



EMPLOYEES' STATE INSURANCE CORPORATION

MODEL HOSPITAL & OCCUPATIONAL DISEASE CENTRE

NANDA NAGAR – INDORE 452011

Tele: 0731-2554411 / Fax: 0731-2559089

No. 18U/16/31/2/2011/ ESIC MH(Indore)

Date:

Tender Enquiry No.: 04/2011-2012 (ALLOPATHIC DRUGS & DRESSINGS)

Time of submitting of tender: 28/12/11 Wednesday Till 1:00 PM

Time of opening of tender: 28/12/11 Wednesday at 2:30 PM...

Time & Place of Pre-Tender Conference : 21/12/11 Wednesday at 10:00 AM in Chamber of M.S Office.

To,

M/S-----

SUBJECT: Tender Enquiry for formation of Annual Rate Contract for supply of various **ALLOPATHIC DRUGS & DRESSINGS** for ESIC Model Hospital & ODC, Nanda Nagar, Indore

Sir,

Medical Superintendent , ESIC Model Hospital & ODC, Nanda Nagar, INDORE invites open tender for ALLOPATHIC DRUGS & DRESSINGS as per specifications and Terms & Conditions detailed on page no 7.....to...12....enclosed for the formation of Annual Rate Contract for the ESIC Model Hospital & ODC, Nanda Nagar, INDORE for one year from the date of agreement.

S.No.	Name of Rate Contract	Duration	EMD Amount	Tender cost Amount
1.	ALLOPATHIC DRUGS &	ONE YEAR	Rs...70,000/-(Seventy thousand)D.D./Banker,s	Rs.500/-(Five thousand only) D.D./Banker,s cheque

(Signature of tenderer with stamp)

(Authorized signatory)

(Without EMD & Tender cost the tender will not be accepted)

Tender downloaded from Internet the tender cost of Rs 500/- (Rs Five Hundred only) to be attached with tender in form of Demand draft in the favour of “ESIC fund A/C No. 1,Model Hospital & ODC, INDORE

Tender should be submitted in sealed envelope & super-scribed a “Tender for **ALLOPATHIC DRUGS & DRESSINGS** for ESIC Model Hospital & ODC, Nanda Nagar, INDORE for the year 2011-2012 (One year).” in the office of M.S., ESIC Model Hospital & ODC, Nanda Nagar, Indore in the tender box placed in the chamber of Dy. Medical Superintendent on dated 28/12/11 Wednesday upto 1:00 PM. Proof of postage won't be considered as a claim for timely submission of tender. The tender shall be opened on dated 28/12/11 Wednesday at 2.30 P.M. in DMS room in presence of tenderers or their representatives, who wish to be present. In case 28/12/11 Wednesday is declared holiday, tender will be opened on next working day at the same time and venue.

Encls: Annexure-... ..

Medical Superintendent

(Signature of tenderer with stamp)
(Authorized signatory)

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**EMPLOYEE'S STATE INSURANCE CORPORATION
MODEL HOSPITAL AND OCCUPATIONAL DISEASE CENTRE
NANDA NAGAR- INDORE-452011 Tele: 0731-2554411**

NOTICE OF TENDER

TENDER FOR LOCAL PURCHASE OF ALLOPATHIC DRUGS & DRESSINGS

Medical Superintendent E.S.I.C. Model Hospital & ODC, Indore invites tenders for Local Purchase of Allopathic Drugs & dressings (Generic, Branded, Speciality, Critical care & Oncology Medicines etc.) in E.S.I.C. Model Hospital & ODC, Indore.

The tenderers who desire to offer their services may collect the tender document from the ESIC Model Hospital & ODC, Nanda Nagar, Indore on any working days between 10.00 AM to 3.00 PM (Monday to Friday) and 10.00 AM to 1.00 PM (Saturday) up to 27/12/11 Tuesday against the payment of Rs. 500/- (Rs Five Hundred only) in the form of Demand draft (drawn on any nationalised bank) in the favour of “**ESIC fund A/C No. 1, Model Hospital & ODC, INDORE**”.

The completed tenders along with EMD of Rs. 70,000 (Seventy thousand in the form of Demand draft/Bankers Cheque in favour of “**ESIC fund A/C No. 1, Model Hospital & ODC, INDORE**” will be accepted till 1.00 PM on 28/12/11 Wednesday and will be opened on the same day at 2.30 PM. If 28/12/11 Wednesday is declared as holiday the tenders shall be opened on the next working day at 2.30 PM. Medical Superintendent ESIC Model Hospital & ODC, Nanda Nagar, Indore reserves the right to accept or reject any tender without assigning any reasons(s) thereof. Detailed terms and conditions may be downloaded from ESIC website “ www.esic.nic.in”

**MEDICAL SUPERINTENDENT
ESIC MODEL HOSPITAL INDORE**

Note : The envelop pertaining to the tender as well as all subsequent Communications should be addressed and delivered to :-

MEDICAL SUPERINTENDENT
ESIC MODEL HOSPITAL
NANDA NAGAR, INDORE-452011

(Signature of tenderer with stamp)
(Authorized signatory)

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ANNEXURE-I

From : Medical Superintendent
E.S.I.C. Model Hospital
Nanda Nagar, Indore-452011

To,

SUBJECT: Tender Enquiry for formation of Annual Rate Contract for supply of various **ALLOPATHIC DRUGS & DRESSINGS** for ESIC Model Hospital & ODC, Nanda Nagar, Indore for the one year.

Dear Sir/Madam,

Medical Superintendent E.S.I.C. Model Hospital & ODC, Indore invites tender for the day to day supply of Allopathic drugs & dressings to ESIC Model Hospital & ODC, Indore, on indent special or otherwise, and not available in the medical store of the hospital. The conditions of contract, which will govern the contract made, are contained in the schedule attached to the tender form. If you are in a position to quote for the supply in accordance with the requirement stated herein, and in the schedule attached, please submit your quotations to the Medical Superintendent ESIC Model Hospital & ODC, in a sealed envelope at Nanda Nagar Indore.

1. **Preparation of Tender :** The Schedule to the tender form should be retained and the last pages should not be detached.
2. **Signing of tenders :**
 - (A) The tender is liable to be ignored if incomplete information is given or any document asked for in the schedule to the tender are not dully filled or not furnished.
 - (B) Individual signing the tender or other documents concerned with the contract must specify whether he/she signs as
 - i) A sole proprietor of the firm, or if it be proprietorship concern.
 - ii) A partner of the firm if it be a partnership in which case he must have authority to refer disputes to arbitration disperse.
 - iii) Constituted attorney of the firm, if it is a company.

(Signature of tenderer with stamp)(Authorized signatory)

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iv) Note :

(a) In case of B(ii) a copy of the partnership agreement or General Power of Attorney, in either case attested by a Notary Public should be furnished. An affidavit on stamped paper of all the partners admitting execution of the partnership agreement or the general power of attorney should be furnished.

(b) In the case of Partnership firms where no authority to refer disputes concerning the business or the partnership has been conferred on any partner, the tender and all other related documents must be signed by every partner of the firm.

3. A person signing the tender form or any documents forming part of the contract on behalf of another shall be deemed to construct that he has authority to sign and if on enquiry it appears that the person so signing has no authority to do so, the purchaser, without prejudice to another civil and criminal remedies will cancel the contract and hold the signatory responsible for all costs and damages.
4. **Delivery of Tender** : The tender is to be dropped in tender box in sealed envelope super scribed “ Tender for supply of Allopathetic Drugs & Dressings to ESIC Model Hospital & ODC-2011-2012” at the Officers room mentioned at the top of this letter.
5. **Last Date & Time for receipt of tender**. Your tender must reach the office of the Medical Superintendent, ESIC Model Hospital & ODC, Nanda Nagar, Indore by 28/12/11 Wednesday Till 1.00 P.M. The tender will be opened on 28/12/11 Wednesday at 2.30PM. If 28/12/11 Wednesday is declared holiday then the tenders will be opened on the next working day at the same time.
6. **Opening of tender**. You are at liberty to be present or authorize a representative to be present during the opening of the tenders at the time and date as specified in the schedule. The name and address of the representative who would be attending the opening of the tender on your behalf should be indicated in the tender.
7. **Price** : The quoted offer should include all excise duty, surcharge and state tax as stipulated in the schedule and of packing and delivery charges.
8. **Terms of delivery** : Will be as specifies in the schedule to tender.

