

DIRECTOR, CAPITAL HOSPITAL, BHUBANESWAR

TENDER CALL NOTICE FOR SUPPLY OF INJ. ARV (ID/IM) TO CAPITAL HOSPITAL, BHUBANESWAR

Name of the Health Institution : CAPITAL HOSPITAL -BHUBANESWAR
(HEALTH & F.W. DEPTT., GOVT. OF ODISHA)
Tel: 0674-2391983 /0674-2533313:
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Bid Reference No. – CHB/SHT/ARV/2017-18/014

DATE OF PUBLICATION OF BID
DOCUMENT IN WEBSITE : Dt. 17.01.2018 from 11AM

**LAST DATE & TIME OF RECEIPT OF BID
DOCUMENTS** : Dt. 24.01.2018 upto 05.00 P.M

**DATE & TIME OF OPENING OF TENDER
(COVER-A)** : Dt.25.01.2018 at 12.30 PM

PLACE OF OPENING OF BID DOCUMENTS :**Seminar Hall**
RECEIPT OF BID DOCUMENTS :**Capital Hospital Bhubaneswar.**
AND
ADDRESS FOR COMMUNICATION :O/o the Director Capital Hospital,
Bhubaneswar.

TERMS AND CONDITIONS:-

- 1.1 Sealed tenders will be received by Dated **24.01.2018 upto 05.00 P.M.** by the Director, Capital Hospital, Bhubaneswar through Courier/Speed Post/ Regd. Post only (not by hand) for the purchase of **Inj. ARV (IM/ID).** Any tender received after the due date & time will be rejected / returned to the sender unopened.
- 1.2 The bidder(s) are to submit their tender in sealed covered envelopes for technical bid and commercial bid which should be super scribed as “Tender for Inj. ARV (IM/ID) for Capital Hospital, Bhubaneswar”.
- 1.3 The Sealed tenders submitted by the tenderers will be opened at the Seminar Hall of the **Director, CAPITAL HOSPITAL, BBSR** on date **25.01.2018 at 12:30PM.** The tenderer or their only duly authorized representative is allowed to be present during the opening of the tenders if they so like.
- 1.4 No tender documents can be accepted after the expiry of scheduled date and time for receipt of bids.
- 1.5 The details of item and specification are mentioned at Annexure – I.
- 1.6 Rate should be quoted in Indian Currency (with paisa in two decimals only), both in words and figures against each item as the payments will be made in Indian currencies only (**Annexure-II**). The tenderer shall not quote the rate for any item other than the item specified in the list.
- 1.7 The Tax will be charged as per the guidelines given by the Finance Dept., Govt. of Odisha from time to time. **Only GST** will be paid to the supplier.
- 1.9 Each page of the bid document shall be duly numbered, signed and self attested by the bidder.

A. Tender Processing Fee:

The Rs.1,120/- towards processing fee (non-refundable) in shape of Bank Draft in favor of **Rogi Kalyan Samiti, Capital Hospital, Bhubaneswar** payable at SBI Forest Park Branch, Bhubaneswar.

B. ELIGIBILITY CRITERIA

Wholesalers / distributors / suppliers of **twin city (Bhubaneswar & Cuttack)** are eligible to participate in the tender provided, they have:

- (i) Valid Wholesale / Distributor / Drug License from the Drug Controller.
- (ii) Proof of supply to any Govt. hospital / PSU hospital / corporate sector hospital
- (iii) Valid up-to-date TAX clearance certificate.

- (iv) Shall have PAN Card, GST registration.
- (v) Bidders are requested not to quote of products of those manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization.

C. Documents should be submitted with the Technical Bid (COVER-A):-

1. Tender processing fee of Rs.2,100/-
2. **TAX clearance certificate upto 31.03.2017/ 31.03.2018.**
3. Valid Wholesale / Distributor / Drug license from the Drug Controller
4. Price Bid in hard copy **signed & sealed** in each page properly along with the soft copy of the quoted price.
5. Details name, address, telephone no., Fax, e-mail of the bidder.
6. Declaration as per format Annexure-III.

D. PRICE BID

1. The tender format giving the quoted rate for Inj. ARV (ID/IM) should be sent in a separate sealed cover hereafter called **Cover “B” (Price Bid)**.
2. The tender format (Price Schedule) in duplicate in the prescribed form (as per **Annexure – II**), both hard copy and soft copy must be submitted in the bid. The price of the item should be quoted inclusive of insurance, packing, forwarding, freight (door delivery) but exclusive of **GST if any**. The rate should be quoted for each item both in figures and words. *Only two decimal points (paise) will be taken into consideration ignoring the rest digits.* **In case of difference in words and figures, words will be taken into consideration for evaluation.**
3. The quoted rate should be final and shall not be subject to any escalation during the validity of the tender.
4. The tenderer should submit/furnish a certificate in the tender to the effect that the price quoted by them is not more than the open market price or also under DGS&D Rate Contract where such rate exists. However, in circumstances when the price decreases during the contract period, the approved supplier ethically, should intimate the same to the purchasing authority.

