



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER,  
SUBARNAPUR

E-Mail: [smosubarnapur@gmail.com](mailto:smosubarnapur@gmail.com),

Phone No- 06654-220999

Letter No 60671

Date 16.12.2021

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUBARNAPUR

Bid ref. No. / 6067

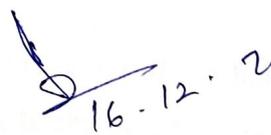
DWH / 01 / DMC & BCL / 2021-22

Tender Call Notice

Date- 16.12.2021

Sealed tenders are invited from authorized Manufacturers / Suppliers / Distributors for **supply of Drugs, consumables & BCL** to Subarnapur district. The details are available in the district website: [www.subarnapur.nic.in](http://www.subarnapur.nic.in). The tender paper cost of Rs2000/- (Non-Refundable) in shape of Demand Draft from any nationalized Bank in favour of ZSS NON NRHM, Sonapur payable at SBI Sonapur(1085), Odisha. The eligible bidders may submit their tender papers on or before **05.01.2022 by 01.00 PM** through Registered Post / Speed Post only to the undersigned. The tender documents will be opened on the same day i.e. **05.01.2022 at 03.00 PM** in the office chamber of the undersigned. The bidders or their representatives may present at the time of opening. **The undersigned reserves the right to accept or reject any or all the tender without assigning any reason thereof.**

Sd/- (Dr. D.K Panda)  
Chief District Medical & Public Health Officer  
Subarnapur

  
16.12.21  
Chief Dist. Medical  
& Public Health Officer  
Subarnapur



**TERMS & CONDITIONS FOR  
SUPPLY OF Drugs and consumables (In generic)  
Chief District Medical & Public Health Officer, Subarnapur  
(HEALTH & F.W. DEPTT., GOVT. OF ORISSA)**

**Bid Reference No. – C.D.M. &P.H.O. (Subarnapur) – DWH / 01 / DMC &BCL / 2021-22**

**TENDER DOCUMENT FOR SUPPLY OF BLC & Drugs and Medical consumables (generic)**

**LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 05.01.2022 by 01.00 PM**

**DATE & TIME OF OPENING OF TENDER : 05.01.2022 at 03.00 PM**

**PLACE OF OPENING OF BID DOCUMENTS: DTU, O/o CDM & PHO, SUBARNAPUR**

**ADDRESS FOR COMMUNICATION  
AND**

**O/o. C.D.M & PHO, SUBARNAPUR  
(Central Drug Ware House)  
Subarnapur – 767017.**

**RECEIPT OF BID DOCUMENTS**

  
16.12.21

**Chief Dist. Medical  
& Public Health Officer  
Subarnapur**

## SALE OF TENDER / BID DOCUMENT

Sealed tender are invited from the manufacturers / Suppliers/ Distributors for supply of drugs & consumables under different scheme. The Bidders has to download the Tender Documents directly from the WEBSITE available at [www.subarnapur.nic.in](http://www.subarnapur.nic.in) within the stipulated period. The tender cost fee of Rs.2000/- (Non-refundable) in shape of Demand Draft from any Nationalized Bank in favour ZSS Non-NRHM, Sonapur payable at SBI, Sonapur (1085) must be enclosed along-with the Technical Bid. The Bidders should specifically super scribe, "Tender for Supply of BCL, Drugs & Consumables & Last date of receipt 05.01.2022 till 01.00 PM" on the top of the outer envelope containing Technical Bid (Bid-A) and Price Bid (Bid-B) separately. The authority i.e C.D.M.P.H.O, Subarnapur shall have no responsibility for any delay / omission on part of the bidder. **The tender paper will be rejected if the bidder changes any clause or Annexure of the bid document downloaded from the website.**

