



OFFICE OF THE STATE MEDICAL COMMISSIONER
REGIONAL OFFICE : ANDHRA PRADESH
EMPLOYEES' STATE INSURANCE CORPORATION
5-9-23, HILL FORT ROAD, HYDERABAD-063
Phone and Fax.040-23237382

TENDER NOTICE 3/2011/SMC

Sealed and Super scribed tenders on prescribed form are invited from manufacturers, authorized dealers for the supply of Equipments/instruments for the use of ESI Dispensaries in Andhra Pradesh.

Sl. No.	Name of the Medical Equipment and Specification	Quantity	Estimated cost In Rupees	2% E.M.D. In Rupees
1	B.P.Apparatus Aneroid	144(One hundred and forty four)	79200.00	1600.00
2	B.P.Apparatus Digital	125(One hundred and twenty five one)	181250.00	3625.00
3	Foldable Stretcher	89(Eighty Nine)	102350.00	2050.00
4	Folding Wheel Chair	82(Eighty two)	221400.00	4450.00
5	Glucometre with Clucostic	91(Ninety one)	122850.00	2450.00
6	IUCD Kit(Anterior & Posterior Vaginal Wall retractor, uterine sound and Volselium)	46(Forty six)	13110.00	300.00
7	Manual(Foot operated)Suction machine	89(Eighty nine)	120150.00	2400.00
8	Nebuliser	91(Ninety one)	131950.00	2650.00
9	Needle destroyer	90(Ninety)	121500.00	2450.00
10	Otoscope	97(Ninety seven)	315250.00	6300.00
11	Portable Autoclave	79(Seventy nine)	391050.00	7825.00
12	Resuscitation Kit (Laryngoscope +Ambubag + Endotracheal tubes	116 (One hundred and sixteen)	237220.00	4750.00
13	Snellen's chart	136(One hundred and thirty six)	4760.00	100.00
14	Stethoscope	146 (One hundred and forty six)	175200.00	3500.00
15	Thermometer Digital	234(Two hundred and thirty four)	22230.00	450.00
16	Torch (Medium Size)	191 (One hundred and ninety one)	38200.00	800.00
17	Weighing Machine (Adult)	86(Eighty six)	58050.00	1200.00
18	Weighting machine (Paed)	86(Eighty six)	62350.00	1250.00

Other information, terms and conditions are given in the Tender document.

The estimated cost of the Equipments is Rs.23.97 lakhs approximately.

Application forms and other details of the Tender can be obtained in person from State Medical Commissioner, 5-9-23, Hill Fort Road, Hyderabad 500 063 by giving a request letter on letter head along with crossed DD/Bankers' cheque for Rs.250/- (Rupees two hundred and fifty only) non refundable in favor of ESIC Account No.1 payable at Hyderabad.

Venue, date and time for issue of tenders/documents from 25 .8.2011 to 14.09.2011 up to 3.00PM during office working days between 10.00 am to 3.00 PM at State Medical Commissioner Office, 2nd Floor, 5-9-23, Hill Fort road, Hyderabad 500 063

Last date for receipt of completed tender documents 14.9.2011 upto 3.00 PM or if it happens to be holiday on next working day.

Application forms may also be downloaded from website www.apesic.nic.in and the fee to enclose by DD drawn in favor of ESIC Account No.1 payable at Hyderabad

Date of opening the tender is on 15.9.2011 at 2.00 PM in the State Medical Commissioner's Office,5-9-23, Hill Fort Road, Hyderabad 500 063 or next working day if it happens to be a holiday.

The undersigned reserves the right to postpone the date of opening or to accept or reject any or all the bids without assigning any reason at any stage.

