

OFFICE OF THE SUPERINTENDENT

SAHEED LAXMAN NAYAK MEDICAL COLLEGE AND HOSPITAL, KORAPUT

Tel.No.06852 252121

E-mail:supdtslnmchkpt.od@gov.in

No. 7662 /2025

Date. 02/12/ 2025

SHORT TENDER CALL NOTICE

Sealed Quotations are hereby invited from the intending Registered Authorized Firms/ Dealers/ Suppliers having valid ISO/ISI/GMP Certificate, GST Registration Certificate, PAN Card, Valid Manufacturing Certificate, Valid Drug license and Annual Turnover Statement for supply of Medicines and Medical Consumables for use at Saheed Laxman Nayak Medical College & Hospital, Korapat.

Sl No.	Item Name	Specification	Price Per Unit including all expenses (Excluding GST)
01	Povidone Iodine Lotion (Plastic Container)	I.P., 5% W/v, 500 ml bottle	
02	Tab. Medroxyprogesterone	10mg/tab	
03	Tab. Labetolol	100 mg	
04	Inj. Dextrose 5% (500ml)	100ml contains Dextrose anhydrous 5.0gm with water for injection QS	
05	Inj. Ringer Lactate 500ml	100ml contains sodium lactate 0.320g, Sodium Chloride 0.600gm, Potassium chloride 0.040gm, Calcium Chloride dehydrate 0.027gm with water for injection Q.S	
06	Silicon Face Mask for Anaesthesia	Size-00,0,1	
07	Paediatric Laryngoscope Set	Straight Blade	
08	Disposable Insulin Syringe	40u/1ml	
09	Inj. Dextrose 10%	500ml bottle	
10	Disposable Surgical Gown	Blue Colour, 40-50GSM, SMS nonwoven fabric 48" length with sleeves	
11	Ethibond No- 02, 45mm 1/2c, Taper cut 75cm	Polyester Suture Green Braided	
12	Ethibond No- 05, 45mm 1/2c, Taper cut 75cm	Polyester Suture Green Braided	

The Firms should quote their rate per unit including all expenses but excluding of GST. The sealed quotation super scribed as "Short Tender Call Notice for supply of Medicines and Medical Consumables for use at SLNMCH, Korapat" should reach the Office of the undersigned by 24.12.2025 at 5:30 P.M. through Speed Post/ Regd. Post/ Courier only. The quotations received beyond the scheduled date and time will not be considered under any circumstances. The sealed quotation received by the undersigned will be opened on Dtd: 29.12.2025 at 12.30 PM. The tenderer/bidder

or their authorized representatives are allowed to be present during the opening of the tenders, if they so like. The evaluation of L-1 bidder will be made on the basis of quoted amount for individual items. The undersigned reserves the right to cancel/reject any or all the quotation without assigning any reason thereof.

Documents to be submitted

1. GST Details
2. Copy of PAN
3. Valid Manufacturing Certificate (Annexure-I)
4. Annual Turnover statement (Annexure-II)
5. Affidavit for Non-Blacklisted by any authority of Govt. of Odisha. (Annexure- III)
6. Valid ISO/ISI/GMP certificate
7. Valid Drug license (If required)

Memo No: 7663

Copy to the E- Governance Officer, Koraput for information and necessary action. He is requested to float the Short Tender Call Notice in Koraput District Web site- www.koraput.odisha.gov.in at an early date for wide circulation.


Medical Superintendent
SLNMCH, Koraput
Date: 02/12/2025

Memo No: 7664

Copy to notice board of this office.


Medical Superintendent
SLNMCH, Koraput
Date: 02/12/2025


Medical Superintendent
SLNMCH, Koraput

Terms and Conditions

1. The Tenderer should submit the attested Xerox copies of authorisation letter of manufacturer/ Principal Firms, otherwise tender for the item will not be considered.

(Annexure I)

2. The Drugs & Medicine consumables etc. to be supplied must have expiry of minimum one year on the date of supply. Demo items for quality assessment to different departments if required may be supplied. Items/ Medical drugs having limited expiry/shelf life should be supplied in batches on requisition from the undersigned.
3. If any information or documents furnished by the tenderer found to be misleading/ in-correct at any stage their tenders will not be accepted.
4. The committee is not bound to accept the lowest rate and Highest discount offer considering the technical aspects.
5. The rate so quoted should be on door delivery at Sub Store of SLN Medical College & Hospital, Koraput, Odisha
6. The tender will be valid for one year from the date of approval.
7. Any condition of tenderer will not be accepted.
8. Original documents may be produced for verification if asked for.
9. The Superintendent, SLN Medical College & Hospital, Koraput reserves right to accept/ reject/ cancel any or all the tenders in full or part without assigning any reason thereof.
10. Tenderer who has been blacklisted either by the tender inviting authority or by any state Govt. Or Central Govt. Organisation should not participate in the tender during the period of blacklisting, and the tenderer should submit the undertaking about of non blacklisted by any authority in non judicial stamp paper duly attested by notary.

(Annexure-II)

11. The payment will be released subject to availability / allotment of funds. Payment shall be made on receipt of the stock entry certificate on the body of the bill/invoice from the store. No advance payment towards cost of items will be made to the supplier,
12. 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 performance security (EMD) will be forfeited. No further purchase order will be placed to the Firm/ supplier for the item(s) and the Firm/supplier will be black listed/debarred from participating in any tender floated in future for three years. In this scenario, L-2 bidder of respective item is treated as L-1 bidder at their quoted price.

13. If the manufacturing Firms are directly submitting the tender, they should not authorize any agent to quote for the same products simultaneously.
14. The tenderer should adhere to the terms & conditions and submit the bids in given prescribed proforma failing which the tender paper will be cancelled.
15. An affidavit before Executive Magistrate/Notary Public mentioning that the supplier must not have been convicted by the state drug authorities and no case is pending against him under the drugs and cosmetics rules and it should not be black listed by any authority.
16. All legal disputes, if any relating to purchase etc are subject to jurisdiction in the courts of law situated at Koraput, Odisha.
17. Each page of the tender document should be self-attested by the tenderer.
18. The approved supplier shall furnish a copy of in-house certificate of Analysis (COA)/ Test report issued by approved NABL Accredited Laboratory/ Central Drug Laboratory/ NIB/ Other GDA Testing Laboratories for each batch of items supplied them.
19. The approved supplier will ensure the quality of the supplied items strictly and in the event of any suspicion arising thereof, the authority can go for the scrutinizing procedure and the official expenses due to this will be borne by the said supplier.
20. The selection of L-1 bid will be made on the basis of cost of individual items.


Superintendent
SLNMCH, KORAPUT

MANUFACTURER'S AUTHORISATION FORMAT

(in original)

To

The Superintendent

SLN MCH, Koraput

Sub: LETTER OF AUTHORISATION

Ref: Short Tender Call Notice 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.

**Superintendent
SLNMCH, KORAPUT**

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 _____. 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-recognized/ blacklisted by any State Govt./ Union Territory/ 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 or Security Deposit and blacklist me/us for a period of 3years 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 up to _____. 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 or the Firm: Affidavit before

Executive Magistrate/ Notary Public

(To be furnished the letter head of the Auditor)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for Drugs and Medical Consumables

M/s _____ who is a manufacturing unit/ distributor for the last three years are given below and certified that the statement is true and correct.

Sl. No.	Assessment Year	Turnover in Lakhs
1.	2022 – 2023	–
2.	2023 – 2024	–
3.	2024 – 2025	–

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal
Membership No.-
UDIN No.

Note:

1. To be issued in the letter head of the Auditor.
2. The above turn over statement must support with audited balance sheet.