

**OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH
OFFICER-CUM-DISTRICT MISSION DIRECTOR,GAJAPATI**



DISTRICT PROGRAMME MANAGEMENT UNIT, NHM
PARALAKHEMUNDI, GAJAPATI, ODISHA, 761200
(Department of Health & Family Welfare, Govt. of Odisha)
Email: nhmgajapati18@gmail.com, gajapatinhm.proc@gmail.com



Letter No 7197 /NHM/2024-25

Dated 04-10-24

Sealed tenders are here by invited from authorized Agencies /Firms /Suppliers for supply of Gazelle HB variant multi test kit to CDM & PHO, Gajapati. Bid documents submitted through regd.post/speed post/courier. For date, time and terms and conditions regarding tender call notice, please visit or log on to the district web site www.gajapati.odisha.gov.in.


Chief District Medical & Public Health Officer
Gajapati

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**TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OG GAZELLE HB VARIANT TEST
MULTIPACK FOR A PERIOD OF ONE YEAR**

Bid reference No: 7197 /Gajapati/Date: 04-10-24

DATE OF COMMENCEMENT & DOWNLODING OF THE BID DOCUMENT: Dt. 05-10-2024

LAST DATE & TIME OF RECEIPT OF BID DOCUMENT: Dt. 29-10-2024 Upto 4.00 PM

DATE & TIME OF PRE-BID DISCUSSION: Dt. 29-10-2024 at 11.00 AM

DATE & TIME OF OPENING OF TECHNICAL BID: Dt. 30-10-2024 at 11.00 AM

DATE & TIME OF OPENING OF FINANCIAL BID: Dt. 30-10-2024 at 1.00 PM

PLACE OF OPENING OF BID DOCUMENTS: **Chamber of CDM & PHO**

PLACE OF OPENING OF BID DOCUMENTS

AND

ADRESS FOR COMUNICATION

AND

RECEIPT OF BID DOCUMENTS


O/o CDM & PHO
Gajapati

TERMS AND CONDITIONS

1. The Bidders may download the tender documents from the gajapati.odisha.gov.in .The bidders are required to submit tender document fee of Rs:2000/-(Rupees two thousand) only non refundable, in shape of Demand draft in favour of ZSS,NON-NRHM FUNDS, Gajapati with tender documents.
2. The Bidders are required to submit Earnest Money Deposit of Rs:10000.00/-(Rupees ten thousand) only (refundable) in shape of demand draft in favour of ZSS-NON –NRHM fund, Gajapati. If the bidder qualified in technical bid the EMD will be kept as security money and it will be returned after one year and if the bidder is not qualified in technical bid the EMD will be refunded on the same day without opening the financial bid of the bidder.
3. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid documents downloaded from the website.
4. Sealed tenders will be received by date: 29-10-2024 up to 04.00 PM by the CDM & PHO,Gajapati in the office of the CDM & PHO,Gajapati for the purchase of Gazelle HB Variant test multipack any tender paper received after the due date and time will be rejected /returned to the sender unopened.The tender paper will be received through speed Post/Regd.Post/Courier only.
5. The CDM & PHO shall have no responsibility for any delay /Omission on part of the bidder and reserves the right to reject any or all the tenders without assigning any reason thereof.
6. The bidder(S) are to submit their tenders in separate sealed covered envelopes for Technical bid and Price bid by superscripting COVER "A" Technical bid and Cover "B"(Price bid) & both the sealed covers should be put into a third outer cover which should be superscripted as "Tender for supply of Gazelle HB Variant test multi test Pack" and tender Reference no: 7197 /Date: 04-10-2024
7. The Sealed tenders will be opened by the CDM & PHO ,Gajapati at chamber of CDM & PHO,Gajapati on dated 30-10-2024 at **11.00 AM**. The bidders or their authorized representative are allowed to be present during opening of the tenders if they so like.
8. The rate quoted by the bidder should be inclusive of all taxes (GST/ET/freight/Insurance etc).
9. Conditional Tenders are liable to be rejected. All Disputes are subjected to Hon'ble Court of Gajapati.
10. Bidders should submit the valid drug license /Challan copy of renewal of Drug license photocopy (self attested) from the Drug controller.
11. If the successful bidder/ bidders fails to the supply the item within the stipulated period i.e 30 days (Thirty days)from date of receipt of final proof from CDM & PHO, Gajapati. Liquidated damage @0.5% will be deducted from the final payment value per week of

delay. The maximum delay time acceptable is 8 weeks. If the bidder fails to supply within the maximum delay time his order stands cancelled automatically.