### IMPORTANT INSTRUCTIONS TO BE NOTED CAREFULLY BY THE TENDERERS

1. Purchaser : C.D.M. & P.H.O, Subarnapur
2. Indenter : C.D.M. & P.H.O, Subarnapur
3. Consignee : C.D.M. & P.H.O, Subarnapur
4. Delivery Period : Within 44days from issue of the purchase order.
5. Mode of Delivery : By Air / Road / Rail (On door delivery basis)
6. Shelf Life of Drugs : 5/6<sup>th</sup> of Shelf life of Drugs at the time of receiving of Drugs for each item.
7. General Conditions for supply of Drugs:
  - a) At the time of supply, the supplier must submit a test report of the batches being supplied, in respect to the supplied drugs are of standard quality based on which the Drugs can be used or distributed.
  - b) The district will also do random testing of the supplied drugs if required for which quality testing, packing & forwarding charges @1.5% of the order value will be borne by the supplier. The testing fees must be submitted in shape of demand Draft only in favour of ZSS Non-NRHM , Sonapur, from any Nationalized Bank payable at SBI, Sonapur (1085) along with the bills.
  - c) The supply is to be made in less number of batches (less than 3) and maximum two phases and should arrive at the Central Drug Ware House with remaining shelf life of at least 5/6<sup>th</sup> of the stipulated total shelf life from the date of manufacturing of that product.

  
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d) Under no circumstances, the organization shall 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 .

e) The supply should be made in good packing condition & labeling "Odisha Govt. Supply, NOT FOR SALE". MRP should not be mentioned anywhere in Strip/Box/Amp/Vial etc.

f) All bills should be super – scribed as Supply of Drugs & consumables under respective scheme "& bill should be prepared on values of the goods + all taxes.

g) The quoted price must be inclusive of all taxes.

h) All bills should contain the GST number.

i) After receiving of the items, randomly selected batches of the items / Drugs will be sent for quality testing to different testing laboratories. If any batch of any item / drug will found to be **NOT OF STANDARD QUALITY (NSQ)**, the supplier / firm will replace the full stock of that batch and take back the available NSQ stocks from different Health Institutions of the District at his own cost. No payment will be made for the replacement of NSQ drugs with good quality drugs.

j) If the firm / supplier doesn't replace the full stock of that batch of item declared NSQ within one month of issue of the letter, he will be derecognized for that product and no payment will be made to him for that product or if he has taken the payment for that product the total cost of that batch of NSQ drugs will be deducted from any payment due for him and no further orders will be given to him for that product.

k) **Liquidated demurrage** will be charged @ 0.5% on order value per week beyond 44 days & up to 58 days from the date of issue of the purchase order. The order will **automatically stand cancelled** after the due period & no further communication will be made in this regard.

l) Income Tax return for last three consecutive years must be submitted along with the tender documents (Financial Year-2017-18, 2018-19 & 2019-20)

m) The Average annual turnover must not be less than **Three Crores** for the last three consecutive years & the audited balance sheet for the last three years must be submitted.

n) The bidder must have the record of supply of the similar items for last Three years (i.e 01.04.2018 to – 31.03.2021) to any district/ state govt / central govt & Xerox copy of minimum five purchase orders for each year must be submitted.

o) The bidders should quote a **single rate for each item**. Multiple quoted rate for a single item will not be considered.

  
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p) In no case the quoted rate must exceed the MRP.

q) The quoted rates must be either typed / computerized. The rates must be quoted both in words & figures. In case of difference of the quoted rates the rate in words will be taken into consideration.

r) All the documents must be self-attested.

s) The contents of the documents must be enclosed showing the page nos.

**8. Pre-qualification:**

**A. Manufacturing units /Authorized dealers/Traders/ supplier are eligible to participate in the tender provided, they have**

(i) Valid Drug license, GMP/ WHOGMP of the manufacturers.

(ii) Valid ISO certificate of the manufacturers.

(iii) PAN Card.

(iv) Minimum Average turnover of Rs 03(Three) Crores for last three consecutive years.

(v) Bidders who have been blacklisted either by the Tender inviting authority or by any district/state Govt. or Central Govt. organization for the quoted item is not eligible to participate in the tender during the period of blacklisting.

An Affidavit either from the Magistrate or Notary to be submitted that "the firm has neither been black listed by any organization nor any criminal cases pending against them".

