

**TERMS, CONDITIONS & SPECIFICATION FOR  
SUPPLY OF DRUGS AND MEDICAL CONSUMABLES/MISCELANEUOS  
ITEMS**

**FOR A PERIOD OF ONE YEAR**

**Name of the District / Health Institution: \_CDM & PHO, NUAPADA**

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

**Email: [dwhnuapada@yahoo.in](mailto:dwhnuapada@yahoo.in) / Ph- 06678-225346/225908**

**Bid Reference No. CDM&PHO/03/DMC/ 2019-20**

**LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS: 28/11/2019 up to 05 PM**

**: DATE & TIME OF OPENING OF THE TENDER:- 29/11/ 2019 at 11 AM**

**PLACE OF OPENING OF BID DOCUMENTS AND**

**ADDRESS FOR COMMUNICATION AND**

**RECEIPT OF BID DOCUMENTS:**

**Chief District Medical & Public Health Officer,**

**Nuapada**

**Odisha, PIN-766105**

**Chief District Medical & Public Health Officer,**

**Nuapada**

## **TERMS AND CONDITIONS FOR SUPPLY OF DRUGS AND MEDICAL CONSUMABLES /BCL ITEMS UNDER CDM & PHO, NUAPADA FOR A PERIOD OF ONE YEAR.**

1. The bidders may download the tender documents directly from the [www.nuapada.nic.in](http://www.nuapada.nic.in). The bidders are required to submit tender document fee of **Rs.1000/- (Rupees One thousand)** only non-refundable, **in shape of Demand Draft in favour of CDM & PHO, Nuapada** with tender documents.
2. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid documents.
3. Sealed tenders will be received by date **28/11/2019 up to 05PM** by the CDM & PHO, Nuapada in the office of the CDM & PHO, Nuapada for the purchase of Drugs and Medical Consumables /Miscellaneous items. Any tender paper received after the due date and time will be rejected/returned to the sender unopened. The tender paper will be received through Speed Post/ Regd. Post/ Courier Only.
4. The CDM & PHO shall have no responsibility for any delay / Omission on part of the bidder and reserves the right to reject any or all the tenders without assigning any reason thereof.
5. The bidder(s) are to submit their tenders in separate sealed covered envelopes for Technical Bid and Price Bid by superscribing **Cover 'A' (Technical Bid)** and **Cover 'B' (Price Bid)** & both the sealed covers should be put into a third outer cover which should be superscribed as **"Tender for Supply of Drugs & Medical Consumables/Miscellaneous items 2019-20" and Tender Reference No. CDM & PHO/ 03/DMC 2019-20.**
6. The sealed tenders will be **opened** by the CDM & PHO, Nuapada (Purchase committee) in the office chamber of the CDM & PHO, Nuapada on dt- **29/11/2019 at 11 AM** .The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.
7. The rate quoted by the bidder should be inclusive of **all taxes (GST/ Freight/ Insurance etc)**
8. Conditional tenders are liable to be rejected. In the event of acceptance, District Magistrate's decision will be final. The tender which is not as per our required specifications will not be considered.
9. If the successful bidder/ bidders fail to supply within the stipulated period i.e. 30 (Thirty) days from date of receipt of final proof from CDM & PHO, Nuapada liquidated damage @ 0.5% of the tender value per week of delay shall be deducted from the final payment. Maximum delay time acceptable is 8 weeks. Hence, the maximum liquidated damage shall be up to 4% of purchase order. If the bidder fails to supply within the maximum delay time his order stands cancelled automatically.
10. The authority will not make any advance payment to the organization. The organization will have to carry out the entire job on its own and the amount will be paid only after satisfactory completion of the job and submission of bill in that regards.
11. The cost towards the testing of sample will be borne by the successful bidder.
12. The supply of items shall be made immediately according to volume after placing the supply order in the office of the CDM & PHO, Nuapada and supplier shall submit the bill for payment at the approved rate in respect to quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
13. 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, 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 aforesaid shall be recoverable and adjustable against the security deposit amount.
14. Under no circumstances shall the organization appoint any sub contractor or sublease the contract. If it is found that the organization has violated these conditions the contract will be terminated forthwith without any notice and security deposited by the organization shall be forfeited.

