GOVERNMENT OF PUDUCHERRY
DEPARTMENT OF HEALTH AND FAMILY WELFARE SERVICES
RAJIV GANDHI GOVERNMENT WOMEN AND CHILDREN
HOSPITAL, PUDUCHERRY
No.110/RGGW&CH/A10/2019-20/ Dated: 07/08/2019

NOTICE INVITING QUOTATIONS FOR PURCHASE OF REAGENTS FOR
COAGULATION ANALYZER

Quotations are invited for the Purchase of Reagents for Coagulation analyzer Items
whose details are mentioned in the Annexure.

2. Under the terms and conditions detailed below, quotations may be submitted on
or before 19/08/2019 till 4.00 p.m. by post/ in person furnishing the lowest rate and unit in a
closed envelope addressed to the Medical Superintendent, Rajiv Gandhi Government Women
and Children Hospital, Ellapillaichaavady, Puducherry- 605 005, and with quotation for
PURCHASE OF REAGENTS FOR COAGULATION ANALYZER marked on the
envelope:

i. The rates quoted by the supplier shall be inclusive of insurance charges, if any. No
insurance charges, like transit insurance, will be paid by the purchaser. The supplier shall be
solely responsible for the safe delivery of goods in good condition. However, GST may be
charged, if applicable.

ii. The rates once quoted and approved shall be final and valid for one year from the
date opening of quotations and shall be applicable even to the supply of small quantity and
no deviation will be accepted in this regard.

iii. The item supplied shall have a minimum expiry of 18 months.

iv. The item supplied shall be strictly in accordance with the specifications mentioned in
the supply order. Any item, which is not up to the specification or damaged, will be returned
to the suppliers at the their own cost.

v. The medical items shall be delivered immediately after the issue of supply orders at
the Pharmacy store, Rajiv Gandhi Government Women and Children Hospital, EllaPillai
Chaaavady, Puducherry – 605 005, by the safest mode of conveyance at the risk of the
supplier. If supply is not commenced within four weeks, the order placed to L1 shall stand
cancelled and be placed to L2 without any notice to L1.

VI. The R.R/L.R. shall be forwarded direct to the consignee (The Medical
Superintendent, RGGW&CH, Puducherry ) by registered post and not through bank.
VII. The details of TIN,CST,DL and PAN shall be mandatorily mentioned in the
quotation.

VIII. The quotations received either by post or in person after the due date and time will be
summarily rejected.

3. Payment through the ECS will be made by after the receipt of materials in good
condition and after the receipt of pre-receipted, stamped bill in duplicate along with the
copies of supply orders.

MEDICAL/SUPERINTENDENT
ANNEXURE

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of the Reagents</th>
<th>Rate to be quoted for the unit</th>
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</thead>
<tbody>
<tr>
<td>1.</td>
<td>Prothrombin Time Reagent (Thromborel-S) (10×4ml)×10 (350 Tests)</td>
<td>Each</td>
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<tr>
<td>2.</td>
<td>Tubes for Prothrombin time (1000/Pack)</td>
<td>Each</td>
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<tr>
<td>3.</td>
<td>Cuvettes for Prothrombin Time (3000/Pack)</td>
<td>Each</td>
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<tr>
<td>4.</td>
<td>Fibrinogen Reagent (6×1ml) (60 Tests)</td>
<td>Each</td>
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<tr>
<td>5.</td>
<td>APTT Reagent (Actin FSL) 10×2ml</td>
<td>Each</td>
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<tr>
<td>6.</td>
<td>Calcium Chloride for APTT (0.025 mol/L)</td>
<td>Each</td>
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<tr>
<td>7.</td>
<td>Fibrinogen Degradation Products (15 Tests/Kit)</td>
<td>Each</td>
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</tbody>
</table>

**Note:** 1) The Quotations submitted shall be strictly in accordance with the Specifications mentioned above. Any quotations, which is not up to the specifications, will be summarily rejected.

2) Valid Authorized Dealership certificate for supply of reagents from the equipment manufacturer firm is mandatory and must be submitted along with the quotations.

3) The items quoted must bear the HSN Code.

MEDICAL SUPERINTENDENT