

**TERMS & CONDITIONS FOR RATE CONTRACT OF  
DRUGS & MEDICAL CONSUMABLES  
2014-15**

**dk; k̄y; eq; fpdfRI k , oaLokLF; vf/kdkjh  
ftyk & jk; ij] N-x-**

**Bid Reference No. NCD/2014/002**

**fufonk iā =**

**o"K 2014&15**

**DATE OF COMMENCEMENT OF SALE OF THE TENDER DOCUMENT : 21-11-2014 to 22-12-2014**

**(11 A.M to 4 P.M)**

<b>LAST DATE &amp; TIME FOR SALE OF TENDER DOCUMENT</b>	<b>:</b>	<b>22.12.2014 upto 01:00 PM</b>
<b>LAST DATE &amp; TIME FOR RECEIPT OF TENDER</b>	<b>:</b>	<b>22.12.2014 upto 04:30 PM</b>
<b>DATE &amp; TIME OF OPENING OF TENDER (COVER A)</b>	<b>:</b>	<b>24.11.2014 at 03 NOON</b>
<b>DATE &amp; TIME OF OPENING OF TENDER (COVER B)</b>	<b>:</b>	<b>Date Intimation</b>
<b>PLACE OF OPENING OF TENDER</b>	<b>:</b>	
<b>PRE BID CONFERENCE</b>		
<b>AND ADDRESS FOR COMMUNICATION</b>	<b>:</b>	<b>Old Nurses Hostel, and</b>
<b>RECEIPT OF TENDER DOCUMENTS</b>		<b>Raipur, Chhattisgarh</b>

**fufonk iā = eW; 500@& :-**

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**OFFICE OF THE CHEIF MEDICAL & HEALTH OFFICER, RAIPUR,  
CHHATTISGARH-492001**

**xj I pkjh jkx dk; bae varxh vkskf/k; kwdsfedy , oa l kexh vkfn dz; o"lz  
2014&15 ds fy, vko'; d 'krz**

- 1- dby iathdr fuekzk diauh vfkok muds vf/kdr fodrvkva ftl ds ikl Mx ykbl d @Vhu uEj , oa l sy VDI uEj ds jkjk gh Hkjs tk l drsgA
- 2- th, e-ih- l fVtQdV A
- 3- vkskf/k; kwdsfedy l kexh dk; ky; e[; fpdfRI k , oa LokLF; vf/kdkjh jk; ij] eMh xv ds cktj jk; ij] ds ikl LVkj rd igbkdj nsuk gkskA bl grqfdl h izdkj dk vfrfjDr 0; ; ns ugh gkskA
- 4- vkskf/k; kwdsfedy dh fof'k"Vrk@isdx l ealk tkudkj Li"V dh tkos , oa iR; d mRikn dh isdx ea cp uEj fuekzk rFkk volku frfFk Li"V vdr gsk pkfg, rFkk C.G. Govt Supply Not For Sale vko'; d : i l sfiV gsk pkfg, A
- 5- fufonk nkrk okf.kT; dj fohkx l siathdr gsk vko'; d gS , oa Mx ykbl d ds l kFk thfor iath; u iek.k i = rFkk l sy VDI rFkk is uEj iLr djuk vfuok; ZgskA vU; Fk fufonk eku; ugh gskA
- 6- fufonk nkrk jkjk QeZ dk irk Vctyh fcy@VyhQku fcy½ iLr djA
- 7- iR; d dh fufonk nj fcuk dKV NkV] dE; Wj VkbZia jkjk ii = ea fn; s x; s dekuq kj gh tek djh vU; Fk fufonk vLohdkj gskA
- 8- iR; d fufonk nkrk : i; s 10]000@& l j{kk fuf/k Hkjr; LVV cid l s , Q-Mh ftyk LokLF; l febr , uihl hMh l h, l jk; ij] ea tek djuk gskA , Q-Mh-vkj-@Mh-Mh- ds vykok fd l h vU; izdkj ds tek dh xbZ l j{kk fuf/k Lohdkj ugh dh tkosA vl Qy fufonk nkrk dks l j{kk fuf/k okil dj nh tkos] , oa l Qy fufonk nkrk dh vekur jk'k fufonk dh osk frfFk rd tek j [kh tkosk ftl ij fd l h izdkj dk C; kt ns ugh gskA
- 9- insk dh y?kq , oa dh/hj m/kks bZkbZ tks m/kks fohkx l siathdr gS rFkk l {kerk iek.k i = iklr gS ml dk ijh{k.k dj mlga 'kkl dh; dz ifdz kWHkx yus l e; l j{kk fuf/k tek djus l s NW nh tk; xhA
- 10- dsedYI grq fufonk nkrk vf/kdkj i = ftl o"lz ds fy, fufonk vkef=r dh xbZ gS ml h dk l yXu djA ij kus o"lz dk vf/kdkj i = eku; ugh gskA
- 11- fufonk dby jftLVMZ , -Mh- vfkok LiHM i kV , oa Lo; adsGLrs jkjk gh fnuK 22-12-2014 rd gh iklr dh tkosA
- 12- fufonk ea nks fyQkQs iLr fd; k tkosk ¼ ½ fyQkQs ea l j{kk fuf/k , oa l e/kr l eLr iek.k i = , oa fyQkQs %ch/2 ea i kbl chM rnuq kj fyQkQs ds mij fy[k tkos ¼ ½ iFke fyQkQs ea j [ks vfhkys [kka dh tkos mijkur l Hk l gh ik; s tkus ds i'pkr- dz l febr ds l rV gkus ds ckn gh fufonk eku; gsch] rRi'pkr- n jk fyQkQk %ch/2 i kbl ch [kkyk tkoskA fyQkQs ds mij fufonk vkskf/k; kwdsfedy] mi dj.k vfkok l kexh vkfn o"lz 2014&15 iFkd iFkd fy[k tkuk vko'; d gA
- 13- Average turnover of the manufacturing firm should be Rs. 10 Crore or more in the last three (3) financial years , (2011-12, 2012-13, 2013-14) and **In support of which bidder should attached copy of Audit Report.**
- 14- Average turnover of the Bidder should be Rs. 1 Crore or more in the last three (3) financial years (2011-12, 2012-13, 2013-14) and audit report should be submitted.

