

**DEPARTMENT OF SURGERY  
ALL INDIA INSTITUTE OF MEDICAL SCIENCES  
ANASARI NAGAR, NEW DELHI -110029**

Dated: 08.08.2016

**Our Reference: Rate Enquiry No. 01/SURG/2016-17**

**Subject: Rate Enquiry for purchasing of Chemoport.**

Dear M/s

A rate enquiry is hereby floated/ invited for purchasing the following consumable item required by the Department of Surgery, AIIMS, New Delhi.

S. No.           Item Name

- |   |  |
|---|--|
| 1 | <b>Chemoport</b><br><b>( As per Specification attached )</b> |
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**TERMS & CONDITIONS:**

1. The quotations should be addressed to **'Professor & Head, Department of Surgery, Room No. 5025, AIIMS, New Delhi-29'** and sent by post/ courier by **22 August 2016 up to 3.00 P.M.** Quotations should be sealed in an envelope and the reference no. and item name clearly written on top of the envelop. (i.e. quotation for the item .....).
2. The firm must be registered and having TIN no./ registration no. (Please mentioned TIN/ registration no. on the technical bid) or else the quotation will be treated as cancelled.
3. The make and model of the article offered should invariably be quoted. Quotation should be typed/ written in ink. No overwriting or erased entries should be there in the quotation. The rates should be valid for at least three months.
4. VAT/Sales tax or any other kind of tax(s) must be separately mentioned against each item. In case no sales tax is chargeable, prices must be quoted as NET PRICE.
5. If required, the department have reserve the right to call the firm to provide sample of their offered product for quality verification before/after opening the quotation. If offered item does not compatible/suited with the requirement the bid may be rejected. Also if the company fails to provide the sample within 2-4 days of requisition, the bid will be rejected.

6. The firm must supply the item at the mentioned place/location within the stipulated time period in the Supply Order.
7. The payment will be made electronically viz RTGS/NEFT after delivery and satisfactory installation of the item. The following information should be also mentioned in the invoice:
  - Name of the beneficiary:
  - Account No. of the beneficiary:
  - IFCS code of the bank/branch:
8. The quantity can be increased or decreased in the extent of 25%.
9. The Professor & Head of the Department reserves the right to cancel/reject full or any part of the rate enquiry which generally do not fulfill the conditions stipulated in the rate enquiry.

*Anurag Srivastava*

**Dr. Anurag Srivastava**  
**Prof. & Head Professor**



Dr. ANURAG SRIVASTAVA  
अध्यापक एवं विभागाध्यक्ष/Professor & Head  
शल्य चिकित्सा विभाग/Deptt. of Surgical Disciplines  
अखिल भारतीय आयुर्विज्ञान संस्थान/A.I.I.M.S.  
अंसारी नगर, नई दिल्ली/Ansari Nagar, New Delhi-29

R.E. No.01/SURG/2016-17

Dated:08.08.2016

Date of Submission of quotation : 22.08.2016 (Monday) upto 3.00 p.m.

Date of Opening of quotation : 22.08.2016 (Monday) at 03.30 p.m.

**Specification for Chemoport**

Brand Name	Secure Port PLP
Description	PLP venous silicone 8 FR
Chamber material	Titanium + Polysulphone
Shape and size	Circular – base diameter 27mm
Height	12mm
Weight	5,9g
Internal Volume	0,36ml
Diameter available	13mm
Catheter material	Silicone
Catheter int. diam	1.5
Catheter ext. diam	2.7
Catheter FR	8
Catheter length	780mm

*Anurag Srivastava*  
(DR. ANURAG SRIVASTAVA)



डॉ. अनुराग **PROF. & HEAD**  
Dr. ANURAG SRIVASTAVA  
आचार्य एवं विभागाध्यक्ष/Professor & Head  
शल्य चिकित्सा विभाग/Deptt. of Surgical Disciplines  
अखिल भारतीय आयुर्विज्ञान संस्थान/A.I.I.M.S.  
अंसरी नगर, नई दिल्ली/Anseri Nagar, New Delhi-29