

DIRECTOR, CAPITAL HOSPITAL, BHUBANESWAR

TENDER CALL NOTICE FOR SUPPLY OF CATH LAB CONSUMABLES TO CAPITAL HOSPITAL, BHUBANESWAR ON RATE CONTRACT FOR A PERIOD OF ONE YEAR FROM THE DATE OF APPROVAL OF TENDER

**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**

Bid Reference No. – CHB/CATH-LAB/2018-19/008

DATE OF PUBLICATION OF BID DOCUMENT IN WEBSITE : Dt. 04.01.2019 from 11AM

PRE BID MEETING : Dt. 11.01.2019 from 4PM

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : Dt. 25.01.2019 upto 11:30 AM

DATE & TIME OF OPENING OF TENDER (Cover-A) : Dt. **25.01.2019 at 12.30 PM**

**PLACE OF OPENING OF BID DOCUMENTS :Seminar Hall
PRE-BID CONFERENCE Capital Hospital Bhubaneswar.**

AND

**ADDRESS FOR COMMUNICATION :O/o The Director Capital Hospital,
Bhubaneswar.**

RECEIPT OF BID DOCUMENTS

SALE OF TENDER / BID DOCUMENT

A complete set of bidding documents may be download by the prospective bidders directly from the WEBSITE available at www.capitalhospital.nic.in. The Tender processing fee of **Rs.2,240/-(Non-refundable)** by Demand Draft drawn in favor **Rogi Kalyan Samiti, CAPITAL HOSPITAL, BBSR** payable at Bhubaneswar and should be enclosed along-with the Technical Bid. The Bidders should specifically superscribe, “**DOWNLOADED FROM THE WEBSITE**” on the top left corner of the outer envelope containing Technical Bid and Price Bid separately. The **EMD** amounting to **Rs. 50,000/-** should be submitted separately in shape of demand draft. In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website or the office notice board before last date of sale of tender document and the Director, CAPITAL HOSPITAL, BBSR shall have no responsibility for any delay / omission on part of the bidder.

- | | | |
|----|------------------------|----------------------------------|
| a) | Tender processing fees | Rs.2,240.00
(Non- refundable) |
| b) | EMD | Rs.50,000.00 |

The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.

Sl. No.	Description of Item	Specification
1	Cath Lab consumables	As per Annexure - I

TERMS AND CONDITIONS:-

- 1.1 Sealed tenders will be received by Dated **25.01.2019 upto 11.30 A.M.** by the Director, Capital Hospital, Bhubaneswar through Courier/Speed Post/ Regd. Post only (not by hand) for the purchase of Hospital Cath Lab consumables for the year **2018-19**. 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 separate sealed covered envelopes for technical bid and commercial bid by superscribing Cover “A” (Technical Bid) & Cover “B” (Price Bid) and both the covers should be put into a third Cover, which should be super scribed as “Tender for Cath Lab consumables for Capital Hospital, Bhubaneswar”.
- 1.3 The Sealed tenders “Cover A” (Technical Bid) submitted by the tenderers will be opened at the Seminar Hall of the **Director, CAPITAL HOSPITAL, BBSR** on date **25.01.2019 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 items 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.

A. Tender Processing Fee and EMD:

The tenderer should furnish the EMD of Rs.50,000/-(Refundable) and Rs.2,240/- towards tender processing fee (non-refundable) in shape of separate Bank Drafts in favor of **Rogi Kalyan Samiti, Capital Hospital, Bhubaneswar** payable at SBI Forest Park Branch, Bhubaneswar. The EMD of the responsive bidders will be returned after submission of performance security and non-responsive bidders after completion/finalization of the tender process.

B. ELIGIBILITY CRITERIA

Manufacturing units / Authorised distributors are eligible to participate in the tender provided, they have:

- (i) Authorization letter in original from manufactures/principal firms (not applicable if manufacturer directly participate in the tender)
- (ii) Valid Manufacturing license of the manufacturer.
- (iii) Valid ISI /CE / US FDA Certificate of the products & ISO / WHO GMP / GMP certificate of Manufacturer
- (iv) Valid Wholesale / Distributor License from the Drug Controller (in case of distributor).
- (v) **Annual turnover of Rs. 10 Crore for manufacturers and Rs. 50 lakh for distributors in last preceding three year.**
- (vi) Proof of supply to any Govt. hospital / PSU hospital / corporate sector hospital in last 3 years.
- (vii) Valid / up-to-date TAX (I.T & GST) clearance certificate.
- (viii) Shall have PAN Card, GST registration.
- (ix) Non-Conviction Certificate from the competent authority (both manufacturer and distributor).
- (x) Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting.

