



# INSTITUTE OF MENTAL HEALTH & NEUROSCIENCES [IMHANS]

Autonomous institution under the Govt. of Kerala

Govt. Medical College Campus, Kozhikode, Kerala State, India. PIN- 673 008

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29.08.2024

## **SHORT QUOTATION NOTICE**

Sealed quotations are invited from qualified parties/service providers /company for the supply, installation, testing, commissioning and maintenance of the access controls system for laboratory space of IMHANS. Requirements are as follows :-

### **Requirements**

Door access controls: required numbers = 6 (Total)

- Fingerprint, Keypad, RFID OR NFC = 1
- Keypad, RFID OR NFC (fingerprint optional) = 5
- Manual exit switch
- Access control panel for 6 doors
- Electromagnetic Door lock
- Cables
- UPS/power supply backup system
- NFC/RFID cards compatible for printing ID cards
- Installation services

### **Other conditions**

- All accessories needed to make the instrument functional must be supplied.
- The system shall include an operations and maintenance manual covering proper operation, routine maintenance, and troubleshooting for the instrument and controlling software.
- Should provide free installation & demonstration/training covering normal operation, troubleshooting, and routine maintenance.
- The instrument should be provided, at a minimum, with a three-year warranty for the equipment and provisions for a 3-year annual maintenance service agreement after the warranty period.
- The warranty shall commence upon successful completion of delivery, installation, training, and demonstration of all required specifications.

**The quotation should be submitted to the office of the undersigned on or before 13.09.2024 at 1pm.** The quotations will be opened at 200 P.M on the same

● day in the presence of the authorized persons who may be present at that time. Late quotations will not be accepted. Lowest rate will be accepted and the acceptance will be as per rules and regulations vested to the undersigned. The Director, IMHANS Kozhikode reserves the right to accept or reject any quotation without assigning any reason thereof.

To:

Notice board/Website



*[Handwritten Signature]*  
Director

DIRECTOR  
INSTITUTE OF MENTAL HEALTH &  
NEUROSCIENCE  
Kozhikode  
Kerala