(Signature of tenderer with stamp)
(Authorized signatory)

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9. **Right of acceptance** : The purchaser does not pledge himself to accept the lowest of any tender and reserves the right of accepting the whole or any part of the tender , and you shall supply the same at the rate quoted. You are at liberty for the whole or any portion or to state in the tender that the rate quoted shall apply only if entire quantity is taken from you.
10. **Acceptance of the tender** : The purchaser shall communicate acceptance of the quotation, if it is acceptable to him, by a letter. The formal acceptance of the tender will be forwarded to the successful tenderer as soon as possible but the instructions contained in the letter should be acted upon immediately by the tenderer.
11. The Tenderer whose tender is accepted will then send a letter to Medical Superintendent ESIC Model Hospital & ODC, Indore conveying his agreement and acceptance of the terms and conditions on non-judicial stamp paper of Rs.10/-. The confirmation of this letter by the Medical Superintendent will conclude the contract and will be enforceable in law.

**Medical Superintendent
ESIC MODEL HOSPITAL INDORE**

(Signature of tenderer with stamp)
(Authorized signatory)

ANNEXURE-II

SCHEDULE TO TENDER No. 18 U/16/31/2/2011ESICMH INDORE

Tender should reach by 28/12/11 Wednesday up to 1.00 PM

Time & Date for opening of Tender : 28/12/11 Wednesday at 2.30 PM

1. Condition of contract :

The bidder must have a minimum experience of Three year in the Field of local Trade of drugs & DRESSINGS. Offers only from Local Parties will be considered.

2. Period of contract :

The contract will be valid for a period of one year from the date of commencement of contact, unless short closed before that by the Medical Superintendent. ESIC Hospital & ODC, Indore, at his discretion.

However This contract can be extended also, beyond 1 year if so required by the Medical Superintendent at his discretion depending on the satisfactory performance of the contractor.

- 3. The acceptance of tender** will normally be on the basis of maximum discount offered by the Tenderer on M.R.P. i.e. maximum retail price which is printed on the packing/flaps/bottles. The tenderer will be paid on M.R.P. less discount and no sales tax, octroi or any other levy/tax will be paid which has to be borne by the tenderer. Tampering on the printed MRP of the manufacturer by the Tenderer by use of stickers or any other means will not be accepted. Separate discounts should be quoted for generic & branded drugs. Items like bandage, gauze, cotton, disposable syringe and other surgical consumable will be treated as generic and discount will be applied accordingly.

(Signature of tenderer with stamp)
(Authorized signatory)

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4. **EMD:**A draft /bankers Cheque of Rs 70,000 drawn on any nationalized bank payable in favour of ““**ESIC fund A/C No. 1,Model Hospital & ODC, INDORE** “” payable at Indore should be submitted along with tender as earnest money, failing which tender will be rejected. The EMD will be refunded after finalization of tender without any interest.
5. **SECURITY:**In case selected, Tenderer will be required to deposit a security of 5% of finalized tender in the shape of Bankers Cheque/demand draft in favour of ““**ESIC fund A/C No. 1,Model Hospital & ODC, INDORE** “” drawn on any nationalized Bank payable at Indore. Security deposit will only be discharged after satisfactory performance of contract without any interest.,
6. **AGREEMENT:**However, On finalization of the tender the tenderer will be communicated by a Letter of offer. In case Tenderer is willing to accept the offer he may submit the letter of acceptance and enter into the agreement with ESIC as per terms and conditions of the contract.
7. **RIGHT TO ACCEPTANCE :** The Medical superintendent does not pledge himself to accept the Lowest or any tender and reserves to himself the right of rejecting the whole or any part of the tender.
8. Tenderer will submit the following documents :-
 - a. **Valid drug license** as per drug and cosmetic act.
 - b. **No conviction certificate** from Drug inspector/State Drug controller that there is no case pending under the drugs and cosmetic Act and Rules there under as well as under the drug price control order (DPCO) against the firm during the last 3 years.
 - c. **Latest Sales tax registration certificate** :- Tenderer who is not registered with the sales tax authorities will not be considered.
 - d. Names & addresses of their bankers, bank account number and IFSC code & ECS details.

Tenders who do not furnish the documents as above will not be considered.

