

**OFFICE OF THE CHIEF DIST. MEDICAL & PUBLIC HEALTH OFFICER
ODISHA BLOOD BANK,**

DIST. HEAD QUARTERS HOSPITAL, KORAPUT – 764020

E-mail – bloodbankkoraput@gmail.com

Phone no :-06852-252101

Letter no. 608/BB

Date. 15.10.19

TENDER CALL NOTICE

Sealed & signed quotations are invited from the intending authorized/ License firm / Supplier for supply of Drugs & Consumables for Blood Bank having valid GST Regd. Certificate & Drugs License certificate. The sealed quotation should reach the undersigned on or before 30.10.2019 by 1PM and will be opened on the same day at 5PM in the presence of the authorized representatives. The undersigned reserves the right to cancel any or all of the quotation without assigning the reason there of . For further details please visit the district website: www.koraput.nic.in.


15/10/19

Chief Dist. Medical & Public Health Officer, Koraput

General Terms and conditions:

1. The under signed shall have the right to rejecting all or any of the quotation without assigning the reasons there of .
2. Any tender received after due date and time will be rejected . The tender paper will be received through Regd. Post/ Speed post/cornier services only .
3. Two stage bidding system will be done.(Technical Bid & Price bid). After qualifying in the technical bid the price bid will be opened.
4. The bidders are to submit their tenders in separate covered envelop for technical bid and commercial bid by super scribing cover "A: Technical bid & cover " B"(Price Bid) and both the sealed cover should be put into a third outer cover which should be super scribed as Tender for the supply of equipments and consumables under NHM.
5. The financial bid of only those bidders should be opened who qualify in the technical bid.
6. The manufactures have valid manufacturing license and proof of this must be submitted at the time of submission of the tender in the technical bid.
7. Authorized distributor on behalf of the manufacturers is eligible to participate in the tender Necessary information to be furnished.
8. The tender should be submitted along with the following documents.
 - GST Regd.
 - Photo Copy of PAN.
 - Valid Drug License Certificate issued by competent Authority .
 - Bank Draft amounting of Rs. 500/- (Rupees five hundred only) as tender fees i.e non refundable and EMD Rs. 10,000/- (Rupees Ten thousand only) – refundable for the unsuccessful tendered. Drawn in favour of Medical Officer Red Cross Blood Bank , Koraput.
 - Annual turnover should be Rs. 1 core (One) / Rs. 2 core (Two) in case of Authorized Distributor / Manufacturer respectively . For the last three years duly signed by the Chartered Accountant.
9. The under signed reserves the right to increase/ decrease the quantum of the items without assigning the reason there of.
10. Delivery should be completed within ten days after issue of purchase order otherwise it will be treated as cancelled without prior notice.
11. The tenderer has to quote the rate inclusive of all taxes , duties , freight etc.
12. Delivery will be made to District Head Quarter Hospital , Koraput.
13. The Tender will be remain valid for a period of one year.



Chief Dist. Medical & Public Health Officer
Koraput

Annexure-A (Technical Specifications)

Sl. No	Name of the items	Brand
1	Anti –A (10ml)	Tulip
2	Anti –B (10ml)	Tulip
3	Anti –D(10ml)	Tulip
4	Anti A1	Tulip
5	Anti A1B	Tulip
6	Anti H	Tulip
7	Anti Human globulin serum	Tulip
8	Red cell panel	Tulip
9	Australia Antigen ELISA test kit	Tulip
10	HIV Elisa Kit	Tulip
11	HCV Elisa kit	Tulip
12	HBsAG Rapid	Tulip
13	HBsAg Elisa Kit	Tulip
14	HCV Rapid	Tulip
15	Malaria Rapid	Tulip
16	Syphilis Rapid test kit	Tulip
17	Bovine Albumin 22%	Tulip
18	HIV Rapid	Tulip
19	Blood collection bag 350ml	HLL
20	Blood Collection bag 100ml	HLL
21	Blood Collection bag 350ml (Triple)	HLL
22	Blood collection bag CPD 450ml . with SAGM additive solution (Quadruple)	HLL
23	Blood collection bag CPD 450ml (Triple) with SAGM additive solution	HLL
24	Blood collection bag CPD-A1 450ml (Double)	HLL
25	Blood collection bag CPD-A1 350ml (Quadruple)	HLL
26	Blood Transfusion Set with double drip chamber with filter	NIRLIFY
27	Hypochlorite solution , Minimum Chlorine % should be 4% Bottle size :5ltr.	Human diagn & surgichem
28	Medicated adhesive strip medicated first AID Dressing	Medigripe
29	Micro-Tips for micropipette	Tribeni
30	Tissue Paper rolls 10cms	Safex
31	Glass test tube	Borocilicate
32	Glass Slides	Bluestar
33	Cuso4	X
34	Distilled water	X
35	Thermal Paper (20 X 80mm)	X


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Sl. No	Details Provided	Provided or not	If provided mention (Page)
1	Earnest Money Deposit		
2	Tender Fees		
3	Tenderer paper with duly signed on each page		
4	Details of Manufacturing Unit / contract person / local office		
5	Declaration form (Format-T3) signed by the Tenderer & affidavit before notary public.		
6	List of items being quoted as per Annexure-A		
7	Photo copy of valid manufacturing license / Loan License / Import License for each and every product quoted		
8	Valid Drug Endorsement for each quoted product		
9	Authorization certificate		
10	Valid up to date WHO or GMP certificate		
11	Valid up to date GMP certificate		
12	Annual Turnover preceding the last three previous year duly signed by Chartered Accountant.		
13	Supply of drugs and consumables to the Govt. Hospital in the last three year . Furnish the purchase order.		
14	GST Regd.		
15	ISO certificate / BIS certificate		

[Handwritten Signature]

Chief District Medical & Public Health Officer
Koraput

Declaration Form (Format – T3) Signed by the tenderer & Affidavit before Notary Public.

I/ We _____ having our registered office at _____ and its premises at _____ do here by declare that , we have carefully read all the terms and conditions of the tender of the CDM & PHO, Koraput for supply of Drugs and Consumables for Blood Bank, DHH, Koraput. The approved rate will be valid for 1 year from the date of approval. I will abide by the terms and conditions set forth in the tender reference no. _____.

I / we _____ do here by declare that I / we have not been de-recognized / black listed by any state govt., Union territories / Govt. of India/ Govt. Organization/ 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 performance security and blacklist me/us 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 / Drugs License bearing no _____ valid up to _____. I/we _____ (Prop) do here by declare that I /we will supply the kits, chemicals & Consumables as per the terms conditions & specifications of the tender document. We further declare that, my EMD or Security Deposit will be forfeited if we fail to supply any items after getting order from the purchaser . I/we further declare that, we will supply the ordered items manufactured only by manufacturers as mentioned in the bid Documents.

Signature of the bidder



List of items quoted

Sl. No	Sl. No of the item as per Annexure-A	Item code	Item Name	Specification	PI mention. Item wise whether quoted as a manufacturer or authorized distributor	Pg. no of the related document
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						



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ANNUAL TURN OVER STATEMENT

The Annual Turnover for pharmaceutical products of M/s _____

_____ who

is a manufacturer/ importer of pharmaceutical products for the last three years are given below and certified that the statement is true and correct.

SL. No year Turnover in Cores (Rs)

Both in words and figures

1. 2015 – 2016
2. 2016 – 2017
3. 2017 – 2018

Date:

Signature of Auditor

Place: Chartered Accountant

(Name in Capital)

Registration No.

Seal



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Annexure – B (Price Bid)

Sl. No	Name of the items	Brand	NOS.	Cost per unit inclds Vat & Other	Total (Rs)
1	Anti –A (10ml)	Tulip			
2	Anti –B (10ml)	Tulip			
3	Anti –D(10ml)	Tulip			
4	Anti A1	Tulip			
5	Anti A1B	Tulip			
6	Anti H	Tulip			
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29	Micro-Tips for micropipette	Tribeni			
30	Tissue Paper rolls 10cms	Safex			
31	Glass test tube	Borocilicate			
32	Glass Slides	Bluestar			
33	Cuso4	X			
34	Distilled water	X			
35	Thermal Paper (20 X 80mm)	X			

[Handwritten Signature]

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