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

1. Tender processing fee of Rs.2,240/-
2. Earnest Money Deposit (EMD) of Rs.50,000/-
3. Copy of valid Manufacturing license or wholesale / Distributor license from the Drug Controller (in case of distributor)
4. Copy of valid ISO/ISI/GMP/WHO GMP/CE/US FDA certificate of the Products / Manufacturer.
5. Manufacturer's authorization **in original** (in case of authorized distributor) (as per **Annexure –V**) along with Manufacturing license
- 6. Copy of latest I.T Return & GST payment receipt**
- 7. Copy of PAN CARD & GST registration certificate**
8. List of item quoted (**Annexure – I(A)**)
9. Price Bid (Cover-B) in hard copy **signed** in each page **& sealed** properly along with the soft copy of the quoted price.
10. Product leaflet with specification
11. Annual turnover of Rs. 10 Crore and Rs. 50 lakh for last preceding three year of manufacturer and distributor respectively (**Annexure-III**) from the **Chartered Annountant**. Distributor has to submit annual turnover of self as well as the manufacturers whose products they are quoting.
12. Details name, address, telephone no., Fax, e-mail of the manufacturer / authorized distributor / contract person / office in Orissa.
13. Declaration as per format Annexure-IV.
14. Technical Bid and sealed price bid and all sheets shall be duly attested by the bidder.

Submission of Samples

The bidders have to submit samples of their quoted make and model within 3 days of opening of Cover-A (Technical Bid). The samples of technically qualified bidder will be forwarded to HOD cardiology for evaluation & basing on the report of evaluator, price bid of qualified samples will only be opened.

D. COVER – B (PRICE BID)

1. The tender format giving the quoted rate for Cath Lab consumables should be sent in a separate sealed cover hereafter called **Cover “B” (Price Bid)**.
Cover –B (Price Bid) will be opened only of the tenderers who qualify in Technical Bid (Cover – A) and product is as per tender specification.
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 Cover-B. 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 rates should be final and shall not be subject to any escalation during the validity of the tender.
4. The Cover "B" of the tenderer / bidder whose tender qualified technically in Cover-A will only be opened which will be intimated latter on.
5. 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 GeM Rate Contract or rates fixed by Govt. of India 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 & samples as mentioned in Clause-C.
- (ii) Technical bid and / or Price bid (quoted rate) without signature and seal.

F. Evaluation:

1. Tenders will be evaluated as per the requirement of the bid and the price bid(Cover-B) will be opened only for the bidders who qualified in the technical & sample 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. Performance Security:

1. The approved supplier(s) shall have to submit performance security amounting to Rs.50,000/- in shape of Bank Guarantee as follows: (refer to Annexure – VI)

Only after submission of performance security by the approved lowest eligible bidder(s), purchase order(s) shall be issued in favour of the approved supplier(s) and EMD will be returned. The bidders can combine the values and submit only one performance security if approved in more than one category.

H. Delivery:

1. Supply shall be made within **30 days** from the date of issue of purchase order or as mentioned in the purchase order.
2. Delivery shall be made at Sub-Store, Capital Hospital, Bhubaneswar.

I. 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. Under no circumstances the supply should be interrupted as regards to payment.

J. 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, the performance security will be forfeited. No further purchase order will be placed to the firm / supplier for the item(s) and the firm / supplier will be blacklisted/debarred from participating in any tender floated in future for three years.

K. 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 or till finalisation of the next tender whichever is later.
4. In the event of the date 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 be made on requirement basis.
6. The MSE / SSI Units of the State of Orissa will be given the following preferences in the tenders provided they produce the following documents as per MSME Development Policy-2009 and IRP - 2007:
Local Micro & Small Scale Enterprises (MSE) and Khadi& Village industrial units including handloom and handicrafts will enjoy a price preference of 10% vis-à-vis over local medium and large industries as well as industries outside the State. Local Micro & Small Scale Enterprises having ISO, ISI Certification for their product shall get an additional price preference of 3% as per provision of IPR-2007.
7. The authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.
8. 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**