(Signature of tenderer with stamp)
(Authorized signatory)

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9. A list of drugs & dressings of reputed manufactures which the tenderers can supply in generic form to the hospital shall be furnished along with the quotations.
10. Medical Superintendent E.S.I.C. Model Hospital & ODC, Indore reserves the right to enter into Parallel contract simultaneously or at any time during the period of this Contract, with one or more Tenderer for the same or Different drugs & dressings.
11. Arbitration clause : In case of any dispute (between the purchaser & the Tenderer) arising under the contract or in regard to the interpretation of the terms and conditions of the contract , decision of the Medical Superintendent of the Hospital or any officer nominated by him to act as Arbitrator in the dispute shall be final and binding on both parties of this contract.
12. Tenderer will maintain sufficient stock of the standard quality of DRUGS & DRESSINGS at all time to avoid inconvenience to the ESI beneficiaries. The Tenderer will also maintain sufficient stock of generic drugs manufactured by generic division of the reputed/leading manufacturer of the drugs and list of such drugs & dressings along with Names of manufacturer should be enclosed with the tender.
13. Tenderer will indicate batch number, name of manufacture and expiry Date on indents at the time of supplying the drugs to the Hospital.
14. Indents are to be accepted dully countersigned by the MS/Store in charge of the hospital whose specimen signature will be supplied to Tenderer. In his/ her absence the signature of any other officer authorized by the Medical Superintendent shall be supplied.
15. **Life Period** :- The shelf life of drugs /items supplied should not have passed more than half of shelf life from the date of manufacturer, at the time of supply.
16. **Packing** :-Supplies are required to be made in original packing of manufacturer and in only available packing approximately nearest to the total quantity demanded for any particular medicine drugs, on any particular day, by the hospital for one or more patients unless otherwise stipulated.

(Signature of tenderer with stamp)
(Authorized signatory)

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17. **Collection of indent for supply** :- Indents on the basis of which supplies are to be made should be collected by the Tenderer or his representative every working day (Monday to Saturday). The tenderer or his representative will sign in the indent issue register in the main store of the hospital as proof of having attended the hospital. The time and place of collection of indent will be decided with the tenderer mutually by the Medical Superintendent or any other person as may be approved from time to time. In case of urgent need tenderer will supply the drugs to the hospital on supplementary indent to the representative of the hospital who will deliver the indent and collect the drugs & dressings personally from the shop of the tenderer.
18. The Medical Superintendent/authorize person of the Hospital will fill all the four copies of the medicines cum indent form in a single stroke and will retain yellow copy for office use and send three copies to Tenderer who after filling the remaining required columns in the medicines cum indent form will return back pink copy along with drugs & dressings to the Medical Suptd/Authorised.of the hospital. At the end of the fortnight the Tenderer will submit all the white copies for payment to the Medical Suptd/Authorised. Along with summary of drugs & dressings cum indent form in a serially numbered printed invoice. The blue copy will be retained by the Tenderer for his office use.
19. **Delivery of supplies** :- The delivery of supplies will be made on the SAME day as the collection of the indents or at the latest by the next day, at the premises of the Hospital indenting the supplies. On no account should there be delay or refusal by Tenderer in which case the hospital would make alternative procurement at your risk and expenses.

(Signature of tenderer with stamp)
(Authorized signatory)

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20. In case of failure or refusal by Tenderer to supply the drugs & dressings to the hospital, the contract is liable to be cancelled at his risk and cost. Any extra cost involved in arranging supplies from alternative source will be recovered from his subsequent/pending bills/security deposit. Irregular supplies/failure to fulfill the terms of contract may entail for closure of contract and forfeit of security deposit.
21. The drugs & dressings to be supplied will be of standard quality. In case, it is found that any particular drugs & dressings has expired or is substandard or spurious the Tenderer will be liable to be blacklisted for a period of 5 years for future participation in any ESI tender. Besides any other legal action as deemed fit will be taken. If for any unavoidable reason beyond your control, if it not possible for the Tenderer to immediately supply the drugs & dressings and the hospital is compelled to procure the same item from other Source, extra expenditure on this account will be recovered from subsequent bill(s) /security deposit. Under no circumstances the indented drugs & dressings would have to be substituted in case the indent is of brand item.
22. The contractor should give a declaration that the drugs & dressings supplied for this contract shall be of the best quality and in accordance with the specification as indented and if drugs/article are discovered not to conform to the description and the quality aforesaid have deteriorated, the purchaser in that case will be entitled to reject the said articles or such portion thereof as may be discovered not conforming to the said description and quantity. On such rejection such articles or such part in thereof as the purchase may decide, will be replaced forthwith, failing which the contractor will be deemed to have committed a breach of the condition of the contract or otherwise. The decision of the purchaser in that behalf will be final and conclusive.

