

# **DIRECTOR, CAPITAL HOSPITAL, BHUBANESWAR**

## **TENDER FOR REFILLING OF MEDICAL GASES, IP**

**Name of the Health Institution** : CAPITAL HOSPITAL -BHUBANESWAR  
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)  
**Tel:** 0674-2391983 /0674-2397440 :  
**Fax:** 06742- 391983  
**Email:** [director.chb@gmail.com](mailto:director.chb@gmail.com)  
**Web site :** [www.capitalhospital.in](http://www.capitalhospital.in)

**Bid Reference No.** – **CHB/GASES/2018-19/007**

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

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 AM

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

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

## **SALE OF TENDER / BID DOCUMENT**

The Bidders have to download the Tender Documents directly from the WEBSITE available at [capitalhospital.nic.in](http://capitalhospital.nic.in) . The Tender cost fee of **Rs.2,240/-**(One two thousand two hundred forty) Demand Draft drawn in favor of **ROGI KALYAN SAMITI CAPITAL HOSPITAL**, payable at Bhubaneswar should be enclosed along-with the Bid documents in Cover-A, i. e technical bid & sealed price bid should be enclosed in another envelope Cover-B, i. e price bid. Then both the envelopes should be enclosed in the third envelope. The Bidders should specifically superscribe, “DOWNLOADED FROM THE WEBSITE” on the top left corner of the outer envelope containing Bid. The Tender Paper cost fee and the EMD amount Rs.20,000/- (Rupees twenty thousand only) should be submitted in separate demand drafts. 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 purchase of tender document and the Director shall have no responsibility for any delay / omission on part of the bidder.

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

### **A. Tender Processing Fee and EMD:**

The tenderer should furnish the EMD of Rs.20,000/-(Refundable) and Rs.2,240/- towards tender processing fee (non-refundable) in shape of Bank Draft in favour of **Rogi Kalyan Samiti, Capital Hospital, Bhubaneswar** payable at SBI Forest Park Branch, Bhubaneswar. The EMD of the approved/responsive supplier will be deposited in the RKS fund (**as performance security**) and will be returned after completion of the tender period without interest. However the EMD of the non-responsive bidders will be returned after completion/finalization of the tender process.

### **B. ELIGIBILITY CRITERIA**

Manufacturers having valid manufacturing license are eligible to participate in the tender provided they have to submit the following documents:

- (i) Tender processing fees of Rs.2240/- and EMD amounting to Rs.20,000/-.
  - (ii) Copy of GST & I.T Tax clearance (latest)
  - (iii) Copy of GST registration.
  - (iv) Annual turnover of Rs.50 lakh or more in last three financial years as per Annexure-III.
  - (v) Declaration as per Annexure-I
  - (vi) Price bid as prescribed in Annexure – II.
  - (vii) Manufacturing license
- Other supportive document(s)
- (viii) Details of address, contact no. of responsible person, email, fax etc.
  - (ix) GMP / ISO certificate

### **C. PRICE BID**

1. The tender format giving the quoted rate for refilling of gas cylinders 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), 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 (pick-up, refilling and 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 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 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.

**D. 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.
- (ii) Price bid / quoted rate with signature and seal.

**E. 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 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.
4. However, the authority reserves the right to negotiate with the L2 bidder to match the L1 price for steady and continuous flow of oxygen and other gases for the benefit the patients.

**F. Receiving & Delivery of cylinders:**

1. The approved supplier(s) has/have to pickup the empty cylinders from the gas technician(s) on duty of the Oxygen plant of Capital Hospital, Bhubaneswar.
2. After refilling the gases, the supplier(s) has/have to deliver the picked cylinders to the responsible person of Capital Hospital, Bhubaneswar.

**G. Payment:**

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

## **H. 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 the pages of the tender document should be numbered and 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. In case 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 authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.
6. 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**

**DECLARATION FORM**

(On Non-Judicial Stamp Paper of Rs.10)

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 medical gases. I will abide with all the terms & conditions set forth in the  
tender paper Reference no. \_\_\_\_\_.

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 / authorised  
distributor bearing No. \_\_\_\_\_ Valid upto \_\_\_\_\_ I /  
We \_\_\_\_\_ do hereby declare that I / we will supply the Medical Gases as per  
the terms, conditions & specifications of the tender document. **I / we further declare that under  
no circumstances I / we will break the supply of Medical Gases to Capital Hospital,  
Bhubaneswar.**

Signature of the bidder :

**Date** :

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

**PRICE SCHEDULE**

Sl. No.	Name of the gas	Cylinder Volume In litre / Kg	Refilling rate including transportation (to & fro) loading, unloading and any other expenses (Rs.)	GST %	Total unit cost including tax (Rs.)
1	O2				
2	O2				
3	O2				
4	Nitrous				
5	Nitrous				
6	Nitrous				
7	CO2				
8	CO2				
9	Nitrogen				

**In case of spindle / valve and other accessories, rates may be quoted separately mentioning the details.**

**N.B:** Invoice is to be raised as per the cylinder capacity and quantity.

**ANNEXURE – III**

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover of M/s \_\_\_\_\_  
\_\_\_\_\_ who is a manufacturing unit of \_\_\_\_\_  
\_\_\_\_\_ 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.	2014 - 2015	-
2.	2015 - 2016	-
3.	2016 – 2017	-
	or	
	2017 – 2018	-

Date:

Place:

Signature of Auditor/  
Chartered Accountant  
(Name in Capital)  
Registration No.  
Seal:

NB:

1. This certificate shall be supported by figures in PL Account & Income Tax Return of respective financial years.