15. Rates quoted against this tender notice shall remain valid up to 12 months after award of contract. No request of increase in rates, if any, will be allowed or entertained during this period.

16. **Price Bid of the items must be accompanied with soft copy.**

17. Jurisdiction: All disputes are subject to the jurisdiction of Nuapada courts only.

18. Eligibility Criteria:

SL No	Terms & Conditions	Documents to be submitted
1	The organization should be a bonafide registered body	Photo copy of Registration certificate
2	The organization should be have PAN/TIN holder up to date GST clearance certificate & GST registration certificate.	Photo copy of PAN/TIN/GST/GSTIN
3	Valid Drug License ( For Drugs & Medical consumables only)	Drug License
4	The organization should have valid authorization from the manufacturer	Photo copy of authorization
5	The items should WHO GMP standard	Photo copy of Quality certification
6	Average Annual turnover of the bidder must be 1 crore or more in last three consecutive years.	Audited balance sheet & PL account of last three consecutive year
7	Tender must be accompanied by EMD of Rs.10000/- Demand Draft (Ten thousand) by way of Demand Draft (Must be submitted), in favour of CDM & PHO, Nuapada, Payable at SBI Nuapada. Tenders if not accompanied by EMD will not be considered. EMD of unsuccessful tenderers will be returned without interest on finalization of bid. EMD of successful tenderer will be retained & will be refunded on successful completion of the job without interest.	
8	The tendered should furnish the copies for the supply order executed in similar type of supply during the last three years	Photo copy of orders executed. Minimum five order copies of each year.
9	The head of the organization (bidder) should submit an authorization and specimen signature of their authorized signatory	Authorization regarding specimen signature of authorized signatory.

**TENDER FORM**  
**(Part- I)**  
**Technical Bid**

Sl No.	CRITERIA	PARTICULARS	SUBMITTED OR NOT (Y/N)
1	<b>Tender Fee Documents Rs.1000/- non refundable in shape of DD</b> from any nationalized bank in favour of CDM & PHO Nuapada.		
2	Name of the Organization		
3	Address of the organization		
4	Name of authorized signatory <b>(in capital Letter)</b>		
5	Specimen signature of the authorized signatory		
6	Telephone number of authorized signatory/ organization.		
7	Drug license certificate (photo copy to be attached).		
8	GST clearance certificate (up to date) (Photo copy to be attached)		
9	PAN (Photo copy to be attached)		
10	Manufacturer's Authorization (Photo copy to be attached)		
11	WHO GMP Certificate of the items (Photo Copy to be Attached)		
12	Annual turnover certificate duly signed by chartered accountant submitted for last 3 consecutive years.		
13	Draft Number and date of the <b>EMD of Rs.10000/-</b> (Rupees Ten thousand only) <b>Compulsory</b>		
14	Supply order copies of the drugs & medical consumables / Miscellaneous items similar works executed during the last three years. (Minimum five order copies of each year)		
15	Affidavit of declaration that the organization agrees to abide by all terms & conditions of tender.		
16	Whether all documents submitted signed by the authorized signatory of the organization in the prescribed format (Yes/No)		

**DECLARATION**

I / We hereby certify that, the terms and conditions, specification etc. given with the tender notice have been read carefully and acceptable to me/us and that the information furnished above is full and correct to the best of my/our knowledge. I /We understand that in case of any deviation in the above statement at any state, our Firm/ Agency will be blacklisted and will not have any dealing with your organization in future.

