

**OFFICE OF THE
SUPERINTENDENT,
SAHEED LAXMAN NAYAK
MEDICAL COLLEGE AND
HOSPITAL, KORAPUT**

**TENDER FOR REFILLING
OF MEDICAL GASES IP**

Name of the Health Institution : SLN MC&H -KORAPUT
(HEALTH & F.W. DEPTT., GOVT.OF ODISHA)
Email: slnmchkpt@gmail.com
slnmchms@gmail.com
Web site : www.koraput.nic.in

Bid Reference No. - 627/25-01-2023.

**DATE OF PUBLICATION OF
THE BID DOCUMENT**

: Dt. 27.01.2023 from 11 A.M

**LAST DATE & TIME OF RECEIPT OF BID
DOCUMENTS**

: Dt. 10.02.2023 upto 11.30 A.M

DATE & TIME OF OPENING OF TENDER

: Dt. 13.02.2023 at 12:30 P.M

PLACE OF OPENING OF BID DOCUMENTS

: SLN MC&H -KORAPUT.

**RECEIPT OF BID DOCUMENTS
AND
ADDRESS FOR COMMUNICATION**

**: O/o the Superintendent SLNMC&H,
Koraput.**

SALE OF TENDER / BID DOCUMENT

A complete set of bidding documents may be download by the prospective bidders directly from the WEBSITE available at koraput.nic.in The Tender processing fee of **Rs.2000/- (Non-refundable)** & **EMD** (Rs.100000/-) in shape of Demand Draft in favour of Medical Superintendent, SLNMCH, Koraput payable at Koraput should be submitted as mentioned in the bid document. In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the website before last date of submission of tender document and the Superintendent SLNMC&H, KORAPUT 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.

K. S. Nayak
25/11/23

A. Tender Processing Fee and EMD:

1. The tenderer shall deposit / online transfer the tender processing fee (non-refundable) amounting to Rs.2000/- (including GST) in shape of Demand Draft in favour of Medical Superintendent, SLNMCH, Koraput payable at Koraput or and submit the deposit challan / online transfer slip along with bid for verification.
2. The tenderer shall have to submit EMD amounting to Rs.100000/- in shape of Demand Draft in favour of Superintendent, SLN MC&H, Koraput. However, local SSI units / MSMEs / NSICs / Startups are exempted from submission of EMD on production of relevant documents in the technical bid.

B. ELIGIBILITY CRITERIA

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

- (i) Tender processing fees of Rs.2000/- and EMD / Performance security (as mentioned in clause No. A (2).
- (ii) Valid authorization certificate from manufacturer (only for authorized dealer)
- (iii) Valid manufacturing license.
- (iv) Valid Drug License
- (v) Copy of Valid Tax clearance (both latest GST and I.T return for 2018-19, 2020-21 & 2021-22).
- (vi) Copy of GST registration & PAN card.
- (vii) Average Annual turnover of Rs.15 lakh or more in last three financial years as per Annexure (Annexure-III)

Other supportive document(s)

- (viii) Details of address, contact no. of responsible person, email, fax etc. All documents shall be self attested and numbered sequentially.

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), shall be submitted in the bid. The price of the item should be quoted inclusive of insurance, packing, and handling charges 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.

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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 / GoIRate 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 /notfound with the tender bid:

1. Non submission of relevant documents.
2. Separate sealed Price bid / quoted rate with signature and seal.

E. Evaluation:

1. The tender committee will be decided to evaluate the price bid in consideration of transportation charges for carrying cylinder.
2. The cost of the unit item excluding Taxes / GST will be evaluated.
3. If the approved eligible supplier selected by the committee fails to supply items in time, to meet the requirement the same shall be procured from next penal list

F. Refilling of cylinders:

1. The successful bidder shall receive the empty cylinders from the engaged vehicle of SLNMCH, Koraput.
2. After refilling the gases, the supplier(s) has/have to deliver the same cylinders to the **responsible person/ vehicle driver** of SLN Medical College & Hospital, Koraput.
3. While refilling same cylinders should be returned to transport vehicle in good condition. Under no circumstances cylinders should be exchanged / or substituted with other cylinders.
4. Proper care should be taken during handling / refilling cylinders to prevent any valve leakage and / or any damage to cylinders.
5. If the supplier is not able to refill the cylinders on the same day for Medical gases like Nitrous Oxide , CO2, maximum 2 weeks time will be given for refilling above gases. Otherwise refilling order will be cancelled and supplier will be blacklisted.

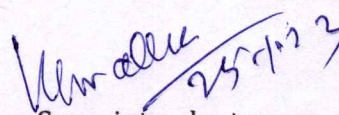
G. Payment:

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. **UNDER NO CIRCUMSTANCES THE SUPPLY SHOULD BE INTERRUPTED AS REGARDS TO PAYMENT.**

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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 the event of 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 Koraput, Odisha .
7. If the successful bidder fails to supply without ascertaining reason and affect the continuation of oxygen supply at this hospital the bidder will blacklisted from this institution and the EMD amount will be forfeited.
8. If as a result of post payment audit, any over/surplus payment is detected in respect of supplied goods under this tender, it shall be recovered by the authority of the SLNMCH, Koraput


Superintendent,
SLNMC&H, Koraput

CHECK LIST
(The 2nd page of your bid document)

Sl. No	Details of the bidder		
1	Name of the Bidder		
2	Address with Phone No. & email ID		
3	Address with Phone No. & email ID		
4	Contact Person		
5	Mobile NO./ Landline No.		
6	Email ID		

Sl. No	Document details	Submitted (Yes/No)	If Yes Page No.	Remarks if any
1	Tender Processing Fees details: DD No: Date: Amount			
2	EMD Details: No: Date: Amount			
4	Annual Turnover statement: (Provide supporting documents like Profit & Loss Account, I.T Return Certificate)			
5	Proof of supply (expect those bidders who are at present supplying to SLN Medical College & Hospital)			
6	Copy of PAN card			
7	Copy of GST registration Certificate			
8	Copy of I.T. return / Tax clearance certificate			
9	Declaration as per Annexure- IV			
10	Valid Drug License			
11	Valid Authorization Certificate from Manufacture (only for authorized dealer)			

N.B.:

- a. Bidder has to sign and seal each page with sequentially numbered (both bids).

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under no circumstances I / we will break the supply of Medical Gases to SLNMCH, Koraput.

Signature of the bidder :

Date :

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

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PRICE SCHEDULE

Sl. No.	Name of the gas	Cylinder Volume in litre / Kg / cft.	Refilling rate (cft / Kg. / Litre etc) including other expenses, if any (Rs.)	GST %	Total unit cost including tax
1	O2				
2	O2				
3	O2				
4	Nitrous				
5	Nitrous				
6	Nitrous				
7	CO2				
8	CO2				
9	Nitrogen				
10					

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

Handwritten signature
25.11.23

(Name in Capital)
Registration No.
Seal

Handwritten signature
25.11.23

Seal

**PRICE BID FOR TENDER FOR REFILLING OF MEDICAL GASES
FOR THE YEAR 2022-23**

[BID REF. No. _____]

To,

The Superintendent,
SLNMC & H,
Koraput-764020

From:
Bidder Name & address details
Mob: email:

**SEALED TECHNICAL BID (PUT ALL TECHNICAL DOCUMENTS IN THIS
PACKET)**

**PRICE BID FOR TENDER FOR REFILLING OF MEDICAL GASES
FOR THE YEAR 2022-23**

[BID REF. No. _____]

To,

The
Superintendent,
SLNMC & H,
Koraput-764020

From:
Bidder Name & address details
Mob: email:

SEALED PRICE BID CONTAINING THE DISCOUNT OFFER

**TENDER FOR REFILLING OF MEDICAL GASES
FOR THE YEAR 2022-23**

[BID REF. No. _____]

Not to be opened before ____/____/2022: ____:____ PM

To,

The Superintendent,
SLNMC & H,
Koraput - 764020

From:
Bidder Name & address details
Pin Code:
Mob:
Whatsapp No.:
email:

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**(This sealed cover containing both sealed technical bid and price bid shall be posted in
above address)**

Unnally 25-1-23

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 _____, Odisha for the supply of Printed forms, register 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 that:-

- i. Our organisation has not been blacklisted by any Government Organization
- ii. Our organisation does not have any legal suit / criminal case pending against it for violation of VAT/ST/CST Act/GST or any other law.
- iii. Our organization agrees to abide by all terms & conditions of tender
- iv. Our organization will quote prices exclusive of all taxes.

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.

Signature of the bidder :

Date :

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

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ANEXURE-II

PRICE SCHEDULE

Sl No	Name of Gas	Rate per Cubic Meter Including handling charges	Rate Per Cylinder with handling charges		GST %	Total Cost per cylinder
			Size of cylinder	Price quoted		
01	Oxygen Inhalation (Medical Gas) in cylinder		D- Type (Jumbo) 46.7 lt			
			B-Type (Medium) 10 lt			
			A- Type (Small) 5 lt			
2	Nitrox Oxide		D- Type (Jumbo) 46.7 lt			
			B-Type (Medium) 10 lt			
			A-Type(Small) 5 lt			
3	CO ₂		D- Type (Jumbo) 46.7 lt			
			B-Type (Medium) 10 lt			
			A-Type(Small) 5 lt			

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

Handwritten signature
25/1/23