



KERALA MEDICAL SERVICES CORPORATION LTD.,
(Dept. of Health & Family Welfare, Govt. of Kerala)
Thycaud P.O., Thiruvananthapuram-14
Tele Fax No : 0471-2945600, 46
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Email id : kcppurchase@kmscl.kerala.gov.in

Notice Inviting Quotation (N.I.Q)

(Quotation No: KMSCL/KCP/Q5/COVID/2020-21)

Online Quotations are invited for the supply of **Finger Tip Pulse Oxymeter** as per the quantity mentioned in **Annexure-I** on behalf of Karunya Community Pharmacy, Kerala Medical Services Corporation Limited (KMSCL).

TERMS AND CONDITIONS

1. Prospective bidders are requested to submit the quotations along with **PDF** password protected **PRICE BID** through e-mail to kcpquotations@gmail.com up to 11.00 am, **05.08.2020**. Offer received during **01.08.2020 to 05.08.2020** up to 11.00 am will be considered.
2. The quotation documents are published on the official website of KMSCL www.kmscl.kerala.gov.in. The price bid in **PDF** format protected with password shall be submitted along with quotation. The price bid of the prospective bidders whose offer meets with all technical specifications and who also submits all documents will only be considered. The password of the price bid will be sought through email only, if the offer meets all required credentials.
3. Quotation documents submitted in any other format shall not be considered. The quotations received without **price bid** shall be rejected. If password of the price bid is not provided, then the offer will be rejected.
4. Direct manufacturers or authorized dealers can participate in the quotation.
5. The product supplied should have minimum 1 year replacement warranty.
6. If the product supplied is not in standard quality, the consignment shall be summarily rejected.
7. It shall be the responsibility of the bidder to replace the damaged items on supply to the Karunya Depots .If the supplier fails to replace the damaged items, value equivalent to the damaged shall be optimized from the payment.
8. The rate quoted shall be per unit and shall be landed price inclusive of basic price and GST. The basic price shall necessarily include the material / production cost , packing , freight, Insurance, landing and unloading charges at various beads etc.. The price shall be quoted in the format attached (**Annexure-II**).

9. Payment will be made within 15 days (from the date of receipt of goods at Karunya Community Pharmacy depots against invoice by RTGS only.
10. The bidder should submit the following documents,
 - a. Bid offer form (**Annexure III**)
 - b. Technical Compliance (**Annexure IV**)
 - c. Technical literature
 - d. Copy of quality certificates available
 - e. Authorization (**Annexure V A & V B**)
11. The bidder who meets all the technical specifications and submits all documents will be considered for price bid opening and lowest price rate offer will be declared as L1 bidder.
12. The materials shall be **delivered at Karunya Medicine Depot** of the Kerala Medical Service Corporation Limited located at various places in Kerala and/ or the places/ points specified in purchase orders. Entire quantity has to be supplied within **7 days** from the date of receipt of the confirm supply orders.
13. The items must be supplied as Door Delivery and will not be accepted against LR/RR.
14. The items quoted should be supplied in standard packing with **MRP** shall appear in primary and secondary packing of all products.
15. The quantity mentioned is only indicative. The quantity may either increase or decrease as per the actual requirement.
16. The terms and conditions of the quotation document alone will prevail and any other conditions other than those mentioned in the quotation document if submitted by the bidder will not be considered.
17. Two samples of the quoted product has to be submitted at the Head Office of KMSCL due on **07.08.2020** before **5.00 pm** and has to be delivered in the address **"The Managing Director, Kerala Medical Services Corporation Ltd, Community Pharmacy Services division, Thycaud P.O., Thiruvananthapuram-695014, Kerala State."**

Thiruvananthapuram

01.08.2020

s/d

MANAGING DIRECTOR

Quotation Inviting Authority

KERALA MEDICAL SERVICES CORPORATION LTD

OFFER FORM

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

Sl. No.	Name of the Equipment	Model	Original Equipment Manufacturer	Country of Origin
1				

Date:

Office seal

Signature of the bidder/Authorized signatory

KERALA MEDICAL SERVICES CORPORATION LTD
COMPARATIVE STATEMENT

Equipment Name:			
Name of Model Offered:		Name of the OEM:	

SI NO	Description of Technical Specification as per Section I , Amendments if any	Compliance of the offered model with stipulated specification (Yes/No)	Remarks if any

KERALA MEDICAL SERVICES CORPORATION LTD
MANUFACTURER'S OFFER FORM

(To be submitted by manufacturers)

No.

Dated:

To

The Managing Director

Kerala Medical Services Corporation Ltd

(Quotation Inviting Authority)

Dear Sir,

Quotation No : _____

Equipment Name : _____

1. We (Name of the OEM) declare that we are the original manufacturers of the above equipment having registered office at (full address with telephone number/fax number & email ID and website), and having factories at _____
2. We hereby declare that we are willing to provide guarantee/warranty and after sales service during the period of warranty/CMC/AMC as per the above Quotation.
3. We also hereby declare that we have the capacity to manufacture and supply, install and commission the quantity of the equipments within the stipulated time.

(Name) for and on behalf of M/s. _____

Date:

(Name of manufacturers)

Place:

Note: *This letter of authority should be on the letterhead of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.*

KERALA MEDICAL SERVICES CORPORATION LTD
MANUFACTURER'S AUTHORISATION FORM

(to be submitted by authorized dealers/representatives/importers)

No.

Dated:

To

The Managing Director

Kerala Medical Services Corporation Ltd

(Quotation Inviting Authority)

Dear Sir,

Quotation No : _____

Equipment Name : _____

1. We (name of the OEM) are the original manufacturers of the above equipment having registered office at (full address with telephone number/fax number & email ID and website), having factories at _____ and _____ , do hereby authorize M/s. _____ (Name and address of Quotationer) to submit Quotation, and subsequently negotiate and sign the contract with you against the above tender no..
2. We hereby declare that we are willing to provide guarantee/warranty and after sales service during the period of warranty/CMC/AMC as per the above Quotation.
3. We also hereby declare that we have the capacity to manufacture and supply, install and commission the quantity of the equipments within the stipulated time.

(Name)

for and on behalf of M/s. _____

Date:

(Name of manufacturers)

Place:

Note: *This letter of authority should be on the letterhead of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.*

ANNEXURE - I			
Sl. No.	Item Name	Unit	Apprx.Qty (in nos.)
1	FINGER TIP PULSE OXYMETER	Number	20,000

Specification - Finger Tip Pulse Oxymeter

SL.NO.	Tender Specifications
1	Should have colour OLED display
2	Should have automatic multi directional display format and should display spo2%, PR, PI and plethysmograph
3	Should haveSpO2 measuring range of 0-100%
4	Should have measuring range of Pulse rate 30bmp to 250 bmp
5	Should have measuring Accuracy - +/- 2 bpm or +/-2%
6	Should work in low perfusion and PI should be displayed
7	Default Alarms for lower and higher limits of spO2 and Pulse Rate
8	Should have facility for auto shut off if finger is not inserted
9	Should consume low power <30mA
10	Optical wave length of sensors should be: Red: 660nm, 6.65mW, Infrared: 880nm, 6.75mW
11	Should work continuously on batteries with a backup of 20hrs

ANNEXURE-II

KERALA MEDICAL SERVICES CORPORATION LIMITED, THIRUVANANTHAPURAM

PRICE LIST

Sl. No.(1)	Product Name (2)	Manufacturer (3)	HSNITC Code (4)	GST % (5)	MRP/Unit (6)	Unit (7)	Basic Price / Unit (8)	GST rate/Unit (9)	Total landing price incl.GST/Unit (8+9)	
									In figure	In words

Signature