E. Rejection of the tender:

The tender paper will be rejected, if any of the following documents are wanting /not found with the tender bid:

- (i) Non submission of relevant documents as mentioned in Clause-C.
- (ii) Price bid / quoted rate with signature and seal.

F. Evaluation:

1. Tenders will be evaluated as per the requirement of the bid and the price bid will be opened only for the bidders who qualified in the **document evaluation**.
2. The cost of the unit item **excluding** Taxes / GST will be evaluated.
3. If the approved lowest eligible supplier fails to supply items in time, to meet the requirement the same shall be procured from the L2/ L3 suppliers at L1 rate, if they agree to supply at L1 approved rate.

G. Supply & Delivery:

1. Supply shall be made within 7 days from the date of issue of purchase order.
2. Delivery shall be made at Sub-Store, Capital Hospital, Bhubaneswar.

H. Payment:

1. 100 % payment shall be made after submission of stock entry certificate(s) from the concerned authority and as per the availability of funds.

I. Penalties:

1. If any product after use found to be **“Not of Satisfactory Quality”/Not as per the parameter/ gives adverse reaction upon consumption”** such item will be declared as “Not of Satisfactory Quality” on the basis of the report of the concerned user. The said product shall be frozen. The supplier has to replace fresh stock as per the purchased quantity and take back the frozen stock. In case the supplier fails to replace the stocks, no further purchase(s) will be placed to the firm and the firm will be blacklisted/debarred from participating in any tender floated by the authority in future for three years.

J. General Conditions:

1. The tender documents should be clearly written /typed without any correction, interpolations and overwriting. Each page of the tender should bear the dated signature of the tenderer.
2. All copies of the tender document should be self-attested. If any information or documents furnished by the tenderer found to be misleading/incorrect at any stage, their tender will not be accepted.
3. The approved rate and supplier will be valid for **one year** from the date of approval and may be extended on review on mutual agreement with the same terms and conditions subject to satisfactory performance of the approved supplier.

4. If the last date of submission of bid being declared as a holiday for the purchaser's office, the due date submission of bids and opening of bids will be the following working date & time.
5. The quantum of procurement **will made on requirement basis.**
6. The authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.
7. All legal disputes, if any relating to purchase etc. are subject to jurisdiction in the courts of law situated at Bhubaneswar, Odisha or High Court of Odisha.

Director, Capital Hospital, Bhubaneswar

ANNEXURE-I

LIST OF ITEMS AND TECHNICAL SPECIFICATION

Item Sl. No.	Name of the Item	Specification / Unit	Remarks
1.	Inj. Anti Rabies Vaccine for Human Use with diluents	<u>Specification:</u> Inj. Anti Rabies Vaccine IP for Human use (TCV) for ID Use. ≥ 2.5 IU/vial (TCV of PVRV / PCEC) with 1ml diluents for ID Use.	

PRICE SCHEDULE

ANEXURE-II

Sl. No.	Item Sl. No. as per tender	Name of the item	Specification	Name of the manufacturer	EACH RATE (Vial)	GST	Total unit cost including tax

N.B: Please provide both softcopy and hardcopy in the price bid.

DECLARATION FORM

I / We _____ having
My / our _____ office at
_____ do declare that I / We have carefully
read all the terms & conditions of tender of the _____, Orissa for the
supply of Inj. ARV (ID/IM). I will abide with all the terms & conditions set forth in the tender paper
Reference no. _____.

**I/We do hereby declare I/We have not been de-recognised / black listed by any State Govt. /
Union Territory / Govt. of India / Govt. organisation / Govt. Health Institutions for supply of Not
of Standard Quality(NSQ) items / part-supply / non-supply.**

I/We agree that the Tender Inviting Authority can blacklist me/us for a period of 3 years if, any
information furnished by us proved to be false at the time of inspection / verification and not complying
with the Tender terms & conditions.

I / We further declare that I / We possess valid license bearing No. _____
Valid upto _____. I / We do hereby declare that I / we will supply the
_____ as per the terms, conditions & specifications of the tender document. I /
we further declare that my / our organisation will be blacklisted if I / we fail to supply Inj. ARV (ID/IM)
after getting order from the purchaser.

Signature of the bidder :

Date :

Name & Address of the Firm: Affidavit before
Executive Magistrate / Notary Public.