Registers <u>Specification:</u> <i>With leather binding, Page No 1-200, 31cm width X 41cm height, Paper as per the specimen.</i> <i>Image at Annexure -2</i>	20 Nos.
2.	Recipient Register <u>Specification:</u> <i>With leather binding, Page No 1-250, 23.5cm width X 35cm height. Paper as per the specimen.</i> <i>Image at Annexure -2</i>	25 Nos.
3.	Apheresis Register [LVPP]. <u>Specification:</u> <i>With leather binding, Page No 1-250, 23.5cm width X 35cm height. Paper as per the specimen.</i> <i>Image at Annexure -2</i>	25 Nos.
4.	Physiotherapy Training Certificate <u>Specification:</u> <i>A4 Size, Certificates material & printing as per the specimen</i> <i>Image at Annexure -2</i>	500 Nos.
<p>For any clarification please 1. (SI No 1,2 &3) contact: Dr Vijay Kumawat, Associate Professor, Department of Transfusion Medicine & Haematology, Contact No: 080-26995712/5435. 2. (SI No 4) Contact Dr Pradnya Dhargave, Chief Physiotherapist, Physiotherapy Centre Contact No: 080-26995537.</p>		

b. i. Recipient Register with printing modification:



C. Apheresis Register [LVPP]

LVPP Register

NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES
TRANSDISCIPLINARY MEDICINE CENTRE

Date	No. Name of the Patient	UMD/ MED No. / P No.	Age/ Gender	Ward	Diagnosis	Patient Identification			Time		gt (mm of Hg)	Pulse (per minute)	Temp (F/°C)	O2 Saturation (%)
						Nursing Officer No. / Sign	Technical Officer No. / Sign	Patient receiving	Patient giving					
LEFT														


Date	No. Name of the Patient	UMD/ MED No. / P No.	Age/ Gender	Ward	Diagnosis	Plasma Collected (ml)	ACD (ml)	HES (ml)	HES (ml)	Albumin (ml)	Access	No. of Connections and management	Signature of Medical Officer



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D. Physiotherapy Training Certificate

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**NATIONAL INSTITUTE OF MENTAL HEALTH AND
NEURO SCIENCES (NIMHANS)
(INSTITUTE OF NATIONAL IMPORTANCE)
BENGALURU - 560 029**


PHYSIOTHERAPY CENTER

Certificate

*This is to certify that Mr./Ms. _____
a student of _____
has undergone _____
from _____ to _____*

Chief Physiotherapist **Medical Superintendent**

This certificate is issued to the candidate after completion of posting / training mentioned. It is not a qualification and this certificate should not be used by the candidate for career advancement.

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