



**Office of the Mission Director
National Health Mission, Assam
Saikia Commercial Complex, Shrinagar Path, Christian Basti,
G S Road, Guwahati-781005, Assam**

Website : www.nrhmassam.in

e-mail : misnrhm.assam@gmail.com

No: NHM/PROC/MH/RTI-STI/DRUG/3061 /2016-17/28883

DATE: 01/01/2018

Corrigendum No 1

ENTERING INTO RATE CONTRACT CUM SUPPLY OF RTI-STI DRUG KIT

This is with reference to tender No. NHM NHM/PROC/MH/RTI-STI/DRUG/3061 /2016-17/27437 Date 20/12/2017 for entering rate contract cum supply of “RTI-STI Drug Kit”. The following amendments in the tender may be taken note of prior to submission of bids:

1. Annexure XII (Financial Sheet 1) is substituted with Annexure XII (Rev-I) included in this document.
2. Annexure XIII (ITEMS WITH SPECIFICATION AND QUANTITIES) is substituted with Annexure XIII (Rev-I) included in this document.
3. Bid submission start date will be extended from 2/01/2018 (2.00 pm) to 09/1/2018(2.00 pm).
4. The last date of Bid submission will be extended from 08/01/2018 (till 2.00 pm) to 16/01/2018 (till 2.00 pm). Bid opening will be on 16/01/2018 from 3.00 pm.

All other terms & Conditions of the above referred tender shall remain unchanged.

**Sd/-
Mission Director, NHM, Assam**

Financial Sheet 1**(To be uploaded in website www.assamtenders.gov.in in pdf form)****Tender Ref. No:..... Date.....**

Sl	Kit No & Colour of the Kit	Contents of the Kit	Qty. per Kit	Unite Rate per Cap/Tab/Amp /Vial etc (Rs)	GST (Rs)	Total Amount (Including Kitting, Transportation, GST etc) d x (e+f) (Rs)
(a)	(b)	(c)	(d)	(e)	(f)	(g)
1	Kit 1	a) Tab Azithromycin 500mg -2 Tabs.	2			
2	Grey	b) Tab. Cefixime 200mg - 2 Tabs.	2			
(A) Total Amount per Kit 1						Rs
(B) Requirement of Kit = 21030 Nos						
(C) Total Value of 21030 Nos of Kit 1 (=AxB)						Rs
3	Kit 2	a) Tab. Secnidazole 1 gm - 2 Tabs	2			
4	Green	b) Tab. Fluconazole 150 mg- 1 Tab.	1			
(A) Total Amount per Kit 2						Rs
(B) Requirement of Kit = 47100 Nos						
(C) Total Value of 47100 Nos of Kit 2 (=AxB)						Rs
5	Kit 3	a) Inj Benzathine Penicillin 2.4 M.U - 2 vials of 1.2 MU each	2			
6	White	b) Tab. Azithromycin 500mg- 2 Tabs	2			
(A) Total Amount per Kit 3						Rs
(B) Requirement of Kit = 1610 Nos						
(C) Total Value of 1610 Nos of Kit 3 (=AxB)						Rs
7	Kit 4	a) Tab Doxycycline 100 mg -30 Tabs	30			
8	Blue	b) Tab. Azithromycin 500mg - 2 Tabs.	2			
(A) Total Amount per Kit 4						Rs
(B) Requirement of Kit = 3160 Nos						
(C) Total Value of 3160 Nos of Kit 4(=AxB)						Rs
9	Kit 5 Red	a) Tab Acyclovir 400 mg - 21 tablets	21			
(A) Total Amount per Kit 5						Rs
(B) Requirement of Kit = 2490 Nos						
(C) Total Value of 2490 Nos of Kit 5 (=AxB)						Rs
10	Kit 6 Yellow	a) Tab. Cefixime 200 mg - 2 Tabs.	2			
11		b) Tab. Metronidazole 400 mg -28 Tabs	28			
12		c) Tab. Doxycycline 100 mg- 28 Tabs	28			

Sl	Kit No & Colour of the Kit	Contents of the Kit	Qty. per Kit	Unite Rate per Cap/Tab/Amp /Vial etc (Rs)	GST (Rs)	Total Amount (Including Kitting, Transportation, GST etc) d x (e+f) (Rs)
(a)	(b)	(c)	(d)	(e)	(f)	(g)
(A) Total Amount per Kit 6						Rs
(B) Requirement of Kit = 6300 Nos						
(C) Total Value of 6300 Nos of Kit 6 (=AxB)						Rs
13	Kit 7 Black	a) Tab. Doxycycline 100 mg-42 Tabs	42			
14		b) Tab. Azithromycin 500mg -2 tabs.	2			
(A) Total Amount per Kit 7						Rs
(B) Requirement of Kit = 13600 Nos						
(C) Total Value of 13600 Nos of Kit 7 (=AxB)						Rs
G. Total::						
{ 21030 Nos of Kit 1, 47100 Nos of Kit 2, 1610 Nos of Kit 3, 3160 Nos of Kit 4, 2490 Nos of Kit 5, 6300 Nos of Kit 6 & 13600 Nos of Kit 7}						Rs

SIGNATURE :
NAME & DESIGNATION :
DATE :
NAME & ADDRESS OF THE FIRM :

ANNEXURE– XIII(Rev-I)
ITEMS WITH SPECIFICATION AND QUANTITIES

Tender Ref. No:..... Date:.....

Kit No	Colour of the Kit	Contents	Syndrome details to be mentioned in the packs
Kit 1	Grey	a) Tab Azithromycin 500mg -2 Tabs.	Cervical Discharge/Urethral Discharge(UD)/Presumptive Treatment/ Anorectal Discharge / Painful scrotal swelling syndrome(PSS)
		b) Tab. Cefixime 200mg - 2 Tabs.	
Kit 2	Green	a) Tab. Secnidazole 1 gm - 2 Tabs	Vaginal Discharge (VD).
		b) Tab. Fluconazole 150 mg- 1 Tab.	
Kit 3	White	a) Inj Benzathine Penicillin 2.4 M.U 2 vials of 1.2 MU each	Genital Ulcer Disease- Non Herpetic (GUD-NH)
		b) Tab. Azithromycin 500mg- 2 Tabs	
Kit 4	Blue	a) Tab Doxycycline 100 mg -30 Tabs	Genital Ulcer Disease- Non Herpetic (GUD-NH)- for patients allergic to penicillin.
		b) Tab. Azithromycin 500mg - 2 Tabs.	
Kit 5	Red	a) Tab Acyclovir 400 mg - 21 Tabs	Genital Ulcer Disease- Herpetic (GUD-H)
Kit 6	Yellow	a) Tab. Cefixime 200 mg - 2 Tabs.	Lower Abdominal Pain syndrome (LAP/PID)
		b) Tab. Metronidazole 400 mg -28 Tabs	
		c) Tab. Doxycycline 100 mg- 28 Tabs	
Kit 7	Black	a) Tab. Doxycycline 100 mg-42 Tabs	Inguinal Bubo syndrome (IB)
		b) Tab. Azithromycin 500mg -2 tabs.	

NOTE:
The quantity against each item is tentative and subject to variations. The quantity may increase or decrease at the time of placing order.

SIGNATURE:

NAME & DESIGNATION:

DATE:

NAME & ADDRESS OF THE FIRM: