



KERALA MEDICAL SERVICES CORPORATION LIMITED

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

Thycadu P.O, Thiruvananthapuram – 695 014.

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Engineering Division

www.kmscl.kerala.gov.in

No. KMSCL/EP/795/2019

Date: 10/07/2019

Notice Inviting Quotation (N.I.Q)

(Quotation No: KMSCL/EP/Q57/2019)

Sealed quotations are invited for the supply of **Head Immobilizer with Broslow Tape** 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. | Head Immobilizer and Broslow Tape | 13 | 6000.00 |

Technical Specification:

1. The head immobilizer should be with reliable handle- locking mechanism with a quick release lock enables providers to lock patients securely into place, regardless of the head shape or position.
2. The Head immobilizer should have high- density polyethylene construction makes the reusable base and blocks resistant to punctures and tears while still being easy to clean and disinfect.
3. The head immobilizer combined with disposable pads and straps for added comfort and ease of use, the Speed blocks Head Immobilizer ensures comfort for provider and user.
4. The head immobilizer should blocks provide contoured fit for patients aged 2 and up
5. The KIT should immobilize a patients head in 4 easy steps. Place the head on the base, adjust the blocks, lock them into place and fasten the head and chin; your patient is immobilized in a matter of minutes.
6. Should provide Broslow Tape.

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/Q57/2019 dtd: 10.07.2019 for the "supply of **Name of the Item.**" 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 favour 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 22.07.2019- 11.00 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 **various Health Care Institutions across Kerala**, 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/-

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 | | | |

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>Tendered Quantity (F)</i> | <i>Total Price Including all Charges* G= (ExF) (₹)</i> |
|---------------|-----------------------------------|----------------------------|------------------------------------|------------------------------------|------------------------------------|---|------------------------------|--|
| 1. | Head Immobilizer and Broslow Tape | | | | | | | |

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

**Taken for evaluation / bid ranking

Date :

Signature of the
tenderer/Authorised signatory

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 | |