Place : (Signature and seal of the authorized signatory)

Date : Seal

**PRICE BID**

<b>SI No</b>	<b>Name of the Item with Strength</b>	<b>Name of Manufacturer</b>	<b>Unit Pack</b>	<b>Unit Price inclusive of all taxes</b>
1	TAB. ALPRAZOLAM 0.5MG			
2	TAB. AMITRIPTYLINE & CHLORDIZEPOXIDE (25+10MG)			
3	TAB. AMITRIPTYLINE 10MG			
4	TAB. AMITRIPTYLINE 25MG			
5	TAB. AMOXYCILLIN + CLAVULANIC ACID (375GM)			
6	TAB. ARIPREPAZOL 15MG			
7	TAB. CABERGOLINE 0.5MG			
8	TAB. CLONAZEPAM 1MG			
9	TAB. DIGOXIN 0.25MG			
10	TAB. DIGOXIN 0.5MG			
11	TAB. FLUOXETINE 20MG			
12	TAB. FORMALIN			
13	TAB. LEVETIRACETAM 500MG			
14	TAB. LEVOTHYROXIN SODIUM 100MCG			
15	TAB. LEVOTHYROXIN SODIUM 50MCG			
16	TAB. METHOTREXATE 2.5MG			
17	TAB. METHOTREXATE 5MG			
18	TAB. PYRIDOSTIGMINE			
19	TAB. RESPIRADONE 1MG/2MG/3MG/4MG			
20	TAB. TRIFLUOPERAZINE 10MG			
21	TAB. VOGLIBOSE 0.2MG			
22	TAB. VOGLIBOSE 0.3MG			
23	INJ. ADRENALINE			
24	INJ. AMIODARONE			
25	INJ. ATRACURIUM BESYLATE			
26	INJ. BENZATHINE PENICILLIN 12LAC			
27	INJ. BENZATHINE PENICILLIN 6LAC			
28	INJ. BETAMETHASONE			
29	INJ. BUTODISHANIL			
30	INJ. CIS ATRUCURIM			
31	INJ. DEXMEDETOMIDINE 200MG			

32	INJ. DEXMEDETOMIDINE 400MG			
33	INJ. DEXMEDETOMIDINE 1000MG			
34	INJ. DIGOXIN			
35	INJ. DOBUTAMINE 50MG/ML			
36	INJ. EPHEDRINE HCL			
37	INJ. ERYTHROPOEITIN 2000 IU			
38	INJ. ERYTHROPOEITIN 3000 IU			
39	INJ. ERYTHROPOEITIN 4000 IU			
40	INJ. ESMOLOL HYDROCHLORIDE			
41	INJ. ETOMIDATE 20MG			
42	INJ. GLYCERYL TRINITRATE 5MG			
43	INJ. GLYCOPYRROLATE			
44	INJ. HALOPERIDOL			
45	INJ. HEPARIN			
46	INJ. HEPATITIS B VACCINE 0.5ML			
47	INJ. HEPATITIS B VACCINE 1ML			
48	INJ. HEPATITIS B VACCINE 5ML			
49	INJ. HYDROXY PROGESTERONE 250MG			
50	INJ. HYDROXY PROGESTERONE 500MG			
51	INJ. LABETALOL 5MG			
52	INJ. LEUKOVARIN			
53	INJ. LEVOBUPIVACAINE			
54	INJ. LIGNOCAINE HCL AND DEXTROSE(HEAVY)			
55	INJ. MEFENTINE 15MG/ML			
56	INJ. MEPHENTERAMINE			
57	INJ. METHOTREXATE (50MG)			
58	INJ. METOCLOPAMIDE 5MG/ML			
59	INJ. MICRONISED PROGESTERONE 100MCG			
60	INJ. MICRONISED PROGESTERONE 200MCG			
61	INJ. NALBUPHENE 20MG			
62	INJ. NEOSTIGMINE METHYLSULPHATE			
63	INJ. NEOSTIGMINE METHYLSULPHATE + GLYCOPYRROLATE			
64	INJ. NITROGLYCERINE			
65	INJ. NORADRENALINE			
66	INJ. NORETHISTERON 50MG			
67	INJ. NORETHISTERON 200MG			
68	INJ. PANCURONIUM BROMIDE 2MG/ML			
69	INJ. PHENYLEPHRINE			

