RE-TENDER CALL NOTICE FOR EMPANELMENT OF MEDICAL SHOPS FOR SUPPLY OF

DRUGS & MEDICAL CONSUMABLES TO PATIENTS UNDER DIFFERENT SCHEMES

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

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

Email: dwhnuapada@yahoo.in / cdmocumdmdnuapada@gmail.com

Bid Reference No. CDM&PHO/EMS/01/2024-2025 (Re-Tender)

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS: Dt.21.08.24 upto 05 PM

DATE & TIME OF OPENING OF THE TENDER:- Dt.22.08.24 at 12 Noon

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

Sd/-

Chief District Medical & Public Health Officer,

Nuapada

Sealed tenders are invited for empanelment of suppliers (Wholesalers Distributor /Retailer) for supply of drugs and medical consumables on case to case basis as per requirement by the district authority. The tenderers have to download the Tender Documents directly from the website available at www.nuapada.odisha.gov.in . The Tender processing fee of Rs.1000/- (Non-refundable) by way of Demand Draft drawn in favour of Rogi Kalyan Samiti Nuapada, payable at Nuapada should be enclosed along with the tender paper/proposal. The tenders will be received through Courier/Regd. Post / Speed Post only and should reach in the office of the undersigned on or before **Dt.21.08.24 upto 05 PM**. The tenders will be opened on **Dt.22.08.24 at 12 Noon** in presence of the committee members and the tenderers or their authorized representatives.

Terms & Conditions:

1. The tenders should be properly sealed and superscribed as "Tender for Empanelment medical store for the year 2024-25 & Bid Ref No. **CDM&PHO/EMS/01/2024-2025**.
2. The tenderer shall have to furnish the following documents along with the proposal (Annexure - 1)
   i. Tender processing fee Rs 1000/-in shape of DD (Non-Refundable)
   ii. Photocopy of the Valid Drug License (Wholesalers /Distributor/Retailer) from the competent authority.
   iii. Photocopy of the valid Tax clearance certificate.
   iv. Photocopy of the PAN card, TIN & GST Registration.
   v. Declaration
3. Preference will be given to:
   A. Generic Medical Store (Jan Aushodhi) in the Campus even if they are not participating in the empanelment process.
   B. The Wholesalers /Distributor /Retailer within the Campus/200mtr. radius from the hospital. In case no supplier within 200mtr radius comes up for empanelment, other suppliers participating in the tender shall be considered in the tender evaluation process.
   C. In case of oncology (Anti-Cancer) drugs, the condition of distance shall not be applicable.
4. The prescribed items should be supplied immediately with maximum 10% extra on purchase price (of the supplier) as per the guideline. However, the billing price should not exceed the MRP (Maximum Retail Price).
5. The medicine store / wholesaler shall have drugs not less than 75% of the commonly prescribed medicines of the Nuapada Hospital.
6. The purchase price shall be mentioned in the invoice. Copy of purchase bill to be submitted along with the bill.
7. The drugs & medical consumables of reputed/good brand having lower cost will be preferred.
8. The invoice shall be raised in individual i.e by the name & URI/Registration no. of the patient or on bulk basis by the name of Purchaser as per the requirement of the hospital.
9. The approved suppliers shall have to supply the required medicine/consumables on 24x7 basis to meet the emergency.

10. The approved empanelled supplier shall have to execute / supply order in full. In any case the prescribed medicine(s) / item(s) are not available with them, then it is the responsibility of the approved supplier(s) to make it available.

11. The approved empanelled supplier(s) shall have to sign MOU with the undersigned before execution of the contract which is valid for one year from the date of signing of MOU. Also it can be extended further more period observing on the performance of the supplier.

12. If more than one supplier are empanelled, in such case purchase will be made on monthly rotation basis.

13. The purchase shall be made on credit basis and the payment will be released as early as possible and availability of funds through online/cheque.

14. If any dispute/irregular supply/cancellation of supply order by the approved supplier(s) will be found during the contract period, no further purchase will be made from the supplier(s).

15. The tender will be rejected if the tenderer changes any clause or Annexure of the bid document downloaded from the website.

16. The authority reserves full rights to accept or reject any or all proposals without assigning any reason thereof.

17. In the event of any dispute out of the contract, such dispute should be subject to the Jurisdiction of the Civil Court Nuapada or High Court, Odisha.

18. An undertaking abiding all terms & conditions of the tender.

19. The rate quoted by the suppliers will be negotiated before the house.

Raising of invoices:

1. The approved supplier has to raise tax invoice of the patient, clearly mentioning the URN No. & date and full name of the patient registered by DHH Nuapada.
2. The approved supplier has to submit the invoice along with the prescribed and indented drugs & medical consumables to the in-charge person of DHH Nuapada.

Sd/-

Chief District Medical & Public Health Officer

Nuapada

Annexure-I

FORMAT TO BE SUBMITTED WITH THE BID

Sl No.	Document Details	Submitted (Yes/No.)	Page No.	Remarks if any
1	Tender processing fees			DD No. Date: Bank:
2	Declaration to the effect that in billing firm shall show the purchase price and shall charge a maximum of 10% over the purchase price and it should not exceed the Max. retail price			
3	Declaration to the effect that abiding all the terms & conditions of the tender as per Annexure-II			
4	Drug Licence Details			No. Valid Till:
5	Location of premises	Address Details		
6	Mobile No.			
7	Email Address			
8	Distance of premises from DHH Nuapada			
9	Rate quoted % extra on the purchase price			

Sd/-

Chief District Medical & Public Health Officer

Nuapada

Annexure-II

Declaration

I / We hereby certify that the terms, conditions, specifications etc given with the tender notice have been read carefully & acceptable to me & that the information furnished above is full & correct to the best of my / our knowledge. I / We understood that in case of any deviation in the above statement at any state, our firm/ agencies will be black listed & will not have any dealing with your organization in future.

Place

Signature of the Proprietor / authorized signatory

Date