

**OFFICE OF THE MEDICAL SUPERINTENDENT, SLNMCH,
KORAPUT**

**TENDER CALL NOTICE FOR EMPANELMENT OF AGENCIES ON RATE CONTRACT
BASIS FOR SUPPLY OF HIP REPLACEMENT IMPLANT
(SET AS PER DEMAND) TO SLNMCH, KORAPUT**

Name of the Health Institution

**: SLNMCH, KORAPUT
(HEALTH & F.W. DEPTT.,
GOVT. OF ODISHA)**

Email

: slnmchkpt18@gmail.com

Bid Reference No. - 5425 / 16.09.2023

**DATE OF PUBLICATION OF
THE BID DOCUMENT**

: Dt. 16.09.2023

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

: Dt. 07.10.2023

DATE & TIME OF OPENING OF TENDER

: Dt. 10.10.2023

**PLACE OF OPENING OF BID DOCUMENTS
PRE-BID CONFERENCE**

**: O/o the Medical Superintendent
SLNMCH, Koraput.**

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

**: O/o the Medical Superintendent,
SLNMCH, Koraput.
email: slnmchkpt18@gmail.com**



TERMS AND CONDITIONS:-

Sealed tenders will be received by Dated 07.10.2023 by the Medical Superintendent, SLNMCH, Koraput through Speed Post/ Regd. Post only (not by hand) for procurement of total hip replacement implant. Any tender received after the due date & time will be rejected / returned to the sender unopened.

The bidder(s) are to submit their tender in sealed covered envelopes for i.e. one for technical bid, one for commercial bid (price bid) which should be sealed in third sealed cover and super scribed as "**Tender for procurement of Hip replacement implant**" for SLNMCH, Koraput. The bidder has to clearly mention details of sender with Mobile number, WhatsApp number and email on the third sealed cover carrying the sealed Technical Bid and Price Bid.

The Sealed tenders submitted by the tenderers will be opened at the Office of the Medical Superintendent, SLNMCH, Koraput on date 10.10.2023 at **12:30 PM**. The tenderer or their only duly authorized representative is allowed to be present during the opening of the tenders if they so like. No tender documents shall be accepted after the expiry of scheduled date and time for receipt of bids. Discount offer (as a whole) should be quoted in percent on MRP (Annexure-II). The tenderer shall not offer item wise discount. The Tax (GST) will be claimed as per the guidelines given by the Finance Dept., Govt. of India/ Odisha from time to time. Each page of the bid document shall be duly numbered, signed and self attested by the bidder. Bids without signature and stamp of bidder shall be rejected outright.

A. Tender Processing Fee and EMD:

1. The bidder shall submit tender cost amounting to Rs.2500/- in non refundable to be paid by way of E-Challan under the head of Account 0075-00-800-0097-02237-000 through Odisha Govt. Treasury Site.
2. The tenderer shall submit EMD amounting to Rs.25000/- in shape of Fixed deposit (**Pledged to** Medical Superintendent, SLNMCH, Koraput). The EMD of the responsive bidders will be kept as performance security till validity of rate contract and in case of non-responsive bidders the EMD will be returned after completion / finalization of the tender process i.e. award of contract.

B. ELIGIBILITY CRITERIA

Wholesalers / distributors / importers / Manufacturers (local office or depot) are eligible to participate in the tender provided, they have:

- (i) **The capacity to supply indented (verbal / WhatsApp or as the case may be) within one day of intimation directly to O.T with technical manpower support (when required) in case of emergency.**
- (ii) Valid Wholesale / Distributor / Import / manufacturing License from the competent authority. Valid means valid till the date of opening of Cover-A (Technical Bid).
- (iii) Authorisation from importer / manufacturer if bidder is neither importer nor manufacturer.
- (iv) **(a)** Bidder shall be dealing with products of any / all of the following three manufacturers

- DePuy Synthes (Johnson & Johnson)
- Meril ✓
- Arthrex

and the approved supplier shall have to supply the items of any of the above manufacturers as indented by the surgeon.