- 15- iklr fufonk; a fufonk 22-12-2014 dks nki gj 01%00 ctadz I febr ds l e{k v/kkjLrk{kj drkz dk; kzy; ea [kkyh tkoxh fufonk nkrk pksrksmi fLFkr gks l drsgA
- 16- fufonk vupeksnr nj] fufonk ifdz k i wkz gksus dh frfFk l s , d o"lz rd dsfy, eku; gksxA
- 17- dz grq vknf'kr vks"kf/k; k] dsedy vFkok l kexh vknk tkjh gksus dh fufonk l s 30 fno l ds vlnj eki n.M dsvuq i , ul hMh l sy ea ink; djuk gksxA
- 18- vkskf/k; k] dsedy l dh xqkoRrk dh tk] , oa ijh{k.k eku; rk iklr 0; kol kf; d iz kx'kkyk l s dj; k tkdj] ns d ds l kfk iLr r djuk vfuok; Z g] , oa ft l dk 0; ; Hkkj l e] /kr ink; drkz }kjk ogu fd; k tkoxxA fufonk drkz mi jkDr dh tk] Lo; a ds Lrj l s dj; s tkus grq Lor= gksk] , oa ; g 0; ; Hkkj fufonk nkrk dks ogu djuk gksxA vkskf/k] dsedy l ] ekud Lrj l s de fuEu Lrj xqkoRrk dk ik; s tkus ij fdl h Hkh rjg dk Hkqrku jk] drsgq mi ; kx dh xbZ ek=k ds Hkqrku dh ol w]h dh tkoxxA v] ekud Lrj l s de xqkoRrk ea gksus okys up l ku dh ftEokjh fufonk nkrk dh gksxA bl ds vfrfjDr vekur jk'k jkt l kr djuk , oa Cyd fyLV]M djus dh dk; }kgh dh tkoxxA bl l e]k ea fdl h izdkj dk vH; konu Lohdkj ugh fd; k tkoxxA
- 19- l e; & l e; ij 'kkl u l s iklr fun] kkuq kj] miyC/k vkc] /u l s vks"kf/k; k] dsedy l , oa l kexh] mi dj .k ftys dh vko'; drkuq kj gh dz dh tkoxxA dz dh ek=k esfdl h izdkj dh ck; rk ugh gksxA
- 20- vki kr fLFkr eaU; ure nj ij fdl h Hkh fue]rk dEi uh l s vkskf/k; k] dsedy l vkfn dz fd; s tkus grq fufonk nkrk Lor= jgsk vk] bl l e]k ea fdl h izdkj dk vH; konu Lohdkj ugh fd; k tkoxxA
- 21- vkskf/k; k] dsedy l vFkok l kexh iklr gksus ds ckn fufonk nkrk }kjk Hkqrku grqfcy rhu ifrfyfi ea e; xqkoRrk tk] fj i k] Z ds l kfk iLr r djuk vko'; d gksxA , oa 'kkl u l s l e; & l e; ij iklr fun] k , oa vkc] /u ds vuq kj fu; ekud kj Hkqrku fd; k tkoxxA
- 22- fcuk dkj .k crk; s l eLr fufonk fujLr vFkok vekU; djus dk i wkz vf/kdkj v/kkjLrk{kj drkz dk gksxA bl l e]k ea fdl h izdkj dh vH; konu Lohdkj ugh gksxA