70	INJ. PHOSPHENYTOIN			
71	INJ. PROPOFOL (1%)			
72	INJ. PROPOFOL (2%)			
73	INJ. ROCURONIUM BROMIDE			
74	INJ. ROPIVACAINE HYDROCHLORIDE			
75	INJ. SUCCINYL CHOLINE CHLORIDE			
76	INJ. TETANUS IMMUNOGLOBIN 250IU			
77	INJ. THIOPENTONE SODIUM			
78	INJ. VECURONIUM BROMIDE 4MG/ML			
79	INJ. LIDOCAINE 20MG/ML			
80	SYP.DISODIUM HYDROGEN CITRATE 100ML			
81	SYP.LACTULOSE 100ML			
82	CEFIXIME DROP			
83	PREDNISOLONE ORAL DROP			
84	FRUSEMIDE DROP			
85	NUTRITIONAL SUPPLEMENTARY SACHET			
86	SEVOFLURANE			
87	SODALIME			
88	SALBUTAMOL RESPULES			
89	HYDROXYETHYL STARCH			
90	TERPENTINE OIL			
91	HYDROGEN PEROXIDE			
92	BUDESONIDE RESPULES 0.5MG/2ML			
93	BUDESONIDE RESPULES 1MG/2ML			
94	CARBOLIC ACID			
95	GLUTARALDEHYDE 2% SOLUTION			
96	GLYCERINE & SODIUM CHLORIDE ENEMA			
97	HALOTHANE			
98	LIDOCAINE HYDROCHLORIDE GEL 2% WITH ZINC & HYDROCORTISONE			
99	STERILE WATER FOR INJECTION 10ML			
100	IMMERSION OIL 30ML			
101	SURGICAL HAND SCRUB			
102	ISOFLURAL			
103	ISOFLURANE			
104	FORMALDEHYDE SOLUTION			
105	JELONET PARAFFIN GAUZE DRESSING			
106	MAKINTOSH			
107	FOLEYS CATHETER 14			

108	ENDOTRACHEAL TUBE SIZE 6			
109	ENDOTRACHEAL TUBE SIZE 6.5			
110	ENDOTRACHEAL TUBE SIZE 7			
111	ENDOTRACHEAL TUBE SIZE 7.5			
112	ENDOTRACHEAL TUBE SIZE 8			
113	ENDOTRACHEAL TUBE SIZE 8.5			
114	CREPE BANDAGE SIZE 4			
115	SUSPENSION BANDAGE (LARGE)			
116	SUSPENSION BANDAGE (MEDIUM)			
117	SUSPENSION BANDAGE (SMALL)			
118	PLASTER OF PARIS BANDAGE ROLL (GYPSONA) SIZE 4			
119	PLASTER OF PARIS BANDAGE ROLL (GYPSONA) SIZE 6			
120	PLASTER OF PARIS POWDER			
121	ORAL AIRWAY SIZE 1			
122	ORAL AIRWAY SIZE 2			
123	ORAL AIRWAY SIZE 3			
124	ORAL AIRWAY SIZE 4			
125	NASAL AIRWAY SIZE7			
126	NASAL AIRWAY SIZE8			
127	MOTHER TAG			
128	MASK SIZE 1			
129	MASK SIZE 2			
130	MASK SIZE 3			
131	MASK SIZE 4			
132	MICRODRIP SET			
133	MANOFILAMIDE POLYAMIDE (2-0)			
134	MANOFILAMIDE POLYAMIDE (3-0)			
135	LMA SIZE 3			
136	LMA SIZE 4			
137	REINFORCED TUBE SIZE 7			
138	REINFORCED TUBE SIZE 7.5			
139	RYLES TUBE SIZE 14			
140	RYLES TUBE SIZE 16			
141	BP CUFF FOR MULTIPARA MONITOR (ADULT)			
142	BP CUFF FOR MULTIPARA MONITOR (CHILD)			
143	SUCTION CANNULA SIZE 6			
144	SUCTION CANNULA SIZE 7			
145	SUCTION CANNULA SIZE 8			

146	SUCTION CANNULA SIZE 9			
147	MATTRESS (ADULT)			
148	MATTRESS (PAED)			
149	PATIENT GOWN			
150	DOCTORS GOWN			
151	PLASTIC APRON			
152	COTTON MASK			
153	PILLOW			
154	PILLOW COVER			
155	BLANKET (ADULT)			
156	BLANKET (PAED)			
157	SPINAL NEEDLE 25G			
158	SPINAL NEEDLE 27G			
159	I-JEL SIZE 3			
160	I-JEL SIZE 4			
161	RESERVOIR BAG 1LTS			
162	RESERVOIR BAG 2LTS			
163	RESERVOIR BAG 500ML			
164	SUCTION CATHETER OF DIFFERENT SIZES			
165	ROOM THERMOMETER			
166	X-RAY CASSETS SIZE 10*08			
167	X-RAY CASSETS SIZE 12*10			
168	X-RAY CASSETS SIZE 12*12			
169	X-RAY CASSETS SIZE 15*12			
170	X-RAY CLIPS SS			
171	LEAD BARRIER ROOM			
172	LEAD HALF BLOCKER SIZE- 10*08			
173	LEAD HALF BLOCKER SIZE- 12*10			
174	LEAD HALF BLOCKER SIZE- 12*12			
175	LEAD HALF BLOCKER SIZE- 15*12			
176	LEAD MARKER - ALPHABET (L & R)			
177	LEAD MARKER - NUMERICAL (0-9)			
178	MOBILE CHEST STAND (ADULT)			
179	MOBILE CHEST STAND (PAEDIATRIC)			
180	HANGER CHANNEL TYPE SIZE 10*08			
181	HANGER CHANNEL TYPE SIZE 12*10			
182	HANGER CHANNEL TYPE SIZE 12*12			
183	HANGER CHANNEL TYPE SIZE 15*12			
184	HIGH FREQUENCY X-RAY MACHINE			
185	INTENSIFYING SCREEN (KIRAN) 800 SPEED SIZE 10*08			

186	INTENSIFYING SCREEN (KIRAN) 800 SPEED SIZE 12*10			
187	INTENSIFYING SCREEN (KIRAN) 800 SPEED SIZE 12*12			
188	INTENSIFYING SCREEN (KIRAN) 800 SPEED SIZE 15*12			
189	CHEST LEAD			
190	DARK ROOM SAFETY LIGHT (LED) BIG SIZE			
191	DEVELOPING TANK FOR DENTAL X-RAY			
192	HAEMOGLOBINOMETER MANUAL			
193	HAEMOGLOBINOMETER DIGITAL			
194	X-RAY VIEW BOX (LED) DIFFERENT SIZE			
195	ADULT CIRCUIT-2			
196	WHITTAKEN NEEDLE 25G			
197	AUTOCLAVE TAPE			
198	CENTRALENE			
199	EPIDURAL KIT			
200	INTRAVENOUS SET (MICRO)			
201	LARYNGOSCOPE			
202	PAEDIATRIC CIRCUIT			
203	RETROGRADE INTUBATION KIT			
204	STYLET			
205	WASTE BIODEGRADABLE DISPOSABLE POLYBAG OF =>50 MICRONS (BLACK COLOR 30LTS CAPACITY) ISO CERTIFIED			
206	WASTE BIODEGRADABLE DISPOSABLE POLYBAG OF =>50 MICRONS (BLACK COLOR 40LTS CAPACITY) ISO CERTIFIED			
207	WASTE BIODEGRADABLE DISPOSABLE POLYBAG OF =>50 MICRONS (BLACK COLOR 50LTS CAPACITY) ISO CERTIFIED			

Sd/-

Chief District Medical & Public Health Officer

Nuapada