(STATE MEDICAL COMMISSIONER)
ANDHRA PRADESH

APPLICATION FORM FOR EQUIPMENTS

1. Name and registered address of the company/Establishment	
2. Contact Telephone No./Mobile no./	
3. Name and designation of the authorized person/owner	
4. Registration No. under the shops and Establishment Act.	
5. Sales tax Registration No./APGST No. Service Tax No./CST No.	
6. EMD Details DD No. Amount	
7. Proof of turn over	
8. Wholesaler/Retailer	
9. PAN/TAN/GIR No	
10. Any other information/Experience Empanelment	

SIGNATURE AND SEAL OF
APPLICANT/ESTABLISHMENT

UNDERTAKING

To
The State Medical Commissioner,
Andhra Pradesh, ESI Corporation,
5-9-23, Hill Fort Road,
HYDERABAD 500 063

Sir,

1. The undersigned certify that I have gone through the terms and conditions mentioned in the instruction supplement and undertake to comply with them. The rates quoted by me/us are valid and binding on me/us for acceptance for the period with effect from -----
-----to-----
2. It is certified that rate quoted are the lowest quoted for any institution/ Hospital in India.
3. Earnest money deposited by me/us viz Rs. _____ in the form of Demand Draft/Bankers cheque in favor of ESIC Fund Account No. I, Hyderabad is attached herewith and shall remain in custody of the State Medical Commissioner, Andhra Pradesh, Hyderabad till the successful completion of the warranty period.
4. I/we give the rights to State Medical Commissioner to forfeit the Earnest Money deposited by me./us if any delay occur on my./agent's part failed to supply the article at the appointed place and time of the items of the desired quality.

I undertake that I will be in position to provide Annual maintenance, contract./comprehensive maintenance contract(AMC/CMC)spare parts, and consumable for 5 years after completion of guarantee period. I also undertake to keep the equipment in running order throughout the year and in a case of equipment going out of order. The fault will be attended within 24 hours of lodging the complaint or a standby will be provided failing which a penalty of 0.5% of the cost of the AMC/CMC of the equipment per day for the period of equipment remains out of order will be levied during comprehensive AMC/CMC and guarantee/warranty period.

5. There is no vigilance/CBI case or court case pending against the firm/supplier.
6. Should the said officer deem it necessary to change any article, if being found not as per supply orders, it shall be replaced by me/us in time to prevent any inconvenience.
7. I hereby undertake to supply the items as per directions given in supply order within the stipulated period.
8. I undertake to provide guarantee/warranty for a minimum period of one year or as mentioned in specifications from the date of satisfactory equipment and inspection. I also undertake that I will maintain the equipment during this period and replace the defected parts at free of cost, if necessary.
9. I understand that State Medical Commissioner has the right to accept or reject any or all the tenders without assigning any reason(s) thereof.

Signature and address of the Tenderer with
Rubber stamp

AUTHORISATION CERTIFICATE

To
The State Medical Commissioner,
Andhra Pradesh,
ESI Corporation, 5-9-23,
Hill Fort Road,
HYDERABAD 500 063

Dear Sir,

Tender No.....Due on

Item/s quoted

We _____----who are established and reputable manufacturers of _____having factory at _____ and hereby authorize

M/s _____(Name and address of agent)to bid negotiate and conclude the contract with you against above tender no. for the above goods manufactured by us.

We company or firm or individual other than M/s _____-are authorized to bid, negotiate and conclude the contract in regard to this business against this specific tender as also for all business in the entire territory of India.

The agency commission of _____% included in the gross ex works price is payable to M/s _____in India Rupee.

We hereby extend our full guarantee/warranty as per clause at Sl.No.7 of the conditions of contract for the goods offered for supply against this invitation for bid by the above firms.

We also confirm that the spares and any other miscellaneous items(as applicable)_ of the equipment quoted will be freely available for at least five years after expiry of warranty/guarantee period

Our Other responsibilities includes:

- 1. Information regarding the name of new agent, in case of change of agent.
- 2. _____

(Here specify in details manufacturer’s responsibilities)

The services to be rendered by M/s _____

- 1. _____
- 2. _____

(Here specify the services to be rendered by the agent)

Yours faithfully,

(Name of Manufacturer)

For and on behalf of M/s _____(Name of Manufacturer’s)

Note; This letter of authorization should be on the letter head of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.

DECLARATION FORM

TENDERERS MUST GIVE SPECIFIC ANSWERS AGAINST EACH OF THE FOLLOWING

1. a. Brand and Model

b. Name and Address of Manufacturer

c. Station of Manufacture

2. Date by which delivery can be completed.

3. Sample submitted.

4. Stock in hand at the present time consists of

a. Held by us _____.

b. Held by M/s _____

5. Here state specifically whether the price tendered by you is to the best of your knowledge and belief nor more than the price which is permissible for you to charge as private purchaser for the same class and description of goods under the provision of any law for the time being in force, if not, state the reasons and the margin profit included.