e] ; fpfdRI k , oa LokLF; vf/kdkjh  
jk; ij 1/11-x-1/2

## ANNEXURE - I

### Schedule of Requirement - 002/NCD/Drugs/2014

#### Drug List

S.N.	Drug Code	Name of Drug	Formulation	Strength Size	Unit Packs
01	D178	Digoxin	Tablet	250 mcg.	10 x 10
02	D18	Aluminium Hydroxide + Magnesium Hydroxide + Active Dimethicon/ Simethicon	Gel	250 Mg.+250mg+250mg+50mg	60 ml
03	D2	Acetyl Salicylic Acid )ASA)	enteric coated Tablet	75 Mg .	10x10
04	D233	Folic Acid	tablet	5 Mg.	10x10
05	D276	Insulin injecstion (soluble)	injection	40IU/ml	10ml vi
06	D291	Isosorbide Mononitrate	tablet	5mg sublingual	10x10
07	D292	Isosorbide Monionitrae	tablet	10 Mg. sublingual	10x10
08	D3	Acetyl Salicylic Acid (ASA)	tablet	150 Mg.	10x10
09	D302	Levodopa + Carbidopa	tablet	250mg+25mg	10x10
10	D35	Amoxicillin+ Clavulanic Acid	Injection	1gm+200mg (1.2Gm).	vial
11	D368	Nifedipine	tablet	5mg	10x10
12	D387	Oral Rehydration salt	Powder	20.5 gm	sachet
13	D384	Ondansetron Inj.	injection	2mg/ml	2ml
14	D400	Pantoprozole Inj.	IV	40 Mg.	
15	D409	Phenytoin sodium injetion	injection	50mg/ml	
16	D427	Prednisolone tablet	tablet	10 Mg.	
17	D589	Clopidogrel tablet	tablet	75 Mg.	
18	D635	Fenofibrate tablet	tablet	145 Mg.	
19	D651	Gliptin tablet	tablet	50mg	
20	D654	Glycery Trinitrate tablet	tablet	2.6 Mg.	
21	D655	Glycery Trinitrate	tablet	6.4 Mg.	
22	D670	Ipratropium bromide	inhaler	20 Mcg./puff	200 md
23	D714	Permethrin cream	cream	5%	30gm
24	D720	Premix Insulin 30:70	injection	40IU/ml	
25	D730	s-Amlodipine	tablet	2.5mg	
26	D752	Torsemide	tablet	10 mg.	
27	D754	Tramadol	tablet	50 mg.	
28	D15	Albumin	injection	20% IN 100 ML	100 ml
29	D557	ACT combi Blister Pack (White Colour)	Tablet (White Colour)	15 year & above (AS:100mg,SP: 750mg+ 37.5mg)	Combi pack for full course (3 days)
30	D18	Hydroxide + Act Dimethicon	gel		
31	DD 100	Vildagliptin	tablet	50 Mg.	10x10
32	DD101	Vildagliptin 50 Mg+Metformin 500mg	tablet	50/500mg	10x10
33	DD102	Bacillius Clausii Spores susp.5ml	susp	2billion/5ml	5ml
34	D235	Framycetin Sulphate 1%	cream	1%	30 gm
35	DD103	Inj. Insulin Lispro 25%, Lispro	cartridge	25%+75%	3ml