(vi) The tenderer must submit/furnish a certificate / Declaration in the tender to the effect that, "the price quoted is not more than the open market price or also under GeM Rate Contract where such rate exists. However, in circumstances when the price decreases during the contract period, the approved supplier should ethically intimate the same to the purchasing authority.

**B. Authorized distributors/traders are eligible to participate in the tender provided:**

(i) They should submit manufacturer's authorization to transact business on behalf of the manufacturer.

(ii) The authorized distributor/trader will submit all the documents in support of eligibility of the manufacturer.

  
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**GENERAL TERMS AND CONDITIONS:**

1. Sealed tenders will be received up to 05.01.2022 till 01.00 PM at the office of C.D.M. & P H.O. Subarnapur for the purchase of Drugs ,Consumables & BCL. Any tender received after the due date & time will be rejected / returned to the sender unopened. The tenders will be received through Regd. Post / Speed Post only.
2. The bidders are to submit their tenders in separate sealed covered envelope for technical bid and financial bid by subscribing "Technical Bid" in cover "A" and "Financial Bid" in cover "B" and both covers should be put in third cover which should be subscribed as "Tender for Supply of BCL, Drugs & Consumables & Last date of receipt 05.01.2022 till 01.00 PM".
3. The sealed tender of Cover "A" (Technical bid) submitted by the tenderer will be opened by the purchase committee in the office chamber of the CDM&PHO, Subarnapur, on dated 05.01.2022 at 03.00 PM. The bidder or his representative may present at the time of opening of the tender.
4. The Financial Bid will be opened of only those who have technically qualified. The Financial bid may be opened on the same day or the date of opening will be intimated to the successful bidders through e-mail only.(Mail address submitted in the tender document)
5. Delivery Period should be within 44 days from the issue of the supply order. Liquidated damage @0.5% per week will be charged for two weeks only i.e. up to 58days & the order will be automatically stand cancelled after the due period without further communication. & the order for the same item will be placed in favour of the L2 supplier.
6. Rate quoted must be inclusive of all taxes & will be valid for a period of one year from the date of approval.
7. The undersigned reserves the right to place the order in phases.
8. On all strips/Packets/ Boxes /Cartoons/ Vials/ Ampoules/Gauze/ Bandage etc the words " ODISHA GOVT. SUPPLY, NOT FOR SALE " will be mentioned & there must not be any MRP on any supplied items.
9. The bidders are required to submit the sample of each item as mentioned in the item list at the time of opening of the Technical Bid. These items will be selected by the purchase committee on basis of the quality & Cost. If the stock supplied does not match with the sample, the stock will be rejected & the supplier has to replace the total quantity of the same product at his own cost.
10. The undersigned reserves the right to reject any or all the tender without any reason thereof.

Sd/- (Dr D K Panda)  
Chief District Medical & Public Health Officer  
Subarnapur



