

**Bhagat Phool Singh Govt. Medical College For Women
Khanpur Kalan, Sonipat.**

Email: bpsgmc.purchase@gmail.com

**Invitation of e-quotation for
Pharmacology Department Equipment (Critical Flicker Fusion Apparatus, Choice
Reaction Time Apparatus, Hand Grip Dynamometer, Hand Steadiness Tester)**

Inquiry No: Purchase/2025/

Inquiry Issue Date: 05.03.2025

Last Date of Submission: 10.03.2025 (11:00 AM)

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, BPSGMC Khanpur Kalan for Supply of Consumables as per Annexure-1 for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (Password protected) on or before 10.03.2025 at 11:00 AM. & quotation opened on 10.03.2025 after 01:00 PM.

“QUOTATION FOR – PHARMACOLOGY DEPARTMENT EQUIPMENT (CRITICAL FLICKER FUSION APPARATUS, CHOICE REACTION TIME APPARATUS, HAND GRIP DYNAMOMETER, HAND STEADINESS TESTER)

Closing Date 10.03.2025 Time 11:00 AM

2) Terms & Conditions:-

- a. The quotations received online after this deadline shall not be entertained under any circumstances whatsoever. In case of any delay this Institute will not be responsible.

The online submission through password protected mode will also be restricted.

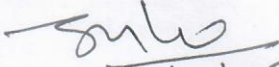
- b. Quotations must be in online prescribed Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative, In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation. Quotation must be submitted in the office of undersigned before deadline of submitting the quotation.
- c. Rates must be quoted in **Indian Rupees** and as per the format specified taxes extra if any must be written separately.
- d. Rates must be quoted FOR basis (including Freight charges)
- e. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- f. The rates quoted must be valid for 60 days minimum or as per State Govt. instruction issued from time to time, from the date of opening of the quotation and silence of any tendered on this issue shall be treated as agreed with this condition.
- g. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- h. Any conditional quotation shall be rejected summarily.
- i. **Delivery Period** –As per supply order on issuing by this office.
- j. **Liquidated Damage:** - If the supplier fails 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 value shall be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.

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- k. **Payment Terms:** Payment will be only after satisfactorily complete delivery /commissioning of material and after inspection by Inspection Committee.
- l. BPSGMC, Khanpur Kalan Sonipat reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the BPSGMC, Khanpur Kalan Sonipat will be final in this regard.
- m. BPSGMC, Khanpur Kalan Sonipat reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the BPSGMC, Khanpur Kalan Sonipat will be final in this regard.

2. Special Terms & Conditions:-

- a) Bidder must quote the product as per specification provided in Annexure 1.
- b) The supplier may be asked to submit the sample of quoted make for technical evaluation, to the BPSGMC, Khanpur Kalan Sonipat, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
- c) 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 BPSGMC, Khanpur Kalan, Sonipat has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.
- d) **Jurisdiction:** The Jurisdiction will be district Sonipat only.
- e) It is directed to Incharge Website that requisition of above item may also be placed on website of BPS GMC Khanpur Kalan Sonipat for vide publicity to invite a competitive manner of purchase.


10/3/25
Sr. Accounts Officer

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

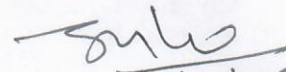
Annexure 1

Sr No	Name of the Items	Specification	Qtys
1.	CRITICAL FLICKER FUSION APPARATUS	<ol style="list-style-type: none"> 1. The apparatus should have two working sides 2. The Experimenter Side should consist of – <ol style="list-style-type: none"> a) A switch to select increasing or decreasing rate of flicker of a light of variable Intensity. b) Flicker rate stimulus : 5 to 50 flashes per seconds c) L. E. D. display of frequency/flicker rate 3. The Subject's Side should consist of a switch to turn on the response light/beep 4. Operating Manual should be provided 5. Minimum 2 years warranty 6. The manufacturer should be ISO certified/or the product should be ISI marked 	02
2.	CHOICE REACTION TIME APPARATUS (Digital Reaction Time Apparatus for Humans)	<ol style="list-style-type: none"> 1. Should perform a wide range of tests including reaction time, choice reaction time, reaction/movement time, and tapping tests. 2. Should have state-of-the-art touch sensitive keypads for ultra-accurate reaction time 3. System should have Reaction/Movement Time Panel. Control Unit for Psychomotor Devices, 4. Should have Psychomotor Experiment Software, Single Touch Key with Stimulus, Foot Switch and Push Button Remote. 5. Low Tone should be 200Hz 6. High Tone should be 1kHz 7. Tone Volume should be 75-85 dB max 8. Headphone should be 90-105 dB max depending on style 9. Stimulus should be 9 tri-colour lights, high or low tone 10. Keys should be Touch sensitive with dual accuracy zones 11. Cue should be Tri-colour light, high or low tone 12. Cue Time should be Fixed, random or none 13. Cue Time Range should be 0-25.5 seconds, 0.1 second resolution 14. Response Timeout should be 0-25.5 seconds, 0.1 second resolution 15. Tapping Duration should be 0-120 seconds, 1.0 second resolution 16. Timing Resolution should be 0.001 seconds +/- 0.005% 	02
3.	HAND GRIP DYNAMOMETER	Measuring Range: 0-100 kg Accuracy: ±1% Display: Digital LCD Handle Adjustment: Yes, adjustable for different hand sizes Additional Features: Peak hold function, battery-operated	02
4.	HAND STEADINESS TESTER	The apparatus should have two working sides. The Experimenter Side should consist of: <ol style="list-style-type: none"> 1. A four figure Electronic Digital Timer to display the error in increments of 1/100 seconds. 2. The Trial Time selector control to set the time period from 5 to 50 seconds in steps of 5 second. 3. Timer's controls - Set - Period, Start and Stop control knobs and buttons 4. Reset to Zero control. 5. Power ON - OFF Switch The Subject's Side contains :- <ol style="list-style-type: none"> 1. A probe, having a tip of about 1.5 mm. in diameter and connecting wire. 2. Consists of 9 holes Diameter of hole 1-9 as follows: 12, 8, 6.5, 5, 4.5, 4, 3.5, 3, 2.5 mm Enclosed in metal covering 	02

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10/3/25
Sr. Accounts Officer

Encl.: Annexure 1 (Specification)

Annexure 2 (Format of price bid)

ANNEXURE "2"

[On the letterhead of firm]
PRICE BIDFORM

To,

Director,
BPSGMC (W),
Khanpur Kalan, Sonipat

1. I/We Submitted the quotation for Enquiry No. **"QUOTATION FOR SUPPLY.....AGAINST THE INQUIRY NO: Purchase/25/....** due on dated.....at BPSGMC, Khapur Kalan, Sonapat.
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. **The vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufacturers.**
4. I/We hereby offer to supply at the following rates.

Sr. No	Particular	Quantity	Quoted Make with warranty period (If any)	Price/Unit Exclusive of Tax (INR)	GST/CST/ST
1.					
2.					

Date _____

Place _____

(Signature of Authorized Person) _____

(Name) _____

Phone _____