		Protamine 75%			
36	DD104	Inj. Insulin Lispro 50% + lispro protamine 50%	cartridge	50%+50%	3ml
37	DD105	Tab. Cetrizine drops 10 mg/ml	Drops	10 mg/ml	Each 10 ml
38	D728	Inj.Rapid acting Isuline Lispro	cartridge	3 MI	
39	DD106	Alkyl Dimethyl Benzyl ammonium chloride 2.37%, Alkyl Dimethyl ethyl benzyl ammonium chloride 2.37% US EPA approved,WHO certified,contact time not more than 15 min.	liquid	2.37%+2.37%	1000 ml
40	DD107	N - ALKYL DIMETHYL BENZYL AMMONIUM CHLORIDE 8.19%,DIDECYL DIMETHYL AMMONIUM CHLORIDE (8.7%),	liquid	8.19%+8.7%	5 litres
41	DD108	Diclofenac Colestyramine Tab.	tablet	145.6mg	10x10
42	DD109	Zolpidem Tartatate 12.5 Mg. tab.	tablet	12.5mg	10x10
43	DD112	Propylene Glycol IP 4.96% w/w Carbomer IP 0.76% w/w,Colloidal Silver 32 PPM, Triethanolamine BP 0.32%	cream	4.96%+0.76%+32 PPM+0.32%	15 gm
44	DD113	Ompeprazole IP 20 mg,	sachet	20 mg	
45	DD114	Telmisartan 20 mg + Amlodipine 2.5 mg + Hydrochlorothiazide (HCTZ) 6.25 mg	Tablet	20 mg+2.5 mg+6.25 mg	10x10
46	DD115	Vitamin D3 (Cholecalciferol) 800 IU	Drops	800 IU	1's
47	DD116	Ursodeoxycholic acid	Suspension	25mg/5ml	1's
48	DD119	Fondaparinux Sodium 2.5 mg	PFS	2.5mg	
49	DD123	Rabepprasole Sodium IP 20 mg, Calcium carbonate	sachet	20mg+400mg	1's
50	DD124	Thiocholchicoside 8 mg	tablet	8mg	10x10

Note:- If above formulation monograph is in Indian Pharmacopeia then its formulation should be given in I.P.

# **FORMATS FOR TECHNICAL BID (Cover A)**

**(Bidders should ensure that the required formats duly filled & other documents  
required are placed in Technical Bid - Cover A)**

**CHECK LIST**

(to be submitted in Technical Bid – Cover A)

**Note : The documents has to be arranged serially as per the order mentioned in the check list**

**DOCUMENTS : SUBMITTED OR NOT (Please put in the respective box)**

Sl. No.	Details	Provided or not	If provided mention page No.(s)
1.	Earnest Money Deposit	Yes / No	
2.	Tenderer paper with Original receipt or cost in shape of BD	Yes / No	
3.	Details of Manufacturing Unit / contract person / local office in Chhattisgarh ( <b>Annex –VI</b> )	Yes / No	
4.	Declaration form ( <b>Annex-I</b> ) signed by the Tenderer & affidavit before Notary Public	Yes / No	
5.	List of items ( <b>Annex-II</b> ) being quoted with specification and strength	Yes / No	
6.	Photo copy of valid manufacturing license /Loan License / Import license for each and every product quoted	Yes / No	
7.	Valid Drug Endorsement for each quoted product	Yes / No	
8.	Photocopy of the authorization by the manufacturer to the importer (In case of importer only)	Yes / No	
9.	Valid up-to-date WHO GMP certificate/ Valid up-to-date Good manufacturing practice certificate as per revised schedule-M, (GMP)	Yes / No	
10.	Annual Turnover statement for preceding 3 years signed by Auditor / CA ( <b>Annex-III</b> )	Yes / No	
11.	Market Experience (Performance Statement) of the bidder towards supply of the quoted pharmaceutical product to Govt./ Corporate/ PSU hospitals during the last three years ( <b>Annex-IV</b> )	Yes / No	
12.	Non Conviction certificate issued by the licensing authority(Drugs Controller) not less then 6 (Six) month	Yes / No	
13.	Declaration for Compliance of Good Manufacturing Practices properly filled	Yes / No	
14.	Attested Photocopy of Sales Tax / VAT clearance Certificate / TIN No. (whenever applicable)	Yes / No	
15.	ISO/BIS Certificate (if any)	Yes / No	
16.	Copy of original / downloaded Tender and schedules, duly signed by the	Yes / No	
17.	Cover 'B' with price schedule (both hard copy & soft copy CD/DVD) in <b>Separate Envelop</b>	Yes / No	

