



KERALA MEDICAL SERVICES CORPORATION LIMITED

(Dept. of Health & Family Welfare, Govt. of Kerala)

Thycaadu P.O, Thiruvananthapuram – 695 014.

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Engineering Division

No. KMSCL/EP/9366/2023

www.kmscl.kerala.gov.in

Date: 26/05/2023

Notice Inviting Quotation (N.I.Q)

(Quotation No: KMSCL/EP/Q112/2023)

Sealed quotations are invited for the supply of with the following terms & conditions on behalf of Kerala Medical Services Corporation Ltd (KMSCL), from the manufacturers/distributors/dealers.

1. Item Description:-

Sl. No	Item Description	Qty	Estimated Cost / Unit (₹)
1	Incubator Dry Bath	1	7,905/-

Technical Specification:

Incubator Dry Bath

1. Temperature range – ambient to 100°C
2. Should use Peltier heating
3. Should have digital temperature control and display with PT100 sensor
4. Accuracy should be +/- 0.2°C
5. Should have blocks for 1.5 ml Eppendorf tubes with minimum 24 places
6. Warranty 1 year.

Terms & Conditions:-

- a) The aforesaid quantity may be enhanced, if needed, based on user requirements.
- b) The quotations shall be submitted in a single sealed cover with the superscription "Quotation No. KMSCL/EP/Q112/2023 dtd: 26/05/2023 for the “supply of **Incubator Dry Bath.**” The name of the bidder with contact address and phone number shall also be written on the cover.
- c) The sealed cover shall be submitted in favor of “The Managing Director, Kerala Medical Services Corporation Ltd, Thycaud P.O, Thiruvananthapuram - 14”.

The last date and time of submission of Quotations shall be 09.06.2023- 11.30 am. The quotations shall be sent by registered post or by courier or to the Thapal department of the Corporation, Thycaud, TVM-14. The quotations obtained at the head office of the Corporation shall be opened at 12.00 noon on the same day in the presence of the

bidders or their representatives, who choose to be present, at that time. The L1 list will be announced and published.

- d) The name of the manufacturer shall be clearly mentioned in the offer form as per Annexure I
- e) The price shall be offered in the price bid form as per the format attached in Annexure II. The price offered shall be in Indian Rupees and shall be inclusive of all taxes. The rates should be quoted in figures as well as in words and should be inclusive of all charges, surcharges, taxes, duties etc. whatsoever. L1 shall be declared by adding all the items mentioned in the price bid form.
- f) The quoted items should be delivered within **2 weeks** at District Integrated Public Health Lab, Kannur from the date of issue of the Purchase Order. (The details are appended as Appendix I). In case if the user institutions have any clarification, the bidder shall either clarify through telephone or shall sent its representative to the user institution.
- g) Material Receipt Certificate (MRC) as per Annexure III should be obtained from the user Institute.
- h) Invoices with details of stock entry should be obtained from the respective locations mentioned in Appendix I along with signature in invoices.
- i) Payment of the supplied items will be released within 2 weeks from the date of submission of details of stock entry and invoices to the corporation after successful supply of the ordered items.
- j) If the item supplied to user institution is reported to be faulty or defective, then the bidder shall replace the same at free of cost.
- k) The quotation must remain valid for minimum 180 days (6 months) from the date of opening of quotation.
- l) Contents of the quotation:
 - i) Offer form as per Annexure I
 - ii) Price bid form as per Annexure II.
 - iii) Material receipt form Annexure III.

Sd/-

For MANAGING DIRECTOR

OFFER FORM

I. Having examined and accepting the conditions of the quotation document no we here by submit this offer for the supply of equipment conforming the detailed technical specification and quantity mentioned in the quotation document. The details of the equipment offered are as follows.

Sl No	Name of the Equipment	Name of Manufacturer	Model (if any)
1	Incubator Dry Bath		

Date :

Office seal

Signature of the tenderer/Authorized
signatory

ANNEXURE II

KERALA MEDICAL SERVICES CORPORATION LTD
PRICE BID FORM

To

The Managing Director,
 (Tender Inviting Authority)
 Kerala Medical Services Corporation Ltd, Thycaud .P.O.
 Thiruvananthapuram -695,014, Kerala

Sir,

Having examined and read the quotation document for the supply of
, we here offer our best price for the items mentioned herein as follows.

I. BEST PRICE OFFERED

<i>Sl. No</i>	<i>Item/Equipment</i>	<i>Unit Price* (A) (₹)</i>	<i>CGST in Rupees/Unit (B) (₹)</i>	<i>SGST in Rupees/Unit (C) (₹)</i>	<i>IGST in Rupees/Unit (D) (₹)</i>	<i>Total Unit Cost Inclusive of all Charges E=A+B+C+D (₹)</i>	<i>Total Quantity (F)</i>	<i>Total Price Including all Charges** G= (ExF) (₹)</i>
1.	Incubator Dry Bath							

* (inclusive of freight, insurance and all other charges)

**Taken for evaluation / bid ranking

Signature of the
tenderer/Authorised signatory

Date :

KERALA MEDICAL SERVICES CORPORATION LTD
MATERIAL RECEIPT CERTIFICATE

(to be filled jointly by the Tenderer, head of user institution)

HOSP CODE/Hospital Name:		SUP.CODE/ Name of the Supplier	
EQPT CODE /Name of the item		Date of supply	
Name of the representative of the firm with mobile number		Supply order number	
S/n	Items received	Quantity	Remarks
1			
2			
3			
4			
5			
6			
The above items are received in good condition and taken into stock			
Signature of Representative		Signature of User institution	
Name		Name	
Date		Date	
Seal		Seal	

KERALA MEDICAL SERVICES CORPORATION LTD
GENERAL INFORMATION ABOUT THE TENDERER

1	Name of the Bidder			
	Registered address of the firm with GSTIN			
	State		District	
	Telephone No.		Fax	
	Email		Website	
Contact Person Details				
2	Name		Designation	
	Telephone No.		Mobile No.	
Communication Address				
3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	
Key personnel Details (Chairman, CEO, Directors, Managing Partners etc.)				
4	in case of Directors, DIN Nos. are required			
	Name		Designation	
	Name		Designation	
Bank Details				
5	Bank Account No.		IFSC Code	
	Bank Name & Address		Branch Name	
	Tel No		Email ID	
6	<i>Whether any criminal case was registered against the company or any of its promoters in the past?</i>			Yes / No
<i>Date:</i>		<i>Office Seal</i>		<i>Signature of the tenderer / Authorised signatory</i>