12. The Authority will not make any advance payment to the organization. The organization will have to carry out the entire job on its own and the amount will be paid only after satisfactory completion of the job and submission of bill in that regards.
13. The cost towards the testing of sample will be borne by the successful bidder i.e 2% of purchase order.
14. The supply of items shall be made immediately according to volume after placing the supply order in the office of the CDM & PHO, Gajapati and supplier shall submit the bill for payment at the approved rate in respect to quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
15. In case of failure on the part of the approved supplier to supply of the above mentioned items as per supply order with stipulated period, to the CDM & PHO, Gajapati shall be at liberty to purchase above mentioned items from other sources and the approved supplier shall be liable to pay the excess amount which this office have to incur being the different of actual amount of purchase minus the amount as per approved rates and difference aforesaid shall be recoverable and adjustable fro EMD amount.
16. Under no circumstance shall the organization appoint any sub-contractor or sub-lease the contract .If it is found that the organization has violated these conditions and the contract, then the contract will be terminated forthwith without notice and the EMD deposited by the organization shall be forfeited.
17. Rates quoted against this tender notice shall remain valid up to 12 months after the award of contract. No request for an increase in rates, if any, will be allowed or entertained during this period.
18. Bidders should submit a photocopy of a valid GST certificate & PAN Card.
19. Receiving and opening of Tender may be changed if required by the under signed, it will be intimated.
20. The firm should have experience in the supply of same & similar items to Govt./PSU and Pvt. Organizations during the last three years. The firm has to furnish the work order /contract copies in support of that.
21. The firm will submit the performance /Experience certificate of at least two years for supply at to the Govt. or non-Govt. Health facilities.
22. The bidder must submit OEM authorization for the product.
23. The tender will be purpose only for Approved Rate contract, during need or on Emergency the purchase order will be placed to L1 Firm.
24. Bidder must submit a non-conviction certificate.
25. Bidder has to submit the copy of last three years IT return & GST return of last month.

26. Bidder should have the last three years audit reports audited by any chartered accountant and his turnover must be 100 lakh or above in each last three financial years in Annexure-I.
27. Format for List of item(S) Quoted for Price Bid (Cover-B)(Annexure-II).
28. CDSCO Licenses, EU CE must be submitted along with technical documents.
29. The Declaration Form Annexure-III duly signed by the bidder before the Notary Public/Executive Magistrate.


Chief District Medical & Public Health Officer
Gajapati

LIST OF ITEM

SI No	Name of the Items	Model	Remarks
1.	Gazelle HB Variient test Multipack	S-10	



Check List-1
(To be submitted in cover –“A” Technical Bid)

Please put in the respective box
Application for Supply of Gazelle HB Variet test Multi pack to Gajapati District.

1. List of Item (s)

2. Tender document Fee

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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3. Earnest Money Deposit

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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4. Declaration form signed by the Tenderer & affidavit before Notary Public / Executive Magistrate

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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5. Manufacturer's original Authorization

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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6. Deviation/No deviation Statement (Item wise) & Details of technical specification

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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7. Copy of Valid ISO/CDSKO Certificate EU-CE of the products

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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8. Photocopy of PAN & IT return copy last 3 year

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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9. Photocopy of monthly GST return certificate and GST Certificate copy

Page No.	<input type="text"/>	Yes	<input type="text"/>	No	<input type="text"/>
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10. Certified Annual average turnover of Rs: 1crore copy

Page No.	<input type="text"/>	Yes	<input type="text"/>	No.	<input type="text"/>
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11. Copy of original Tender and schedules, duly Signed by the Tenderer

Page No.	<input type="text"/>	Yes	<input type="text"/>	No.	<input type="text"/>
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12. Valid Drug License/Challan Copy of renewal of Drug License Photocopy(Self -attested)

Page No.	<input type="text"/>	Yes	<input type="text"/>	No.	<input type="text"/>
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It is certified that the above information submitted by me/my firm is true and 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.

Signature of the tenderers.

ANNEXURE-I
(To be furnished in the letter head of the auditor/Chartered Accountant)

ANNUAL TURN OVER STATEMENT

The annual Turnover for Drugs and Medical Consumables products of M/S.....Who is a manufacturing unit/Autorized unit for the lastyears are given below and certified that the statement is true and Correct.

SI No	Year	Turnover in corers (Rs)
1	2020-21	
2	2021-22	
3	2022-23	
Annual Turnover (for the above three years)in Lakh(Rs).....		

Date:
Place:

Signature of the Auditor/Chartered Accountant (Name In Capital)

Membership No:
Registration No. of the firm

UDIN NO:

Note: To be issued on the letter head of the auditor/Chartered Accountant

ANNEXURE-II
PART B - PRICE BID FORMAT

Tender SL No	Name of the Item	Specification	Name of the Manufacturer	Unit Price	GST	Total price

Signature of the Bidders with Seal

ANNEXURE-III

(To be submitted in Cover -Technical Bid)

DECLARATION FORM/ AFFIDAVIT

I / Wehaving My /
our.....office at.....do declare
that I / We have carefully read all the terms & conditions of tender of the
_____, Orissa for the supply of Drugs and Medical Consumables for Gajapati
District. The approved rate will remain valid for a period of one year from the date of
approval. I will abide with **all the terms & conditions** set forth in the **Tender Reference**
no._____.

I/We do hereby declare I/We have not been de-recognized / black listed by any State
Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for
supply of Not of Standard Quality (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money 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 Tender terms &
conditions.

Seal

Signature of the bidder:

Date:

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.