**DECLARATION**

I/We M/s. \_\_\_\_\_ represented by its Proprietor / Managing Partner / Managing Director having its Registered Office at \_\_\_\_\_ and its Factory Premises at \_\_\_\_\_ do hereby declare that I/We have carefully read all the conditions of tender in Ref. No. for supply of drugs & medical consumables for a period of one year on rate contract basis from the date of publication of approved list and will abide by with all the terms and conditions of the Tender referenced above.

I/We declare that we possess the valid license and GMP Certificate (GMP) as per revised Schedule-‘M’ / WHO GMP issued by the Competent Authority and complies and continue to comply with the conditions laid in revised Schedule M of Drugs & Cosmetics Act, 1940 and the Rules made there under.

I/We furnish the particulars in this regard in enclosure to this declaration. I/We do hereby declare that I/We have not been derecognized / blacklisted / debarred by any State Govt. / Govt. of India / Union Territory / Govt. organization / Govt. Health Institutions / UN Agencies for supply of Not of Standard Quality drugs or medical consumables or for part-supply / non-supply or for fraud / cheating.

I/We declare that we possess valid import license issued by the Drugs Controller, India and have authorization from the manufacturer (In case of Importer)

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 conditions as per the revised Schedule M of the said Act / not abiding by the tender terms & conditions.

I/We do hereby declare that I will supply the drugs & medical consumables as per the terms & conditions of the tender document, print in bold letters “Chhattisgarh Govt. Supply Not For Sale” in contrast ink on the Carton / Strip / Packets / Foils / Amp. / Vial / Bottle as the case may be and will put bar-coding sticker on secondary & tertiary packing as per specification.

**Signature of the bidder :**

**Date :**

**Name & Address of the Firm:**

Affidavit before Notary Public

To be submitted in letter Head.



## ANNEXURE –IV

### LIST OF ITEMS QUOTED

SI No.	Drug Code	Name Of the Drug	Manufactured At
1			
2			
3			

Exact source of API must be written. Firms having multiple sources shall mention all, the fact can any time be verified by the purchaser.

**Total EMD Paid:**

**UTR / RTGS Transaction No:**

To be submitted in letter head of the bidder.

**Signature & Seal of the Bidder**

## ANNEXURE -V

### ANNUAL TURN OVER STATEMENT

To,

**Chief Medical & Health Officer**

**Raipur, Chhattisgarh**

The Annual Turnover for pharmaceutical products of M/s \_\_\_\_\_  
\_\_\_\_\_ who is a  
manufacturer/importer of pharmaceutical products for the last three years are given below and  
certified that the statement is true and correct.

Sl. No.	Year	Turnover in Cores (Rs) both in words and figures
1	2011-12	
2	2012-13	
3	2013-14	

Date:

Place:

Signature of Auditor/  
Chartered Accountant

(Name in Capital)

Registration No.

Seal

NOTE: The turnover of other than participant will not be accepted.

**N.B:**

1. Only turnover of the pharmaceutical products of the original manufacturing unit and the units under loan license / Importer will be taken into account.
2. The third party manufacturing products (i.e. manufactured by one unit and marketed by another unit) will not be taken into account in annual turnover.

