

SECTION-I

NOTICE INVITING TENDER

Tender Reference NoDT.....

Sealed quotations are invited from the Manufactures/Authorized Suppliers equipment/ instrument or similar items. The tender contains documents as below:

General Information:

<u>1</u>	Period of Availability of Tender Document	From 03.06.2022 to 28.06.2022 (Downloadable from website: www.nuapada.nic.in) In case of any bid amendment and clarification, responsibility lies with the bidders to collect the same from the above-mentioned website before last date of submission of tender document and the tender inviting authority shall have no responsibility for any delay / omission on part of the bidder
2	Last date & time for submission of Tender	Date: 28.06.2022 Time: till 05.00 PM Address of Submission of Bid: OFFICE OF THE CHIEF DISTRICT MEDICAL OFFICER, NUAPADA AT-NUAPADA. PO-NUAPADA, DIST-NUAPADA, ODISHA, PIN-766105. (Through Speed post / Registered post/courier) only
3	Date, time and place of opening of Tender	a) Technical Bid (Cover A) opening Dt.29.06.2022 at 11.00 AM at the address mentioned above. b) Financial Bid (Cover B): <i>The date of opening of financial bid will be intimated to the firms found successful in the technical bid evaluation.</i> (Venue is mentioned at the address mentioned above) (Bidders / authorized representative may remain present at the time of opening of bid)

SECTION-II

IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

1.	Mode of Procurement	Through Open Advertisement
2.	Purchaser	Chief District Medical & Public Health Officer, NUAPADA
3.	Consignee	DISTRICT CENTRAL STORE-NUAPADA
4.	Delivery Period	Within 20 days from issue of the purchase order.
5.	Mode of Delivery	By Air / Road / Rail
6.	Tender Document Cost/ Processing Fees	Rs. 2240 /- (INCLUDING TAX). The tender document cost is to be Submitted in the shape of bank draft in favour of ZSS, NON NRHM FUNDS NUAPADA from any Nationalized / Scheduled Bank payable at STATE BANK OF INDIA, NUAPADA.
7.	Earnest Money Deposit (EMD) {(Rs.10,000.00) Ten Thousand Only}	The Earnest Money Deposit will be paid in the shape of DEMAND DRAFT/BANK GURANTEE. DD should be in favor of ZSS, NON NRHM FUNDS NUAPADA from any Bank payable at STATE BANK OF INDIA, NUAPADA and Bank Guarantee should be in favor of Chief district Medical & Public Health Officer, Nuapada.

SECTION-III

TERMS CONDITIONS AND ELIGIBILITY CRITERIA FOR SUPPLY OF MEDICAL ITEMS UNDER CDM &PHO, NUAPADA

1. TERMS AND CONDITIONS

A. Sealed quotations will be received by 28.06.2022 **till 5.00 P.M** along with all required documents. The quotations will be opened on 29.06.2022 **at 11.00 A.M** in the office of the CDM&PHO cum District Mission Director, Nuapada in presence of the tenderer /authorized representative of the tenderer who may wish to be present. Any quotation received after the due date & time will be rejected. **The quotations will be received through Regd. Post / Speed Post /Courier only.**

B. The quotationer(s) are to submit their quotations in **separate** sealed covered envelopes for **technical bid** and **Price bid** by super scribing **Cover "A" (Technical Bid) & Cover "B" (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be superscribed as **"Tender for the supply of Medical Items Under CDM&PHO"**.

C. Tender must be accompanied by Rs 2240/- (Rupees Two Thousand Two Hundred Forty) Only (Nonrefundable) as processing fees & **EMD of Rs.10,000/-(Rupees Twenty Thousand)** by way of Demand Draft (Must be submitted), drawn on any Bank in favour of **ZSS Non. NRHM FUNDS, Nuapada**. Tenders if not accompanied by processing fees/ EMD will not be considered. Security of unsuccessful tenderer will be returned without interest on finalization of bid.

D. Rates should be inclusive of all taxes & Transportation.

E. The rate will be applicable for purchase of the mentioned items for the period of one year.

F. The supplier selected shall have the responsibility to supply above mentioned items as per supply order which is required for carrying out day to day official work.

G. The suppliers shall also ensure that the quality and quantity has to be as per the supply order and approved rate contract in the quotation process.

H. The firm should have PAN/GSTIN holder & up to date Tax clearance certificate. (Originals to be produced if committee asked to produce the same).

I. Order to the supplier will be made as per the requirement.

J. The supply of items shall be made immediately according to volume after placing the supply order in the Office of CDM&PHO cum DMD, Nuapada/ any other office under the jurisdiction of the undersigned and supplier shall submit the bill for payment at the approved rate in respect to the quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.

K. In case of failure on the part of the approved supplier to supply of the above mentioned items as per supply order with stipulated period, the CDM&PHO cum DMD, Nuapada shall be at liberty to purchase above mentioned items from other sources and the approved supplier shall be liable to pay the excess amount which this office have to incur being the different of actual amount of purchase minus the amount as per approved rates and difference as aforesaid shall be recoverable and adjustable against the security deposit amount.

L. Payment will be made after 100% supply of items as per order.

M. The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

N. Annual turnover certificate duly signed by Chartered Accountant submitted for last 3 years (Annual turnover must be \geq 10 Lakhs in last three preceding years) Format T2

SECTION-IV

SPECIFICATION

1. HBNC Kit (should have Following Items)

- **Baby weighing Scale with Sling**
- **Technical Specification**
 - a) Should have tough Nylon Plastic (Black) body with demonstration photos in white colour.
 - b) Capacity: Maximum load capacity should be 5 kg.
 - c) Each product should be stamped by weight & Measurement department.
 - d) Should have colour coded reading scale.
 - e) Should have zero adjustment.
 - f) Should have inbuilt overload protection.
 - g) Minimum graduation should not be less than 100 grms.
 - h)** Scale should be fitted with an approx.3" rod handles with non-corrosive metallic ring on top and S shaped hook at the bottom for suspending the sling bag.
 - i) Spring used in the scale should be made of heavy-duty steel spring, on-corrosive grade II.
 - j) Sling bag should be made of double stitched tough & tear resistant 100% polyester to weigh the baby (with load carrying capacity of at least 7 Kgs.) sling bag width at the middle of the bag:24". Two nos. sling bags should be provided in each baby weighing scale.
- **Clinical Digital thermometer**
- **Technical Specification**
 - a) Digital thermometer with Fahrenheit scale.
 - b) Safe to use, automatic, no glass, no mercury.
 - c) Measurement range: 90.00 F to 109.0⁰ F.
 - d) Measurement accuracy: +/-0.2⁰ F between 98.0⁰ to 102.0⁰ F
+/-0.3⁰ F between 96.40⁰ F to 98.0⁰ F
+/-0.3⁰ F between 102. 0⁰ F to 102. 0⁰ F
(Type testing certificate from lab relating to measurement accuracy need to furnish in technical bid)
 - e) Should have auto shut off facility.
 - f) Display should be LCD type.
 - g) Beeper alarm of approx.10 seconds sound signal when peak temperature reached.
 - h) Average measurement time: oral: 30 sec: Rectal: 30sec: Auxillary: 60 sec.
 - i) Battery Operated.
 - j) Should have more than 200 hrs. Of battery life.
 - k) Warranty:1 year

5. Digital Thermometer

Technical Specification

- a) Should have plastic body.
- b) Should be battery operated.
- c) Should be supplied with neck cord.
- d) Should have normal time display with hour, minutes, and seconds with stop watch function.
- e) Should be water resistant.

f) Should have illuminator for clear visibility.

6. HBNC KIT BAG

- a) Appropriate size (Made of Rexin/Tetron) to accommodate all the three items.
- b) The bag should have cover opening with Zip facility.
- c) Should have handle to carry.
- d)** The logo: NRHM and the title HBNC Equipment: Govt. Of Odisha Supply, Not for sale should be printed on the Bag.

