



REGIONAL INSTITUTE OF MEDICAL SCIENCES:IMPHAL-795004
(An autonomous Institute under the Ministry of Health & Family Welfare, Govt. of India.)

TENDER NOTICE NO. – 10 (E)
Imphal, the 23rd Dec. 2011

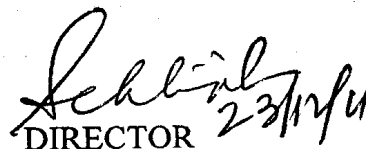
No.4/1/11-CWS (RIMS) :- The Director, Regional Institute of Medical Sciences, Imphal invites sealed tender(s) in prescribed forms C.P.W.D. FORM – 8 from the registered contractors of RIMS, for the work(s) given below :-

Sl.No	Name of work(s)	Estimated Cost	Cost of Tender form	Earnest Money	Time
1	Renovation of IEI for P.G. Gents' Hostel No.-1, RIMS, Imphal.	Rs.927606/- (Rupees nine lakhs twenty seven thousand six hundred and six) only	Rs.500/-	Rs.50000/-	3 months

The tender(s) should strictly adhere to the following terms and conditions.

- 1: The tender(s) should be addressed to **“The Director, Regional Institute of Medical Sciences, Imphal.”**
2. The earnest money deposit should be drawn in the form of either D.D. or Bankers Cheque from a nationalized Bank in favour of **the Director, RIMS, Imphal** payable at Imphal.
3. The tender(s) should be sent through registered post only and the envelope should be super-scribed as **“ Tender No.10(E) “** and the date of the tender.
4. The tender(s) should be accompanied by a copy of a **valid Electrical Contractors License.**
5. The last date of purchasing of the tender forms is **11th. January 2012.**
6. The tender(s) should be received on or before **12th January 2012 upto 3.30 p.m.** and shall be opened on the same day in presence of the Tenderer(s) or their authorized representative without any further correspondence.
7. The cost of tender form shall be paid in cash to the Cashier, RIMS.

8. The tender form(s) general instruction to the contractor & prequalification documents along with the Schedule of Quantity(ies) may be obtained from the **Central Workshop (Electrical Section), RIMS, Imphal** on production of the T.R. issued by the Cashier, RIMS.
9. The undersigned reserves the right to accept or reject any of the tender(s) without assigning any reason thereof.


DIRECTOR

Regional Institute of Medical Sciences, Imphal

Copy to :-

1. The P.S. to the Director for kind information of the Director, RIMS, Imphal.
2. The Med, Supdt., RIMS Hospital, Imphal
3. The Deputy Director (Admn.), RIMS, Imphal
4. CAO/FA, RIMS, Imphal.
5. The Accounts Officer, RIMS, Imphal.
6. The Assistant Engineer (lect.), RIMS, Imphal.
7. All Electrical Contractors of RIMS, Imphal. (2nd class and above)
8. Cashier, RIMS, Imphal.
9. Notice board.
10. The system administrator, Net working RIMS:-He/She is requested to publish the NIT in the RIMS web site.
11. The Editor.....for kind publication in the local news paper.
12. Office copy.