**FORMAT – T2****(To be submitted with Cover A –Technical Bid)****DETAILS OF THE TENDERER & LOCAL CONTACT PERSON**

	<b>Corporate Office (The address in which the purchase orders and payment details will be communicated)</b>	<b>Local Contact Person / Branch Office / Zonal Office / if any.</b>
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		
Date of Inception		
Manufacturing License Nos. & Date		
Loan License Nos. & Date (If any)		
Name of the issuing authority		
Manufacturing License valid up to		
Import License Details (if any)		
GMP /WHO GMP valid up to		
Whether ISO /BIS Certified Organization		

**Signature of the Tenderer :**  
**with seal**  
**Date :**  
**Official Seal :**

## ANNEXURE – VI

List of Govt. Organization to which bidder is a supplier  
(Any 5 Supplies within last 3 years)

**Name of the Bidder/ Supplier:** \_\_\_\_\_

Sl. No	Order placed by (Full Address of Purchaser) (1)	Order No. and Dated (2)	Description and Quantity of order.	Remarks indicating reasons for late delivery, if any
01				
02				
03				
04				
05				

Signature and Seal of the Bidder.....

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Note: Format may be used in landscape; detail of 5 supplies will be enough.

(To be submitted with Cover A – Technical Bid)  
LIST OF ITEMS QUOTED

SI.	Sl. No. of the Item ( As per Item List at Annexure – I)	Item Code	Item Name	Specification	Pl. Mention (Item wise) whether quoted as a Manufacturer / Manufacturer with loan license / Importer	Page No.(s) of the related document of Manuf. License /Loan license & GMP/WHO GMP (for the item quoted)

Signature & Seal of the Bidder

**FORMAT T-6**(To be submitted with **Cover A –Technical Bid**)

**MARKET EXPERIENCE**  
**(PROFORMA FOR PERFORMANCE STATEMENT)**  
**(For a period of last three financial years)**  
**(ITEM WISE)**

**Name of the Firm :** \_\_\_\_\_

*Order Placed By (Full address of the Purchaser) (Govt./PSU/ UN Agencies/ Corporate Sectors)	Order No. & Date	Description of Ordered Drugs, Medical Consumables and /or Vaccines	Quantity	Value of order (Rs.)	Date of completion of delivery		Remarks indicating reasons for late delivery, if any	Was the supply of Drugs, Medical Consumables and / or Vaccines satisfactory? (Attach a certificate from the Purchaser / Consignee)
					As per contract	Actual		

(Please add separate sheets if the space provided is not sufficient)

**\*Furnish purchase order copies in support of the information provided above and arrange the same in the order as mentioned in the statement above.**

Note: Format may be used in landscape; detail of 5 supplies will be enough.

**Signature & Seal of the Bidder**

**FORMATS FOR  
PRICE BID  
(Cover B)**

**MODEL TENDER FORMAT (PRICE SCHEDULE)**

(To be Submitted with Cover B – Price Bid)

Whether S. S. I. Unit of Chhattisgarh : Yes / No

Whether depot. inside Chhattisgarh, i.e. VAT paid to Government of Chhattisgarh: Yes / No

Sl. No.	Drug Code	Generic Name of the Drug	Strength & Composition / Specification	Rates will be quoted for <b>absolute only</b> which <b>includes</b> excise duty, packing, forwarding / transportation & (Door Delivery) and <b>excludes</b> Sales Tax / VAT & Entry Tax but supply will be made in unit pack	VAT & ET in percentage	Net Rate (Rs.)	Remarks
				<b>Rate for each Tab. / Cap / Amp / Vial / Bottle / Roll etc.</b> (Absolute rate) in Rs. both in words and figures.			
			Unit Pack 10 x 10				
			100 ml bottle				
			1 Vail inj.				

Seal :

Signature of the Bidder :

Place :

Name :

Date :

Address :

Note :

1. The drug code of each item must be mentioned.
2. Only generic names should be quoted. (see clause 8.1 of tender condition ) but supply may be made in brand name mentioning the generic name in bold letter.
3. The Page No. of the item endorsement which has been quoted should be indicated in the remark column & should be underlined in the endorsement page.
4. This model tender format should also be filled up & submitted in CD/DVD/Pen Drive in Cover - 'B' only. This is addition to the hard copy.
- 5- Rate must be quoted as per specification unit pack only.