



GOVERNMENT OF ANDHRA PRADESH

Quotation Notice

FOR

Procurement and supply of balance items for establishment of MCH Tuni and Tanuku in Andhra Pradesh

Quotation No. : QT08/APMSIDC/2023-24, Dt:29.11.2023.

Name of the Agency :
.....
and Address
.....
.....

Implementing Agency :
ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION
(Formerly APMHIDC)
(AN ENTERPRISE OF GOVT. OF A.P.)
2nd Floor, Plot No:09, survey number: 49, IT Park, Mangalagiri,
Guntur District- 522503. Ph No: 8978644900
aphmhdc@gmail.com & ed.apmsidc16@gmail.com

Quotations are invited through sealed envelope cover for below mentioned items along with attached specifications on or before 06.12.2023 @ 03.00 PM and also requested to clearly mention Make & Model of the item.

Venue & Date and Time : O/o. APMSIDC, 2nd Floor, Plot No.09, Survey No. 49, IT Park, Mangalagiri, Guntur 522503. e-mail: aphmhidc@gmail.com & ed.apmsidc16@gmail.com

Delivery Period: 30 Days from date of issue of Purchase of Order.

Terms & Conditions:

Warranty Period: As mentioned in the specifications

PBG : 5% of the contract Value

Payment Terms:

- a) 90% of the contract value of the supply part after necessary deduction will be paid on submission of original invoice with stock entries, delivery challan duly attested by the consignee to APMSIDC, calibration, quality assurance certificate test certificate if required as per technical specification after completion of all the performance obligations.
- b) The balance 10% will be paid after three months from the date of installation on submission of performance satisfactory report (Annexure-I), obtained from the Head of the institute or concerned authorities.

Item Details:

Sl. No	Item Name	Qty	Specifications matched or not	Quoted Unit Price Rs.	Total Amount Rs.
1	Ambulance Tool kit	1			
2.	Fire Extinguisher – 5kgs with fixing stand (ABC Type)	15			

Technical specifications:

1.Ambulance Tool Kit

12 inch Screw Driver Standard Square Bar
12 inch Wrench Adjustable Open End
5lb Hammer with 15 inch Handle
8 inch Screw Driver Head 2
Bolt Cutter with 1 inch to quarter inch Jaw Opening
Fire Axe Butt 24 inch Handle
Hacksaw with 12 inch Carbide Wire Blade
Pruning Saw
Showel Pointed Blade
Vise Grip Pliers 10 inch
Flow Meter Back Pressure Compensated
Humidifier with Metal ABS Caps
Oxygen Cylinder D type

2. Fire Extinguisher – 5kgs with fixing stand (ABC Type)

1. Package Contents-1 Fire Extinguisher, 1 Wall Hook, 1 Discharge Pipe
2. should be effectively useful for all types of fire like Class A, B and C types of fires as well as Electrical fires.
3. Type should be ABC Powder Type (Stored Pressure) Fire Extinguisher, Multipurpose uses.
4. ISI, ISO and CE Certified Product and Multipurpose Uses.
5. Capacity of Fire extinguisher should be 5 Kg.
6. Working Temperature °C:-30 °C to +60 °C.
7. Cylinder Testing Pressure : 35 bar
8. Operating Pressure : 15 bar
9. Min. Effective Discharge Time: 15 sec
10. 3 years Warranty

On Consignee letter Head

Annexure - I

Dt: _____

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION (APMSIDC)

THREE MONTHS PERFORMANCE CERTIFICATE

(to be filled by the head of user institution individually for every equipment)

HOSP CODE / Hospital Name:				
SUP.CODE / Name of the Supplier				
Equipment Details				
EQPT CODE /Name of the equipment:			Purchase Order No:	
Make / Manufacturer			Purchase Order Date:	
Model			Purchase Amount	
Serial no.			Project Name	
Date of Installation			Location / Department	
Whether Equipment working satisfactorily without any problem for one month?			YES <input type="checkbox"/>	NO <input type="checkbox"/>
If No, provide details of equipment failure in the first month <i>(attach additional details if any in a separate sheet)</i>				
BREAK DOWN DETAILS				
Break down Reported Date	Attended date	Rectified date	Attended by	Details of beak down / service
Present status of the equipment		Working satisfactorily <input type="checkbox"/> Not working satisfactorily <input type="checkbox"/>		
Recommended to settle the final payment			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Recommend for trial run for one more month			YES <input type="checkbox"/>	NO <input type="checkbox"/>
Performance of accessories supplied				
Further Training		Required <input type="checkbox"/> Not required <input type="checkbox"/>		
Remarks of hospital authorities				
Three month performance certificate was issued on <i>(date to be filed in by the Head of the institution or by the end user)</i>				
Name of End User & Department			Sign.	

Signature of the Superintendent.		Sign. & Seal	
Date: Seal of supplier:		Date: Hospital Seal :	

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION (APMSIDC)

WARRANTY CERTIFICATE

Date:

APMSIDC Supply order No:dated.....

The equipment(*Equipment Name*)
 Model No..... bearing serial nowas
 installed successfully at (*Institution Name*)
 is offered with a comprehensive warranty for a period of..... Years
 starting from to..... including all the
 following accessories;

Sl. No	Name of the accessory	Manufacturer's name	Equipment Serial No.	Qty

Name of the Supplier: Signature: Seal:	Name of the Supdt. / End User: Signature: Seal:
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Annexure-III

ANDHRA PRADESH MEDICAL SERVICES & INFRASTRUCTURE DEVELOPMENT CORPORATION (APMSIDC)

GENERAL INFORMATION ABOUT THE SUPPLIER

Name of the Supplier

Registered address of the firm

State:

District

Telephone. No.

Fax. No.

Email.

3	Address			
	State		District	
	Telephone No.		Fax	
	Email		Website	

Type of Firm (Please relevant box)

4	Private Ltd.	<input type="checkbox"/>	Public Ltd.	<input type="checkbox"/>	Proprietorship	<input type="checkbox"/>
	Partnership	<input type="checkbox"/>	Society	<input type="checkbox"/>	Others, specify	<input type="checkbox"/>
	Registration No. & Date of Registration.					
Nature of Bussiness (-lease <input type="checkbox"/> relevant box)						
5	Original Equipment Manufacturer	<input type="checkbox"/>	Authorized Dealer /Representative	<input type="checkbox"/>		
	Direct Importer	<input type="checkbox"/>	Others, specify.	<input type="checkbox"/>		