PT. B.D.SHARAMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES ROHTAK

E-mail:- equotations.pgims@uhsr.ac.in **Invitation of e-quotations for**

Department Name: Respiratory Medicine

Demand No: DCH/26/793

Demand Date: 16/10/26

Last Date (Closing Date) of Submission of Quotation: 21/10/26

Rate quotation in sealed envelope/Password protected quotation are hereby invited from the valid firms and suppliers by the undersigned on behalf of the Director, PGIMS, Rohtak for supply of consumables as per Annexure-I for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (**Password protected**) on or before 21/10/26 at 3.00 PM & quotation opened on 21/10/26 at 3.30PM

1. **Terms & Conditions:-**

a. The quotations received sealed/ online after the deadline shall not be entertained under any circumstances whatsoever. In case of any delay this institute will not be responsible.

The online submission though password protected mode will be restricted

b. Quotations must be in online prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director of their authorized representative. In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.

c. Quotations must be submitted in the office of the undersigned before deadline of submitting the quotation.

d. Rates must be quoted in Indian Rupees and as per the format specified taxes extra if any must be written separately.

e. Rates must be quoted F.O.R. basis (including Freight charges).

f. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.

g. The rates quoted must be valid for 90 days minimum or as per State Govt. instructions issued from time to time from the date of opening and silence of any tendered on this issue shall be treated as agreed with this condition.

h. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified

i. Any conditional quotations shall be rejected summarily.

j. **Delivery period – As per supply order on issuing by the office.**

k. **Liquidated Damages:** - If the supplier falls to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5% per week of the total order values shall be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.

l. **Payment terms:** - Payment will be only after satisfactorily complete delivery/ commissioning of material and after inspection by Inspection committee.

m. Pt. BDS PGIMS, Rohtak reserves the right to increase or decrease quantity and / or amount of work. Decision of quantity of material in the Pt. BDS PGIMS, Rohtak will be final in this regard.

n. Pt. BDS PGIMS, Rohtak reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the Pt. BDS PGIMS, Rohtak will be final in this regard.

o. The Sealed Quotation on the envelop due date & product name mandatory. If not mention on the envelop. The quotation will be rejecting.

Special Terms and Conditions:-

1. **Bidder must quote the product as per specifications provided in Annexure-1.**
2. **The supplier may be asked to submit the sample of quoted make for technical evaluation, to the Pt. BDS PGIMS, Rohtak , if required. The expenditure incurred for demonstrating the items will be borne by the supplier.**
3. **Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then Pt. BDS PGIMS, Rohtak has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.**
4. **Jurisdiction: The jurisdiction will be district Rohtak only.**
5. **It is directed to IT Cell that requisition of above item may also be placed on website of Pt. BDS PGIMS, Rohtak for vide publicity to invite a competitive manner of purchase.**
6. **Samples will be provided by the firm with quotations, otherwise quotation not accepted for the institute.**

Encl: Annexure-I (Specification) (Items 1 to 5)

Annexure –II (Format of Quotation)

Committee

Deptt. of T.B. & Resp. Med.
Pt. B.D.S., P.G.I.M.S. Rohtak - 124001

(To be signed by concerned Department)

Senior Professor & Head
Respiratory Medicine
PGIMS, UHS, Rohtak

Annexure-I

Sr. No.	Name of the items	Req. Qty.	Specification	Remarks
1.	Inj. Streptomycin 500mg	30	1. Sterile powder for injection, to be reconstituted before administration. 2. Dose- 500mg	Non RC Item
2.	Respules N - Acetylcysteine 10%	1000	1. **Strength:** 10% w/v (100 mg/mL).	Non RC Item
3.	Respules Formeterol 20mcg + Glycopyronium 25mcg + Budesonide 0.5mg	700	1. **Strength:** Formoterol 20 mcg + Glycopyrronium 25 mcg + Budesonide 0.5 mg per unit dose.	Non RC Item
4.	MDI Formeterol 12mcg + Glycopyronium 25mcg	200	1. **Dosage Form:** Metered Dose Inhaler (MDI). 2. **Strength:** Formoterol 12 mcg + Glycopyrronium 25 mcg per metered actuation.	Non RC Item
5.	MDI Formeterol 12mcg + Glycopyronium 25mcg + Fluticasone 100mcg	100	1. **Dosage Form:** Metered Dose Inhaler (MDI). 2. **Strength:** Formoterol 12 mcg + Glycopyrronium 25 mcg + Fluticasone 100mcg per metered actuation..	Non RC Item

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Annexure-II

(On the letter head of the firm)

Price Bid Form

To

The Director,
Pt. BDS PGIMS, Rohtak.

1. I/ We_____ submitted the quotation for Demand No_____ Dated_____ "quotation for supply at Pt. BDS PGIMS, Rohtak.
2. I/ We thoroughly examined, understood and accepted terms and conditions given in the enquiry document, failing which my quotation will be rejected our rightly.
3. **The Vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufactures and lowest market rates.**
4. **I/ We hereby offer to supply at the following rates .**

Sr. No.	Name of Items	Rate of each Quantity	Quoted make If any	Price/ Unit inclusive of Tax/GST
1.				
2.				

Date_____

Place _____

Phone _____

(Signature of Authorized Person)

Name _____