

# **DIRECTOR, CAPITAL HOSPITAL, BHUBANESWAR**

## **TENDER CALL NOTICE FOR EMPANELMENT OF SHOPS FOR SUPPLY OF DRUGS & MEDICAL CONSUMABLES TO PATIENTS UNDER RSBY, BKKY, OSTF AND OTHER BENEFICIARY SCHEMES**

**Name of the Health Institution** : CAPITAL HOSPITAL -BHUBANESWAR  
(HEALTH & F.W. DEPTT., GOVT. OF ODISHA)  
**Tel: 0674-2391983 /0674-2533313:**  
**Fax: 06742-391983**  
**Email: [director.chb@gmail.com](mailto:director.chb@gmail.com)**

**Bid Reference No. – CHB/DMC/SHOP/2018-19/005**

**DATE OF PUBLICATION OF  
THE BID DOCUMENT** : Dt. 04.01.2019 **from 11 A.M**

**PRE-BID MEETING** : Dt. 11.01.2019 at 4 PM

**LAST DATE & TIME OF RECEIPT OF BID  
DOCUMENTS** : Dt. 25.01.2019 upto 11.30 A.M

**DATE & TIME OF OPENING OF TENDER** : Dt. **25.01.2019** at 12:30 P.M

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

**RECEIPT OF BID DOCUMENTS**

Sealed tenders are invited for empanelment of suppliers (Wholesalers /Distributor /Retailer) for supply of drugs and medical consumables under **RSBY, BKKY, OSTF and all other beneficiary schemes** for the year **2018-19**. The tenderers have to download the Tender Documents directly from the WEBSITE available at [www.capitalhospital.nic.in](http://www.capitalhospital.nic.in). The Tender processing fee of **Rs.2,240/-** (Non-refundable) by way of Demand Draft drawn in favour of **Rogi Kalyan Samiti Capital hospital, payable at Bhubaneswar** should be enclosed along-with the tender paper/proposal. The tenders will be received through Courier/Regd. Post / Speed Post only and should reach in the office of the undersigned on or before **25.01.2019 by 11:30AM**. The tenders will be opened on **25.01.2019 at 12:30 PM** in the Seminar Hall of the O/o Director Capital Hospital, Bhubaneswar in presence of the Committee members and the tenderers or their authorised representatives.

Terms & Conditions:

1. The tenders should be properly sealed and super scribe as "Tender for Empanelment of shops for **2018-19**".
2. The tenderer shall have to furnish the following documents along with the proposal (Annexure – I)
  - i. Tender processing fee Rs.2,240/- in shape of DD (Non - Refundable)
  - ii. Photocopy of the Valid Drug License (Wholesalers /Distributor /Retailer) from the competent authority.
  - iii. Photocopy of the last I.T Return & GST payment certificate.
  - iv. Photocopy of the PAN card, GST Registration.
3. Preference will be given to:
  - A. Generic Medical Store (Jan Aushodhi) in the Campus even if they are not participating in the empanelment process.
  - B. The Wholesalers /Distributor /Retailer within the Campus/200 mtr. radius from the hospital. In case no supplier within 200mtr

radius comes up for empanelment, other suppliers participating in the tender shall be considered in the tender evaluation process.

- C. In case of oncology (Anti-Cancer) drugs / high value drugs / vaccines, the condition of distance shall not be applicable.
4. The medicine store / wholesaler shall have drugs not less than 75% of the commonly prescribed medicines of the Capital Hospital.
  5. The drugs & medical consumables of reputed / good brand having lower cost will be preferred.
  6. The invoice shall be raised in individual i.e by the name & URI no. of the patient.
  7. The approved suppliers shall have to supply the required medicine/consumables on 24 x 7 basis to meet the emergency.
  8. The approved empanelled supplier shall have to execute / supply order in full. In any case the prescribed medicine(s) / item(s) are not available with them, then it is the responsibility of the approved supplier(s) to make it available.
  9. The approved empanelled supplier(s) shall have to sign MOU with the undersigned before execution of the contract which is valid for one year from the date of signing of MOU.
  10. If more than one supplier are empanelled, in such case purchase will be made on monthly rotation basis.
  11. The purchase shall be made on credit basis and the payment will be released as early as possible and availability of funds through on line/cheque.
  12. [If any dispute/irregular supply/cancellation of supply order by the approved supplier\(s\) will be found during the contract period, no further purchase will be made from the supplier\(s\).](#)
  13. The tender will be rejected if the tenderer changes any clause or Annexure of the bid document downloaded from the website.
  14. The authority reserves full rights to accept or reject any or all proposals without assigning any reason thereof.
  15. In the event of any dispute out of the contract, such dispute should be subject to the Jurisdiction of the Civil Court, Bhubaneswar, Dist- Khordha or High Court, Odisha.

### **Selection of Bidder:**

Evaluation of bids will be made on the basis of maximum discount offered by the bidder. The base discount is **15% on MRP / bill value**. Hence, the bidder who will offer maximum discount above **15% on MRP** or Total Bill value will be selected as the lowest responsive bidder.

### **Raising of invoices:**

#### **Patients covered under RSBY / BKKY / OSTF / other beneficiary schemes of Govt.:**

1. In case of the patients covered under RSBY / BKKY / OSTF, request for supply of drugs and medical consumables will be generated from the RSBY counter, Capital Hospital, Bhubaneswar.
2. The approved supplier has to raise invoice of the patient, clearly mentioning the URN No. & date and full name of the patient registered by Capital Hospital, Bhubaneswar.
3. The approved supplier has to submit the invoice along with the prescribed and indented drugs & medical consumables to the in-charge person at RSBY / BKKY / OSTF counter of Capital Hospital, Bhubaneswar.

**Director, Capital Hospital, Bhubaneswar**

**ANNEXURE – I**

**FORMAT TO BE SUBMITTED WITH THE BID**

**CHECKLIST**

<b>Sl. No.</b>	<b>Document Details</b>	<b>Submitted (Yes / No.)</b>	<b>Page no.</b>	<b>Remarks if any</b>
1.	Tender processing fees			DD No.: Date: Bank:
2.	Drug Licence Details 1. 2. 3.			No. / Valid Till:
3.	Location of premises	<u>Address Details</u>		
4.	Mobile No.			
5.	Email Address			
6.	Approx. Distance of premises from Capital Hospital, Bhubaneswar			

**DISCOUNT OFFER**  
**(PLEASE SUBMIT ON YOUR LETTER PAD)**

I / We M/s \_\_\_\_\_

address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ will supply drugs and medical consumables to the  
Director, Capital Hospital, Bhubaneswar at a discount of \_\_\_\_% (\_\_\_\_\_ percentage) on  
each item / total bill value.

SIGNATURE OF BIDDER

DATE:

SEAL