6. Business name and constitution of Tendering firm:

7. Is the firm registered under

i. The Indian Companies Act 1913

ii. The Indian Partnership Act, 1932

iii. Any act, if not, who are owners

(Please give full names)

Dated the.....

Signature

TERMS AND CONDITIONS

1. Only manufacturer, authorized distributor/dealer can participate in the tender. Tenderer should submit authorization by the manufacturer in case he is distributor or dealer and for AMC.
2. Tenderer should quote the basic price of the equipment. Local Taxes as applicable should be quoted separately. Form D will not be provided by this office.
3. Name of the manufacturer and model should be indicated in the tender.
4. Technical information provided by the manufacturer should be enclosed
5. EMD Tenderer should Enclose 2% of the value as E.M.D by way of Demand Draft/Banker's cheque payable at State Bank of India, Hyderabad in favour of ESIC Account No.I which will not bear any interest and will be refunded after finalization of the tender or within 6 months which ever is earlier
6. The successful tenderer should submit 10% of the cost of equipment as security deposit(non interest bearing) which will be retained in Bank and will be refunded after the completion of warranty period.
7. Warranty: the tenderer should provide 2 years warranty by the manufacturer after satisfactory installation of the equipment.
8. AMC/ the tender should quote year wise rates(lump or percentage)approved by the manufacturer for service and comprehensive AMC of the equipment for a minimum period of 5 years separately after the completion of warranty period. Only agency/person authorized by the manufacturer shall provide after sales service under AMC and should have the service arrangement/centre at Hyderabad with 24 hours down response time. Rates of AMC for Labor(without spare parts) and comprehensive (inclusive of spare parts) should be provided for 5 preventive and unlimited breakdown calls.
9. Rates quoted should be valid for one year from the date of supply order.
10. Undertaking by the manufacturer that spares will be made available during the period of AMC should be enclosed along with the tender.
11. Application and documents form fee of Rs. 250/- non refundable payable in person by crossed bankers cheque/DD in favor of ESIC Account No.I payable at Hyderabad along with the application,.
12. Specimen copy of AMC terms and conditions should be enclosed along with the quotation/tender. AMC amount for each year will be paid in 2 equal installments after satisfactory completion of AMC service.
13. List of institutions(preferably Government) where similar equipment has been installed should be enclosed along with the tender.
14. Tenderer should undertake the responsibility for installation of the equipment by the authorized representative of manufacturer at the ESI Dispensaries in Andhra Pradesh.
15. Training of Dispensary staff wherever necessary in the use of the equipment should be undertaken by the manufacturer, in case, so required. The training should be free of cost and should be given within the Dispensary premises as far as possible
16. Packing, insurance, transport and any other incidental expenditure involved in the supply, installation and commissioning of the equipment shall be borne by the tenderer.
17. Date of issue of tender documents from 25 .8.2011 to 14.09.2011 up to 3.00 PM

18. Last date for receipt of completed tender documents 14.9.2011 up to 3.00 PM or if it happens to be holiday on next working day.
19. Tender will be opened in the presence of representatives present on 15.9.2011 at 2.00 PM in State Medical Commissioner's chamber, 2nd floor, ESI Corporation, 5-9-23, Hill Fort Road, Hyderabad 500 063 If the same happens to be declared holiday the last date and date of opening stand postponed to next working day same time and place.
20. Tenderer should be ready to demonstrate the quoted equipment to the committee at his own cost at this office premises.
21. Tenderer will be selected on the basis of satisfactory performance of the equipment before the committee members.
22. Application forms may also be downloaded from website www.apesic.nic.in and the fee to enclose by DD drawn in favour of ESIC Account No.I payable at Hyderabad.
23. No advance payment will be made. Settlement of bill will be made within 4 weeks of satisfactory installation and working.
24. Delivery of items should be made within 4 weeks of giving supply order.
25. Breach of any terms and conditions attracts penalty by way of forfeiture of EMD and Security Deposit.
26. State Medical Commissioner, Andhra Pradesh, Hyderabad reserves right to accept or reject any or all the tenders without assigning any reason whatsoever.

STATE MEDICAL COMMISSIONER