(b) Bidder can offer products of any manufacturers, approved by CGHS or supplied to any govt. hospital of Odisha (AIIMS, medical colleges etc).

- (v) Experience in supply to any Govt. hospital / PSU hospital / Corporate Sector hospital (NABH) along with satisfactory performance report from the purchaser. **However, the suppliers at present supplying the same to the tender inviting authority need not to submit the same.**
- (vi) US FDA certification of products in case product is imported / valid CE & ISO certificate in case of products manufactured in India.
- (vii) Valid up-to-date (latest) GST & I.T clearance / payment certificate.
- (viii) Bidder, either manufacturer or importer shall have turnover of Rupees 50 (Fifty) lakhs or more in each year in last three preceding years and in case of bidder other than manufacturer or importer shall have turnover of Rupees 50 (Fifty) lakhs or more in each year in last three preceding years.
- (ix) Not blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization.

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

1. Tender processing fee of Rs.2,500/-
2. EMD of Rs.25000/- in shape of fixed deposit.
3. Copy of -



- a. Valid manufacturing license / valid Wholesale / Distributor / import License from the competent authority.
- b. Declaration as per Annexure - III
- c. Manufacturer's authorisation in case bidder is authorised as per Annexure-IV.
- d. Copy of PAN CARD & GST registration certificate of bidder
- e. Copy of latest I.T Return (2019-20 to 2021-22) & up-to-date GST payment receipt of bidder
- f. Turnover as per Annexure – V.
- g. US FDA / CE / ISO Certificate of quoted model/manufacturer
- h. Proof of supply to any Govt. hospital / PSU hospital / Corporate Sector hospital or satisfactory performance report from the purchaser (for last two Financial Years).
- i. Undertaking to supply the ordered / indented items within 2 hours in case of emergency.
- j. Details name, address, telephone no., Fax, e-mail of the bidder / contact person as per checklist (Annexure-I).
- k. Bank details

D. PRICE BID

1. The offer format for discount offer in percentage should be submitted in **another Sealed Covers** hereafter called **Cover "B" (Price Bid)**.
2. The offer format (Price bid) in duplicate in the prescribed form (as per (Annexure – II) duly sealed must be submitted in the bid. The offer should be quoted inclusive of insurance, packing, forwarding, freight (door delivery) but exclusive of GST if any.
3. **Alternative bid for any item is not acceptable and the item for which multiple bids / rates quoted by the bidder will not be taken into consideration for evaluation.**
4. The offered discount shall be final and shall not be subject to any escalation during the validity of the tender or period of validity.
5. However, in circumstances when the price decreases during the contract period by Central Govt. by any kind of Act/Rule, the approved supplier should ethically intimate the same to the purchasing authority.
6. The price quoted by the tenderers should not be more than the open market price/GeM price.

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 as mentioned in Clause-C.
- (ii) Sealed Technical & Price bid / quoted rate without signature and seal.

F. Evaluation:

1. Tenders will be evaluated:

- a. All the tenderers should produce sample before the Sample Test committee if required. After evaluation of the technical bids, check list & Samples by the committee, the price bids of the technically qualified bids only will be opened by the committee on the scheduled date in the presence of the technically qualified tenderers or their authorized representatives. If any tenderer or its authorized representatives fails to turn up at the time of opening of the tender, the process will continue as usual.
- b. The prospective bidder will quote for a particular company / manufacturer/ importer and mention the maximum discount on MRP (Maximum Retail Price) of all products of that company / manufacturer / importer. The tenderer / bidder offering maximum discount on MRP will be selected as approved supplier for that company / manufacturer. Please refer **Annexure-II**.
- c. The base discount is **20% on MRP / total bill value**. Hence, the bidder, who offers maximum discount above **20% (on MRP or Total Bill value)** shall be selected for empanelment.
- d. If more than one supplier is empanelled, in such case purchase will be made on monthly rotation basis.