SECTION-V

Annexure II

1	Name of the Organization	
2	Address of the organization	
3	Name of authorized signatory (In capital letters)	
4	Authorization and specimen signature of the authorized signatory Telephone number of authorized signatory / Organization (Fomat T2)	
5	product broacher with photographs of the product and List of item quoted (Fomat-T1)	
6	Deviation and no deviation (Format-T4)	
7	GSTIN (GST identification number)	
8	PAN (Photocopy of PAN)	
9	Draft number & date of tender document Cost (Non-Refundable) of Rs.2,240/-	
10	Draft number and date of the EMD	
11	Annual Turn over certificate (format-T5)	
12	Authorization Copy (Not required for Manufacturer)	
13	Affidavit of declaration (<i>On original Stamp Paper</i>) as per Clause 4 of the terms & condition in Format T3	
14	Whether all documents submitted signed by the authorized signatory of the organization (Yes/ No)	

Format-T2

(To be submitted in *Cover A -Technical Bid*)

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON/ SERVICE CENTRE

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Address of Local Contact Person / Branch Office / Zonal Office / Address of Service Centre if any, in Odisha.
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		
Date of Inception	(Copy of Certificate of incorporation of Manufacturer)	
Name of the issuing authority		
Import License (in case of Importer only)		
GSTIN	(Furnish photocopy of GSTIN)	
PAN	(Furnish photocopy of PAN)	
Details of the Service Centre Facilities (in Odisha)		

**Signature of the Tenderer:
with seal**

Date:

Official Seal:

Format-T3

(To be submitted in *Cover A -Technical Bid*)

DECLARATION FORM

I / Wehaving
My / ouroffice
at.....do declare that I / We have
carefully read all the terms & conditions of tender of the _____, Odisha
for the supply of medical equipments. 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 Reference no.** _____

I/We do hereby declare I/We have not been de-recognized / black listed by any
State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health
Institutions for supply of Not of Standard Quality items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money
Deposit and or Performance 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/ W edo
hereby declare that I/ we will supply the _____ as per the terms,
conditions & specifications of the tender document. I / we further declare that I / we
have a service centre / will establish a service centre within one month of installation
of the equipment in Odisha.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.

To be submitted in Rs.20/- Non Judicial Stamp paper.

Format-T4

(To be submitted in *Cover A -Technical Bid*)

STATEMENT REGARDING DEVIATIONS FROM TECHNICAL SPECIFICATIONS (IF ANY)

Following are the Technical deviations and variations from the purchaser's Technical Specifications.

Sl. No.	Item Name	Clause of Technical Specification	Statement of Deviations / Variations if any
1			
2			
..			
..			
..			

In case there is no deviation from technical specification, Pl. Mention *No Deviation*.

Signature of the Bidder

Name :

Date :

Place :

Seal

Format-T5

(To be submitted in *Cover A -Technical Bid*)
(To be furnished in the *letter head* of the Chartered Accountant)

The Annual Turnover of M/s _____ for the last 3 financial years are given below and certified that the statement is true and correct.

Sl.	Financial Year	Turnover in Lakhs (Rs.)
1	2018-19	
2	2019-20	
3	2020-21	
Average Annual Turnover of last three years (Rs. In lakhs)		

Date:

Signature of Chartered Accountant
(Name in Capital)

Place:

Seal
Membership No

Note:

1) To be issued in the *letter head* of the Chartered Accountant with membership No.

To be submitted in *Cover B – Price Bid*

Si.No	Name of The Items	Make & Model of Items & warranty of Quoted Item	Rate Per Unit (Including transportation & installation and taxes)	Tax Details (%)	Total
1	2	3	4	5	6
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					
11					

- Price of each item should be including of all taxes ,transportation and installation .
- % Of GST which will be charged in column 4 will be mentioned separately in column 5.
- Rates should be quoted both in figures & words for each item and if there is any discrepancy, the quoted rates in words will be taken for evaluation.
- The tenderer has to mention the make / brand, specification & warranty of all the items.

Signature of the Bidder:
Name :

Date
Place