



# KERALA MEDICAL SERVICES CORPORATION LIMITED

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

Thycadu P.O, Thiruvananthapuram – 695 014.

Phone: 0471 – 2945600, 2945646

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## Equipment Division

No. KMSCL/EP/11034/2025

Date: 11/03/2026

### Notice Inviting Quotation (N.I.Q)

(Quotation No: KMSCL/EP/Q115/2025)

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:-

2.

Sl. No	Item Description	Qty
1	Laminar Air flow	1

## TECHNICAL SPECIFICATION

### **LAMINAR FLOW CABINET**

1. Work area size 3 ft W x 2ft D.
2. Worksurface should be SS304.
3. Should have M.S body with sufficient protective coating.
4. Vertical laminar flow design.
5. Average downflow 80fpm +/- 5fpm at 5 - 10cm above the work access opening.
6. Downflow velocity should be uniform across the work area and the variance should not be more than 20% from the mean.
7. Should have sufficient fluorescent illumination.
8. Should have UV light for decontamination.
9. Safety interlock should be provided for UV light.
10. Mini pleat HEPA filter with a typical efficiency of 99.99% at 0.3 microns
11. Work access should be the upward sliding type with variable height adjustment.

12. All transparent windows should be of tempered glass
13. Magnehelic differential pressure gauge
14. Microprocessor based digital display controller module with air flow speed regulatable motor blower
15. Gas tap - one towards the back of the cabinet.
16. Minimum 2 nos-5A electrical outlets should be provided inside the workspace.
17. Should be provided with support stand with castor wheels and lock.

**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/Q115/2025 dtd: 11/03/2026 for the "supply of **Equipment of IVF unit at W & CH Mangattuparamba.**" 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 16.03.2026- 4.00 PM. 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 5.00 PM 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, **Warranty Period** 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 **1 weeks** at W&CH Mangattuparamba , 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			

Date :

Office seal

Signature of the tenderer/Authorized  
signatory

**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.								

\* (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	
<b>Contact Person Details</b>				
2	Name		Designation	
	Telephone No.		Mobile No.	
<b>Communication Address</b>				
3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	
<b>Key personnel Details (Chairman, CEO, Directors, Managing Partners etc. )</b>				
4	in case of Directors, DIN Nos. are required			
	Name		Designation	
	Name		Designation	
<b>Bank Details</b>				
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>