

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

Dated: 08.08.2016

**Our Reference: Rate Enquiry No. 02/SURG/2016-17**

**Subject: Rate Enquiry for purchasing of Silicon Breast Implants.**

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>Silicon Breast Implants</b><br><b>( As per Specification attached )</b> |
|---|--|

**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**



डॉ. अनुराग श्रीवास्तव  
Dr. ANURAG SRIVASTAVA  
आचार्य एवं विभागाध्यक्ष/Professor & Head  
शल्य चिकित्सा विभाग/Dept. of Surgical Disciplines  
अटिल भारतीय चिकित्सा संस्थान/All India Institute of Medical Sciences  
जंजली नगर, नई दिल्ली/Anand Nagar, New Delhi-29



R.E. No.02/SURG/16-17

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 Silicon Breast Implants**

1. Implant should be round based
2. Surface should be texture
3. Implant should be manufactured with barrier layers
4. The gel should be with high performance silicone gel.
5. As and when reqd. by the dept. sizes should be changed.
6. The implant should be available high & extra high profile sizes
7. The product should be CE/ FDA Approved

**SIZE:-**

	Qty.
1. 200 CC	- 05 Nos.
2. 300 CC	- 05 Nos.

*Anurag Srivastava*

**(DR. ANURAG SRIVASTAVA)**



**डॉ. अनुराग PROF. & HEAD**  
**Dr. ANURAG SRIVASTAVA**  
आचार्य एवं शिक्षाप्रमुख/Professor & Head  
शल्य चिकित्सा विभाग/Deptt. of Surgical Disciplines  
अखिल भारतीय आयुर्विज्ञान संस्थान/A.I.I.M.S.  
अन्तरी नगर, नई दिल्ली/Anshu Nagar, New Delhi-20