G. Work order:

1. The successful bidder offering highest discount shall be given a work order which will be valid for one year from the date of intimation. Approved supplier have to supply items as per demand from Orthopedic O.T / Surgeon or Sister-in-Charge of Orthopedic O.T.
2. The approved bidder after getting the work order shall have to submit their product and price list (of manufacturer) to the HOD, Orthopaedic, Accounts Officer, Store Medical Officer, Dealing Assistant for record.
3. The requirements are subject to OSMCL, BBSR supply.

H. Supply & Delivery:

1. **The approved bidder / supplier shall have to supply implants as per need of the surgeon directly at the sister-in-charge of Operation theatre before the surgery.**
2. The approved suppliers shall have to supply the Hip replacement implant sets on 24 x 7 basis to meet the emergency.
3. The approved empanelled supplier shall have to execute / supply order in full. **In any case, the prescribed item(s) are not available with them, then it is the responsibility of the approved supplier(s) to make it available.**
4. Nil-supply / unwilling to supply the ordered quantity will lead to blacklisting of the supplier for 3 years from the date of intimation/blacklisting.
5. In case the L1 bidder fails to supply the items within the stipulated time, the purchaser reserves the right to purchase the said item from any participated eligible bidder at L1 discounted rate for the benefit of patient(s).

Raising of invoices:

1. The approved supplier shall have to raise invoice in favour of the patient, clearly mentioning the OPD/IPD No. & date, full name of the patient registered & name of the Surgeon of Capital Hospital, Bhubaneswar.
2. Approved Bidder shall have to give discount on each & every bill.
3. Bidder shall mention the details of product code, HSN code, batch number, Mfg. details of each implant used on the body of the bill.
4. The approved supplier shall have to submit the invoice at Sub-Store of SLNMCH, Koraput duly signed & sealed by the Surgeon for further course of actions.

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 delayed previous payment if any.**

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 freezed. The supplier has to replace fresh stock as per the purchased quantity and take back the freezed stock. In case the supplier fails to replace the stocks, the EMD/performance security shall be forfeited. No further purchase order will be placed to the firm / supplier for the item(s) and the firm / supplier shall be blacklisted/debarred from participating in any tender (for that item) as per conditions applicable.

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 date & 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.
4. In case the last date of submission of bid being declared as a holiday for the purchaser's office, the due date of submission of bids and opening of bids will be the following working day, 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 requisite documents as per MSME Development Policy & IPR.
7. The authority reserves the right to accept /reject all the bids or any part thereof without assigning any reason thereof.

8. In case of any legal complications, the approved supplier shall have to provide the detailed information about implants used in such case to the investigating agency.
9. All legal disputes, if any relating to purchase etc. are subject to jurisdiction in the courts of law situated at Koraput, Odisha.
10. If any information or documents furnished by the tenderer found to be misleading / incorrect at any stage the said tender will be out rightly rejected.
11. No advance payment towards the cost of items will be made to the supplier as per Govt. Provision.



ANNEXURE - I

FORMAT TO BE SUBMITTED WITH THE TECHNICAL BID

CHECKLIST

S l. N o.	Document Details	Submitted (Yes / No.)	Page no.	Remarks if any			
1.	Tender processing fees			Date of deposit / transfer			
2.	Drug Licence Details 1. 2. 3.			No. / Valid Till:			
3.	Name of the Manufacturers whose products quoted (if bidder is not a manufacturer)	Name of manufacturer	US FD A at pa ge No.	CE at pag e No			
4.	Location of premises	<u>Address Details</u> Contact Person: Mob Email					
5.	Mobile No.: Whatsapp No.:						
6.	Email Address:						
7.	Approx. Distance of premises from SLN MCH, Koraput						
8.	Authorisation from manufacturer / importer of	Yes / No (Pg. No.)					

	implants				
9.	Proof of supply	Pg. _____ to Pg. _____			
10.	I.T. return and GST payment copy	Pg. _____ to Pg. _____			
11.	Declaration	Pg. _____			

6/5/23

ANNEXURE - II

COVER - B

DISCOUNT

OFFER

(PLEASE SUBMIT ON YOUR LETTER PAD PROPERLY SEALED)

I / We M/s _____

address _____

_____ will supply total hip replacement implant to the
Superintendent, SLNMCH, Koraput at a discount of __% (_____ percentage)
on total bill value.