Sl. No.	Item code	Item Details	Specification	Remarks (Certification)
1	CL1	Ballon for PTCA	All sizes	
2	CL2	Bipolar Pacing Lead	5 Fr & 6 Fr	
3	CL3	Coronary Stent	DES, All sizes	CE / US FDA approved
4	CL4	Cover Stent	All sizes	
5	CL5	Diagnostic Catheter	All sizes of 5 Fr & 6 Fr	
6	CL6	Diagnostic Guide Wire	J Tip 0.035x150	
7	CL7	Diagnostic Guide Wire	J Tip 0.035x260	
8	CL8	Dye	Iohexol 350mg, 50ml	
9	CL9	Dye	Iohexol 350mg, 100ml	
10	CL10	Dye	Iohexol 400mg, 50ml	
11	CL11	Dye	Iohexol 400mg, 100ml	
12	CL12	Femoral Sheath	6, 7, & 8 Fr	
13	CL13	Guiding Catheter for PTCA	All sizes of 5 Fr & 6 Fr	
14	CL14	High Pressure line	150cm	
15	CL15	High Pressure line	200cm	
16	CL16	Inflation device kit	For PTCA	
17	CL17	Long Femoral Sheath	6, 7, & 8 Fr	
18	CL18	Manifold		
19	CL19	Pressure line	150cm	
20	CL20	Pressure line	200cm	
21	CL21	PTCA Guide Wire	All sizes	
22	CL22	Radial Catheter	5 Fr & 6 Fr	
23	CL23	Radial Sheath	5 Fr & 6 Fr	
24	CL24	Radial Guide Wire	150cm	
25	CL25	Radial Guide Wire	260cm	
26	CL26	Thrombus Suction Catheter	6Fr	
27	CL27	Y-Connector with attached extension line 20cm with kit for PTCA	Easy Catch	
28	CL28	Y-Connector with attached extension line 10cm with kit for PTCA	Easy Catch	

ANNEXURE – I (A)

LIST OF ITEMS QUOTED
(To be attached with technical bid)

Sl No	Item Sl. No. as per tender	Name of the Item	Specification / Unit	Name of the manufacturer & Model / Brand	Mfg. license No. & validity at pg. no.	WHO GMP / GMP / ISI / CE / US FDA etc. at pg. no.	Remarks
1							
2							

PRICE SCHEDULE

ANEXURE-II

Sl. No.	Item Sl. No. as per tender	Name of the item	Make / model / Specification / unit	Name of the manufacturer	Each rate (test kit / bottle / packet / pack set etc.)	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 Cath Lab Consumables etc. The approved rate will remain valid for a period of one year from
 the date of approval. 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 forfeit the Earnest Money Deposit and or
 Security Deposit and 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 Manufacturing License / Drug 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
 EMD and or Security Deposit will be forfeited if I / we fail to supply any item after getting order from
 the purchaser. I / we further declare that we will supply the ordered items manufactured only by the
 manufacturers as mentioned in the bid document.

Signature of the bidder :
Date :

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

ANNEXURE – IV

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s_____ who is a manufacturing unit / wholesaler / distributor for the last three years are given below and certified that the statement is true and correct.

<i>Sl. No.</i>	<i>Year</i>	<i>Turnover in Lakhs / Crores (Rs)</i>
1.	2015 - 2016	-
2.	2016 - 2017	-
3.	2017 – 2018	-

Date:

Place:

(Name in Capital)

Signature of Auditor/
Chartered Accountant

Registration No.

Seal

NB:

1. This certificate should be supported by figures in PL Account & Income Tax Return.
2. Distributor has to submit own as well as turnover of the principal manufacturer whose products they are quoting.

MANUFACTURER’S AUTHORISATION FORMAT

(in original)

To

The Director
Capital Hospital
Unit-6, Bhubaneswar

Sub: LETTER OF AUTHORISATION.

Ref: Tender No. _____ Dated _____ for _____.

Dear Sir,

We _____ who are established and reputed manufacturer’s of _____ (name and description of items offered) having factories at _____

_____ (Address of Factory)

do hereby authorize M/s _____

_____ (Name and address of Distributor

/ Agent) to submit a bid and sign the contract with you against the above referred tender.

We also extend our full quality assurance for the items quoted by M/s _____ as per the terms and conditions in your tender under reference above.

Yours faithfully,

Full Name of the Designated person

(Signature with seal)

Contact Number:

Email:

Note: This letter of authority should be on the letter head of the manufacturer and should be signed by a person competent and having the power of attorney to bind the manufacturer. It should be included in the bid submitted by the tenderer if the tenderer is not the manufacturer.

PERFORMANCE SECURITY BANK GUARANTEE FORMAT

----- [Bank's Name and Address of issuing
branch of Office]

Beneficiary:[Name and Address of the Purchaser]

Performance Guarantee No.....

We have been informed that [Name of the supplier] (hereinafter called "The Supplier" has entered into Contract No. [Reference No. of the Contract]) dated..... with you, for the supply of [description of items].

Furthermore, we understand that according to the conditions of the contract, a performance guarantee is required.

At the request of the supplier, we [name of the bank] hereby irrevocably undertake to pay you any sum or sums not exceeding in total amount of [amount in figures]..... [amount in words]..... Upon received by us of your first demand in writing accompanied by a written statement stating that the supplier is in breach of its obligation(s) under the contract, without your needing to prove or to show grounds for your demands or the sum specified therein.

This guarantee shall expire no later than the day of and any demand for payment under it must be received by us at this office on or before that date.

[(Signatures (s))]

Authority of Issuing Branch

Seal

Date: