

OFFICE OF THE MISSION DIRECTOR NATIONAL RURAL HEALTH MISSION, ASSAM

SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI, G.S ROAD, GUWHATI 781005

TENDER FOR SUPPLY OF CHILD HEALTH DRUG KIT (NATIONAL COMPETITIVE BIDDING)

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OFFICE OF THE MISSION DIRECTOR NATIONAL RURAL HEALTH MISSION, ASSAM SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI, G.S ROAD, GUWHATI 781005

Website: www. nrhmassam.in e-mail: misnrhm.assam@gmail.com

TENDER FOR THE SUPPLY OF CHILD HEALTH DRUG KIT

Tender Reference No: NRHM/PROC/CH/CHD Kit/1969/2013-14/36772 Date: 04/12/2013

Date of uploading of Tender Document in NRHM Website : 05/12/2013

Pre bid meeting : 10/12/2013

Last Date and Time of receipt of Tender : 24/12/2013 till 2 pm

Date and Time of opening Tender : 26/12/2013 at 3 pm

Place of opening Tender. : Office of the Mission Director,

National Rural Health Mission, Saikia Commercial Complex, Srinagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.

Address for Communication : Mission Director, National Rural

Health Mission, Saikia Commercial

Complex, Srinagar Path, Christianbasti, G.S Road, Guwahati-781005, Assam.

Cost of Tender Documents in Demand Draft : Rs. 2000/- (Rupees Two

Thousand) only in the form of Demand Draft in favour of "State

Health Society, Assam"



OFFICE OF THE MISSION DIRECTOR National Rural Health Mission, Assam SAIKIA COMMERCIAL COMPLEX, SRINAGAR PATH, CHRISTIANBASTI, G.S ROAD, GUWHATI 781005

TENDER FOR THE SUPPLY OF CHILD HEALTH DRUG KIT

Sealed tenders in Two Bid System (Technical Bid & Price Bid in separate sealed envelopes) affixing court fee stamp of Rs 8.25 or IPO of Rs 10/- (for bidders located outside the State of Assam) only, are invited from manufacturers or authorized distributors/dealers for "Supply of Child Health Drug Kit" to health institutions in different districts of Assam

1. LAST DATE FOR RECEIPT OF TENDERS.

Sealed Tenders in two separate covers {Technical bid (Cover "A") and Price Bid (Cover "B")} will be received upto 26/12/2013 till 2 PM by the Mission Director, National Rural Health Mission, Saikia Commercial Complex, Srinagar path, Christianbasti, G S Road, Guwahati-781005, Assam

2. IMPORTANT NOTES:

- a) The drugs/pharmaceuticals shall be supplied in individual kit form i.e. each kit shall be packed individually as a full kit and wherever possible kits shall be put in cartons of appropriate size/weight as specified elsewhere in the bid documents.
- b) Delivery of the ordered items shall be affected at NRHM, State Store, Guwahati.
- c) Each kit consisting of drugs & pharmaceuticals as per the specification & quantity indicated shall be considered as an individual unit and the bidder shall quote for the complete list of items. Offer of incomplete kit shall be rejected.
- d) If the bidders are manufacturers of drugs & pharmaceuticals, they must submit all valid licenses and permissions for trading & selling of all the items quoted.

Pre- Bid Meeting:

A Pre- Bid meeting with all the intending bidders will be held at Conference Hall of the NRHM Office on 10/12/2013 at 4.00 pm.

3. **ELIGIBILITY CRITERIA**

- A. Bidder shall either be a manufacturer or a distributor/dealer having experience of supplying drugs and pharmaceuticals.
- B. Average Annual Turnover of the bidder (who is not a manufacturer) in the last

- three financial years i.e. 2010-11, 2011-12 & 2012-13 shall not be less than **Rs 1.50 Crore.**
- C. Manufacturer participating as bidder or manufacturer from whom the drugs, ampoules or injectibles, etc shall be procured by the distributor/dealer should have an Average Annual Turnover of **Rs 35.00 (Thirty five) Crores** from sale of drugs/pharmaceuticals in the last 3 financial years.
- D. Bidder should have at least 3(Three) years Market Standing as supplier of drugs and pharmaceuticals.
- E. Manufacturers from whom drugs will be procured shall have **WHO Good Manufacturing Practice (GMP)** certificate valid for past three years, issued by the competent authority.
- F. Bidder shall have valid Drug License for last three years.
- G. Bidder should have experience & knowledge of modes of packing, distribution & transportation of such items under any weather conditions.
- H. Company/Manufacturer which has been blacklisted either by Tender Inviting Authority or by any State Government or Central Government Organization shall not be allowed to participate in the tender during the period of blacklisting.

4. **GENERAL CONDITIONS.**

- (I) Tentative quantity of Child Health Drug Kit: **1 no.**
- (II) Tender document may be obtained from the office of Tender Inviting Authority during office hours. The bid document may also be downloaded from the official website- www.nrhmassam.in. The bidder who has downloaded the Bid document from the website will be required to deposit Rs 2000/-(non refundable) in the form of Demand Draft drawn in favour of "State Health Society, Assam" while submitting the tender document. Tender document without fee of Rs 2000/- will not be accepted.
- (III) All tenders must be accompanied by Earnest Money Deposit as specified in the relevant clause of the bid document.
- (IV) Tenders will be opened in the presence of bidders / authorized representatives who choose to attend on the specified date and time as stipulated in the tender document.
- (V) At any time prior to the date of submission of tender, the Tender Inviting Authority may, for any reason, whether on his own initiative or in response to a clarification requested by a prospective Bidder, modify the tender document by an amendment. All prospective bidders who have received the tender document will be notified of the amendment and that will be binding on them. In order to provide reasonable time to take the amendment into account in preparing their bid, Tender Inviting Authority may at its discretion, extend the date and time for submission of tenders.
- (VI) Interested eligible bidders may obtain further information from the office of the Tender Inviting Authority.
- (VII) Price Preference/ Purchase Preference to PSUs / SSI Units shall not be applicable.
- (VIII) When a bidder specifies name of the manufacturers of different products in the format at Annexure IX, all required documents (specifically Average Annual Turnover Statement & WHO GMP certificate) of each manufacturer should invariably be furnished, failing which the bid would be summarily rejected.

5. <u>TECHNO-COMMERCIAL BID - COVER "A"</u>

The Bidder should furnish the following documents in a separate cover hereinafter called <u>"Cover A"</u>.

A. <u>Earnest Money Deposit (EMD)</u>

Earnest Money Deposit shall be **10.00 (Ten) Lakhs** only in the form of Demand Draft/Banker's Cheque favoring "State Health Society, Assam", payable at Guwahati. Earnest Money Deposit in the form of Cheque / Cash / Postal order will not be accepted. Earnest Money Deposit will not earn any interest. The Earnest Money Deposit of the successful Bidder may, at the discretion of Tender Inviting Authority be adjusted towards the Security Deposit payable by the Bidder.

B. Constitution of Company of Bidder

Documentary evidence regarding constitution of the company /concern such as Memorandum of Articles of Association, Partnership Deed etc. with details like Name, Address, Telephone Number, Fax Number, E-mail Address of the firm with names of the Managing Director / Partners / Proprietor.

C. <u>Manufacturing License of Bidder</u>

Attested photocopy of valid Manufacturing License duly issued by the Licensing Authority for the products quoted.

D. <u>Import License of Bidder</u>

Attested photocopy of Import License, if the products are imported. The license must have been renewed up to date. A copy of a valid license for the sale of Drugs imported by the firm issued by the licensing authority shall also be enclosed.

E. Power of Attorney of Bidder

Attested photocopy of instruments such as Power of Attorney, Resolution of Board etc., authorizing an officer of the bidding firm to submit their bids. Such authorized officer should sign the bid documents.

F. <u>Undertaking of Bidder</u>

Undertaking in the form at Annexure-I

G. Manufacturer's Authorization

Authorization letters from all the manufacturers concerned in the format at **Annexure -II**. Bids without authorization letters will be disqualified.

H. Non-Conviction Certificate of Bidder

Attested copy of Non-conviction Certificate issued by the Drugs Controller of the state certifying that the drugs quoted have not been cancelled for last three years.

I. <u>WHO-Good Manufacturing Practice</u>

Attested photocopy of WHO - Good Manufacturing Practice (GMP) Certificate (for manufacturers only whose drugs have been quoted in the tender) issued by the Competent Authority. The Bidder shall also furnish a notarized affidavit in the format given in **Annexure- III** declaring that the Bidder complies with the requirements of WHO-GMP.

J. Annual Turnover

Annual turnover statement from sales of drugs & pharmaceuticals for 3 years i.e., 2010-11, 2011-12 & 2012-13 in the format given in Annexure-IV A and Annexure IV B certified by the Auditor. It is to be noted that such statement of both the bidder and the manufacturer (in case the bidder is not a manufacturer) must be submitted.

K. <u>Execution of similar contracts of Bidder</u>

Details of supplies (medicines & surgicals) made during the last 3 financial years with summary of Purchase Orders and Performance Certificates issued by clients in the specified format (Refer **Annexure V**). Items supplied to Govt. institutions and to programs sponsored by WHO, UNICEF etc., if any for the last 3 years with copies of Purchase Orders and Performance Certificates.

L. Sales Tax Clearance Certificate of Bidder

Sales Tax Clearance certificate, as on 31st March of last financial year (as per format at **Annexure-VI**.

M. <u>Undertaking for providing of logo of Bidder</u>

Undertaking (as per **Annexure-VII**) for embossment of logo on tablets, capsules, vials, ampoules, bottles, tubes etc. as the case may be, and for supply of tablets/capsules in strips as per conditions specified at Clause 21 herein.

N. <u>Details of Manufacturing Unit</u>

Details of Manufacturing Unit as per **Annexure-VIII.** The details containing the name & address of the premises where the items are actually manufactured.

O. List of Items Quoted

The List of items quoted shall be furnished as per **Annexure - IX**. The list shall specifically indicate manufacturer's name along with composition and pack size

P. Undertaking on Fraud & Corruption of Bidder

Undertaking on fraud and corruption in the format at Annexure-X
* It is to be noted that such statement of both the bidder and the manufacturer
(in case the bidder is not a manufacturer) must be submitted.

Q. Agreed Terms & Conditions of Bidder

Agreed Terms & Conditions as per Annexure XI

R. <u>Signature & Seal on each page</u>

The tender document signed by the Bidder in all pages with office seal.

S. Checklist of documents

A Checklist (**Annexure-XII**) for the list of documents enclosed with their page number. The documents should be serially arranged as per this **Annexure-XII** and should be securely tied or bound.

The above documents should be sealed in a separate cover superscribed as "TECHNICAL BID, COVER "A" (TENDER FOR SUPPLY OF CHILD HEALTH DRUG KIT DUE ON 26/12/2013)" and addressed to the Mission Director, National Rural Health Mission, Assam. Saikia Commercial Complex, Srinagar Path, Christian Basti, G S Road, Guwahati-781005

6. PRICE BID - COVER"B"

Cover "B" shall contain the Price Bid of the Tenderer.

A. Signature & Seal on each Page

Each page of the Price Bid should be duly signed by the Bidder affixing the office seal.

B. Signature on corrections

Bid should be type written and every correction in the bid should be attested with full signature by the Bidder, failing which the bid will be ineligible. Corrections done with correction fluid should also be duly attested.

C. Items Quoted & Rates

The Bidder shall fill up the **Annexure-XIII** for items quoted.

D. Landed Cost

The rate quoted per unit or landed price in **Annexure-XIII** shall be inclusive of excise duty, sales tax, packaging charge, freight, Insurance etc. The component of sales tax should also be shown separately.

E. <u>Unit Size/ Rate</u>

The rate quoted in **Annexure-XIII** should be for a unit and given specification. The Bidder is not permitted to change / alter specification or unit size given in the **Annexure-XIV**.

The above documents should be sealed in a separate cover superscribed as "PRICE BID, COVER "B" (TENDER FOR SUPPLY OF CHILD HEALTH DRUG KIT DUE ON26/12/2013)" and addressed to the Mission Director, National Rural Health Mission, Assam. Saikia Commercial Complex, Srinagar Path, Christian Basti, G S Road, Guwahati-781005

The two separately sealed covers {Technical bid (Cover "A") and Price Bid (Cover "B")} shall be placed together inside another cover which shall be sealed and superscribed as "TENDER FOR SUPPLY OF CHILD HEALTH DRUG KIT DUE ON26/12/2013" and addressed to the Mission Director, National Rural Health Mission, Assam. Saikia Commercial Complex, Srinagar, G S Road, Guwahati-781005

7. OPENING OF COVER "A" AND COVER "B" OF TENDER

- A. All bidders are entitled to be present at the date and time of opening of Technical Bid Cover "A" of the tender submitted by them.
- B. Only those bidders whose Technical Bids are found to be acceptable after technical and commercial evaluation will be invited to be present at the date and time of opening of Price Bid Cover "B" of the tender. The price bids of tenderers not found technically qualified shall not be opened.

8. **VALIDITY OF BID:**

Bids shall remain valid for acceptance for a period of 90 days after opening of Technical Bid i.e. Cover 'A'. Bids with shorter validity shall be rejected. Purchaser may solicit bidders consent to an extension of validity period. A bidder may refuse extension request without forfeiting the EMD.

9. VALIDITY OF OFFER OF SUCCESSFUL BIDDER:

The validity of offer of the successful bidder shall be at least 02(two) years from the date of finalization of the order and the successful bidder will be bound to supply the items at agreed rates and terms during this period. This validity period may be further extended by one year with mutual consent.

10. OTHER CONDITIONS

A. <u>Item Details & Quantity</u>

The details of the required items are shown in **Annexure-XIV**. The quantity mentioned is only the tentative requirement and may increase or decrease as per the decision of Tender Inviting Authority. The rates quoted should not vary with the quantum of the order or the destination.

B. **Generic Names**

Tender has been called for in the <u>generic names of drugs</u>. The bidders should quote the rates for the generic products. The composition and strength of each product should be as per details given in **Annexure-XIV**. Any variation found will result in the rejection of the tender.

C. Firm Rates

Firm Rates (inclusive of Excise Duty, Sales Tax, transportation, insurance, PACKAGING/KITTING CHARGES and any incidental charges) should be quoted for each of the required drugs/medicines etc., ALONGWITH TOTAL PRICE OF INDIVIDUAL KIT on door delivery basis according to the units ordered. Tender for supply of drugs, medicines, etc. with conditional/variable rates shall not be accepted. Handling, clearing, transport charges etc., will not be paid separately. The delivery should be made as stipulated in the purchase order placed with the successful bidders. The rates quoted and accepted will be binding on the Bidder for the stipulated period and any increase in the price will not be entertained till the completion of the tender period.

D. Unit Rate & Total Value

Each bid must contain not only the unit rate but also the total value of each item quoted for supply in the respective columns. The aggregate value of all the items quoted in the tender shall also be furnished.

E. Controlled Price/MRP

The price quoted by the bidders shall not, in any case exceed the controlled price, if any, fixed by the Government and the Maximum Retail Price (MRP). During the period of contract with the successful bidder, if the price of any item is reduced due to any reason including any Law or Act of the Central/State Government, the bidder shall be statutorily bound to intimate the reduced rates immediately to the Tender Inviting Authority and shall charge the reduced rates. The Tender Inviting Authority is empowered to unilaterally effect such reduction as is necessary in rates, in case the bidder fails to notify or fail to agree to such reduction in rates.

F. <u>No Revision/Correction of Rates</u>

No Bidder shall be allowed at any time on any ground whatsoever to claim revision or modification in the rates quoted by him. Representation to make correction in the tender documents on the ground of clerical error, typographical error, etc., committed by the bidders in the Bids shall not be entertained after submission of the bids.

F. Firm Delivery Schedule

Firm delivery schedule shall be mentioned in the bid. Cross conditions such as "SUBJECT TO AVAILABILITY" "SUPPLIES WILL BE MADE AS AND WHEN SUPPLIES ARE RECEIVED" etc., will not be considered under any circumstances and the tenders of those who have given such conditions shall be treated as incomplete and will be summarily rejected.

G. Execution of Order

Unless otherwise specified, supplies should be made directly by the successful bidder and not through any other agency.

H. Inspection

Tender Inviting Authority or his authorized representative has the right to inspect the factories of bidders, at any point of time and also has the right to reject the tender or terminate / cancel the orders, based on adverse reports brought out during such inspections. The Bidder shall extend all facilities to the team to enable to inspect the manufacturing process, quality control measures adopted etc., in the manufacture of the items quoted/ordered.

Road Permits

Tender Inviting Authority will not take any responsibility for supplying Road Permits. It will be the responsibility of supplier to arrange for Road Permits for dispatch of consignments to Assam.

11. ACCEPTANCE OF TENDER

A. Tender Evaluation

The total quoted value of each item in the kit will be added to determine the overall lowest bid.

B. Right to Reject Tender

Tender Inviting Authority reserves the right to accept the tender or to reject the whole tender for the supply of all items of drugs or for any one or more of the items of drugs tendered for in a tender at any point of time without assigning any

reason.

C. <u>Tender Acceptance</u>

The acceptance of the tenders will be communicated to the successful bidders in writing.

12. AGREEMENT

The successful Bidder shall execute an agreement on a non-judicial stamp paper of value of Rs.100/- (stamp duty to be paid by the Bidder) within 10 days from the date of the intimation from Tender Inviting Authority informing that his tender has been accepted.

