



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

TENDER NOTICE NO. 203
Imphal, the,5th Jan. 2013

NoTW/Engg.C-Hospital/Ext/RIMS- 02/2012:- The Director, Regional Institute of Medical Sciences, Imphal invites sealed Tender(s) in prescribed forms C.P.W.D. FORM - 8 from registered eligible Contractors of RIMS, Imphal for the work(s) given below :-

Sl.No	Name of work(s)	Estimated cost	Cost of Tender	Earnest Money deposit	Time
1	Extension of power house and construction of compound wall, RIMS, Imphal. (SH:- compound wall on southern side only)	Rs. 966549/-	Rs. 500/-	Rs. 50,000/-	5 months

The tender(s) should strictly adhered 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 Banker Cheque from a Nationalised Bank in favour of the **Director, RIMS, Imphal** payable at
- 3 The tender(s) should be sent directly to "**The Director, Regional Institute of Medical sciences, Imphal**" by registered post and the envelope should be super scribed as "**Tender No. and date of the tender No. and Name of the works.**"
- 4 The last date of purchasing of the Tender form(s) is on **14th Jan.2013**.
- 5 The tender(s) shall be received on or before **15th. Jan 2013** and shall be opened on the same day or any convenient date in presence of the Tenderer(s) or their authorized representative without any further correspondence.
- 6 The cost of tender forms shall be paid to the **Cashier**, RIMS.

- 7 The tender form(s), general instruction to the Contractor & prequalification documents along with the Schedule of Quantity (ies) may be obtained from **the Engineering Cell, RIMS, Imphal** on production of the T.R. issued by the Cashier.
- 8 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. The Chief Accounts Officer Cum Financial Adviser, RIMS, Imphal.
5. The Accounts Officer, RIMS, Imphal.
6. All Assistant Engineers, RIMS, Imphal.
7. All Electrical Contractors of RIMS, Imphal.
8. Cashier RIMS, Imphal.
9. Office copy.
10. The editor, For kind publication in the local news paper.
11. The Guard file
12. System Administrator : for kind uploading to RIMS web site.