(Signature of tenderer with stamp)
(Authorized signatory)

23. **Presentation of bill** : The contractor shall present his bill for each for thing's supply within ten days of the closing of each respective fortnight : -
- (i) The bill shall be in printed and serially numbered Invoice/Credit bill with the name and address of the chemist and sales tax, Registration Number printed thereon.
 - (ii) The bill shall show the summary of the total amount for each day for the net amount claimed supported by the acknowledged first copy of the indent with all the columns dully filled in
 - (iii) The purchaser reserves the right also to demand in any case, the original of the supplier's invoices for verification of the net trade price claimed by the contractor.
24. **Payment** : The contractor shall claim payments twice a month of bills prescribed in complete forms and payments through ECS/ RTGS system will normally be arranged in 10 days from the date of presentation . However, no claim shall be made by the contractor against the ESI Corporation in respect of interest or damage in case the payment is delayed for any reason beyond the control of ESI Corporation.

Medical Superintendent
ESIC MODEL HOSPITAL INDORE

(Signature of tenderer with stamp)
(Authorized signatory)

ANNEXURE- III

TENDER NO-ESIMH18 U/16/31/02/2011 ESICMH Indore

NAME & ADDRESS OF CONTRACTOR'S:

TELEPHONE & MOBILE NO:

FROM :

**TO : The Medical Superintendent
ESIC Model Hospital, Indore**

DEAR SIR,

1. I/We hereby offer to supply medicines/drugs to ESI hospital Indore as indicated in the tender document or to such hospitals you may specify in the acceptance of tender at the rate given below and agree to hold this offer open till _____ I/We shall be bound by a communication of acceptance dispatched within the prescribed time.
2. I/We have understood the instructions to the tenders and conditions of contract in the schedule to the tender form and accept them.
3. I/We am /are fully aware of the nature of stores required and my/our offer is to supply stores strictly in accordance with the requirements.
4. I/We agree to arrange supplies in accordance with the nomenclature, specifications and packages given in the schedule to tenders/
5. I/We agree to arrange the supplies of life articles as stipulated in the schedule to the tender.
6. I/We agree that the supply of aforesaid will comply with provisions of drugs and cosmetics act, 1940 and rules made hereunder.
7. I/We agree to abide by the conditions of tender and the schedule to the tender and specifically to the arbitration clause of the contract.

(Signature of tenderer with stamp)
(Authorized signatory)

8. I/We enclose :

- (a) Demand draft/Bankers Cheque for deposit of earnest money of Rs
- (b) Tender notice and schedule to the tender dully signed.
- (c) Warranty as per clause 23 of the schedule.
- (d) No conviction certificate from the state drug controller.
- (e) Copy of valid drug license issued by Drug Inspector/State drug controller.
- (f) Latest sales tax clearance certificate (STCC)
- (g) Copy of TIN No.

SIGNATURE OF WITNEES &

(Signature of tenderer with stamp)
(Authorized signatory)

ADDRESS:

ADDRESS :

ANNEXURE -V

RATES OFFERED:

SL. NO	TYPE OF DRUGS & DRESSINGS	% OF REBATE ON MRP
01	GENERIC	
02	BRANDED	

(NOTE: RATES SHOULD BE FILLED BY COMPUTER TYPING AFTER SCANNING THE PAPER (ANNEXURE-D.....)IN SAME FORMAT . HAND WRITTEN RATES SHALL NOT BE ACCEPTED).

I /We have gone through all the terms & condition and accept them all . I/We offer the above rates which Rebate to be given on MRP.

(Signature of tenderer with stamp)
(Authorized signatory)

ANNEXURE – V

To,
The Medical Suprintendent
E.S.I.C Model Hospital,
Nanda Nagar,
Indore – 452011

Dear Sir,

We local chemist M/s.....return herewith your tender enquiry No.18u/16/31/2/2010 ESICMH Indore Dt.

We have carefully read the terms and conditions and accept the same.

(Signature of tenderer with stamp)
(Authorized signatory)

WITNESS:

Signed in my Presence:

Notary Public/Gazetted Officer

(With Name & Complete Address