I / We M/s _____ also
undertake that we will supply any item required by the surgeons even if not dealt by us /
manufactured by the bidders as mentioned in the bid document.

SIGNATURE OF BIDDER

DATE:

SEAL:

N.B: This page shall be put in a separate sealed cover superscribed with "Cover-B of
Tender for Empanelment of Shop / Agency for supply of " and with sender details.



ANNEXURE - III

DECLARATION FORM

I / We _____

(NAME & DESIGNATION) having My / our _____

(Name of bidder) situated at _____

_____do declare that I / We have carefully read all the terms & conditions of tender for supply of Total Hip Replacement Implant, floated by Medical Superintendent, SLNMCH, Koraput. I will abide with all the terms & conditions set forth in the tender Reference No. _____.

I/We do hereby declare I/We or manufacturers of my/our quoted products 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 undertake that, if any of our products after being implanted became defunct or found to have manufacturing defects by act of which legal dispute arises, in such case I/we will be held responsible and will settle the legal dispute.

I / We further declare that I / We possess valid License bearing No. _____ Valid upto _____. I / We _____do hereby declare that I / we will supply the **Total Hip Replacement Implant** 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 / blacklisted if I / we fail to supply any item after getting order from the purchaser. I / we further declare that we will supply the ordered / required item(s) even not manufactured by us or not manufactured by the manufacturers whose products offered by us.

Signature of the bidder _____ :

Date : _____

Name & Address of the Firm:

Affidavit before Executive Magistrate /
Notary Public.

N.B.: This page shall be submitted in appropriate Stamp Paper.



MANUFACTURER'S AUTHORISATION
FORMAT

(in original letter pad)

To

The Medical
Superintendent
SLNMCH, Koraput

Sub: LETTER OF AUTHORISATION.

Ref: Bid Ref. No. _____.

Dear Sir,

We _____

who are established and reputed manufacturer / Importer of having factories
/ office at _____

_____ (Address of Factory / or
Corporate office) do hereby authorize M/s _____
_____, email: _____,

Mobile: _____ (Name and address of Distributor / Agent) to submit
the bid and sign the contract with you against the above referred tender for
the products manufactured / imported by us.

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 / importer.



ANNEXURE-V

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s _____
_____ who is a wholesaler / distributor / manufacturer /
importer for the last three years are given below and certified that the statement is
true and correct.

Sl.No.	Year	Turnover in Lakhs Rupees
1.	2019 - 2020	-
2.	2020 - 2021	-
3.	2021 - 2022	-

Date:

Signature of Auditor/

Place:

Chartered Accountant

(Name in Capital)

Registration No.

Seal

NB:

1. This certificate should be supported by figures in PL Account & Income Tax Return.

4/2/22

**TECHNICAL BID OF EMPANELMENT OF SHOP / AGENCY FOR
SUPPLY OF TOTAL HIP REPLACEMENT IMPLANT**

[BID REF. No. _____]

To, Medical
Superintendent,
SLNMCH,
Koraput

From:

Bidder Name & address details

Mob:

Whatsapp No.:

email:

SEALED TECHNICAL BID

**PRICE BID OF EMPANELMENT OF SHOP / AGENCY FOR
SUPPLY OF TOTAL HIP REPLACEMENT IMPLANT**

[BID REF. No. _____]

To, Medical
Superintendent,
SLNMCH,
Koraput

From:

Bidder Name & address details

Mob:

Whatsapp No.:

email:

SEALED PRICE BID

Handwritten signature in green ink.

**TENDER FOR EMPANELMENT OF SHOP / AGENCY FOR SUPPLY OF
TOTAL HIP REPLACEMENT IMPLANT**

[BID REF. No. _]

Not to be opened before ____/____/2023: ____:____PM

To, Medical Superintendent,
SLNMCH, Koraput

From:

Bidder Name & address details

Mob:

Whatsapp No.:

email:

SEALED ENVELOPE CONTAINING BOTH TECHNICAL BID AND PRICE BID

Handwritten signature in green ink