Chief Dist. Medical  
& Public Health Officer  
Subarnapur



### Check List

Annexure-



## Please put ✓ in the respective box Application for Supply of Drugs & Consumables to Subarnapur Distri

| Sl No    | Details   | To be filled up   | Remarks  |      |    |     |    |  |  |  |  |  |  |
|----------|---|---|----------|------|----|-----|----|--|--|--|--|--|--|
| 1        | Name of the Firm with Complete Address ,mobile no & E-mail Address for Correspondence.                            |   |          |      |    |     |    |  |  |  |  |  |  |
| 2        | whether tender paper cost in shape of DD worth of Rs 2000 /- to be submitted along with the tender paper.         | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  | Details of DD no. & date to be mentioned |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 3.       | Sale Tax Registration/ GST & Pan card (Xerox Copy ) submitted or Not  | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  |  |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 4.       | Drug License (Submitted or not)   | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  |  |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 5        | Income Tax Return for last three Years  | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  |  |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 6        | Audited balance sheet for last three years Average Turnover of 03 (Three) crores in last three consecutive years. | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  |  |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 7.       | ISO, GMP/WHO GMP of the Manufacturer (Submitted or not)   | Separate checklist enclosed   |          |      |    |     |    |  |  |  |  |  |  |
| 8.       | Manufacturer's authorization to transact business on behalf of the manufacturer (Submitted or not)                | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td><td>Yes</td><td>No</td></tr><tr><td></td><td></td><td></td><td></td><td></td></tr></table> | Page No. | From | To | Yes | No |  |  |  |  |  |  |
| Page No. | From  | To  | Yes      | No   |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 9.       | Tender document containing total no of pages.   | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td></tr><tr><td></td><td></td><td></td></tr></table>  | Page No. | From | To |     |    |  |  |  |  |  |  |
| Page No. | From  | To  |          |      |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 10       | Affidavit in respect to not being BLACKLISTED   | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td></tr><tr><td></td><td></td><td></td></tr></table>  | Page No. | From | To |     |    |  |  |  |  |  |  |
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|          |   |   |          |      |    |     |    |  |  |  |  |  |  |
| 11       | Under taking to supply the Items in stipulated period & MRP not exceeded  | <table border="1"><tr><td>Page No.</td><td>From</td><td>To</td></tr><tr><td></td><td></td><td></td></tr></table>  | Page No. | From | To |     |    |  |  |  |  |  |  |
| Page No. | From  | To  |          |      |    |     |    |  |  |  |  |  |  |
|          |   |   |          |      |    |     |    |  |  |  |  |  |  |

*Certified that, the above information submitted by me/my firm is true to the best of my knowledge and if any information is found false at any point of time then the whole offer/tender may be cancelled. I have suppressed no facts in the tender which could debar me to participate in the tender. If it is revealed after opening of the tender that any fact is suppressed by me, tendering authority shall have the right to reject my tender along with other punitive action against me as per law. Again I agree & will abide with the terms & conditions fixed by the authority.*

Full Signature of the tenderers.  
Mobile No, e-mail & Correspondence Address

N: B: Please submit self signed Xerox copy of all documents.

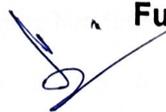
Chief Dist. Medical  
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## Check list for ISO and GMP

## Annexure-II

| Sl. No | Name of the Manufacturer | ISO Certificate submitted (Yes/ No) |      |    |     |    | GMP submitted (Yes/ No) |      |    |     |    | Authorization submitted (Yes/ No) |      |    |     |    | Remarks |
|--------|--------------------------|-------------------------------------|------|----|-----|----|-------------------------|------|----|-----|----|-----------------------------------|------|----|-----|----|---------|
|        |                          | Page No.                            | From | To | Yes | No | Page No.                | From | To | Yes | No | Page No.                          | From | To | Yes | No |         |
| 1      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 2      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 3      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 4      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 5      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 6      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 7      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 8      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 9      |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 10     |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 11     |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |
| 12     |                          |                                     |      |    |     |    |                         |      |    |     |    |                                   |      |    |     |    |         |

**Full Signature of the bidder**



Chief Dist. Medical  
& Public Health Officer  
Subramanur

**List of Quoted Items (Enclosed in Separate Sheet)**

**Annexure-III**

| <b>Sl. no.</b> | <b>Name of the Drug</b> | <b>Specification</b> | <b>Name of the manufacturer</b> | <b>Remarks</b> |
|----------------|-------------------------|----------------------|---------------------------------|----------------|
| 1              |                         |                      |                                 |                |
| 2              |                         |                      |                                 |                |
| 3              |                         |                      |                                 |                |

**Full Signature of the bidder**



**Chief Dist. Medical  
& Public Health Officer  
Subarnapur**

**Financial Bid**

**Annexure-IV**

| Sl. no. | Name of the Drug & other items | Specification | Unit | Name of the manufacturer | Rate including GST |
|---------|--------------------------------|---------------|------|--------------------------|--------------------|
| 1       |                                |               |      |                          |                    |
| 2       |                                |               |      |                          |                    |
| 3       |                                |               |      |                          |                    |

  
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Subarnapur