13. NON ASSIGNMENT

The Bidder shall not, at any time, assign, sub-let or make over the contract or the benefit thereof or any part thereof to any person or persons, whatsoever.

14. COMMUNICATION

All notices or communications relating to or arising out of an agreement or any of the terms thereof shall be considered duly served on or given to the Bidder if delivered to him or left at his premises, places of business or abode.

15. SECURITY DEPOSIT

The successful bidder, within 10 days of signing of the agreement, shall be required to submit Security Deposit of 5 % of the order value in the form of bank guarantee from any Indian nationalized bank in favour of the Tender Inviting Authority valid for a period of 6 months from the date of order. However, if the supplier fails to execute the order or fails to perform the services as per agreement, in addition to other penal actions, the bank guarantee shall be encashed and the amount will be forfeited.

16. SUPPLY CONDITIONS

A. <u>Purchase Order</u>

Purchase order will be placed on the successful Bidder at the discretion of the Tender Inviting Authority.

B. **Specifications & Quality**

The items supplied by the successful Bidder shall be of the best quality and shall comply with the specifications, stipulations and conditions specified at **Annexure-XV**.

C. **Delivery Period**

The supply should be started within 60 (Sixty) days from the date of purchase order and should be completed within the contractual delivery completion date, unless otherwise specified in the order.

D. <u>Delivery Point/Destination</u>

The items shall be delivered at the NRHM, State Store, Guwahati.

E. Penalty for Delayed Delivery

- (i) In case there is delay in delivery beyond the stipulated period as mentioned in the purchase order, there shall be reduction in price @ 0.5% of the value of delayed goods per week of delay or part thereof subject to a maximum of 10% of the total order value.
- (ii) Once the maximum price reduction is reached, termination of the contract may be considered. Non-performance of the contract provisions shall make the successful bidder liable to be disqualified to participate in any tender for the next 5 years, in addition to forfeiture of Security Deposit and other penal actions.

F. Alternative Purchase

If the successful Bidder fails to execute the order within the stipulated time, the Tender Inviting Authority will be at liberty to make alternative arrangements for purchase of the items of drugs and medicines for which the purchase orders have been placed, from any other source or from the open market, at the risk and cost of the supplier. This would be in addition to any other penalties including forfeiture of security deposit.

G. Shelf-Life

All supplies will be scheduled for the period from the date of purchase order till the date of completion stipulated in the purchase order. The supplied medicines and drugs (covered in SCHEDULE P of the Drugs and Cosmetics Act 1940) should have a maximum potency throughout the shelf life period as prescribed in the Drugs and Cosmetics Act 1940 and rules there under. All other items of drugs and medicines should have shelf—life of minimum 2 years from the date of manufacture. The medicines should be supplied within 60 days from the date of manufacture.

H. Test Report

The successful Bidder must submit batch wise Test Analysis report from NABL Certified Labs for every batch of drug, before commencement of supply. The bidder shall supply the goods to the designated warehouses, only after receipt of Dispatch Clearance from the Tender Inviting Authority.

Delivery of Products

Bidder shall supply the product to reach the designated warehouse/ consignee within 90 days from the date of manufacture of that product. In case, the product is received after 90 days from date of manufacture and the product is not consumed before its expiry date the supplier shall be permitted to replace the expired quantity with fresh stock of longer shelf life, otherwise the expired product will be returned to the supplier and the value equal to the cost of expired quantity will be recovered.

J. Shortage and Damage

It shall be the responsibility of the successful Bidder for any shortages/damages at the time of receipt in Warehouse. Tender Inviting Authority is not responsible for the stock of drug received, for which no order is placed.

K. Expiry of Shelf Life

The Bidder shall take back Drugs, which are not utilized by the Tender Inviting Authority within the shelf life period based on mutual agreement.

17. FORCE MAJUERE

The above conditions of delivery period, price reduction & termination etc. are subject to force majeure conditions which are beyond the control of the supplier, do not involve fault or negligence of the supplier and are not anticipated. Such events may include but are not limited to riots, mutinies, war, fire, storm, tempest, flood, earthquakes, epidemics, or other exceptional causes like quarantine restrictions, freight embargoes. On specific request made by the bidder the time period of supply may be extended by the purchaser at his discretion for such period as may be considered reasonable. However, the condition shall not include scarcity of raw materials, power cut, labour dispute, failure of sub-vendor and increase in cost of raw material.

18. FRAUD & CORRUPTION:

The bidders, suppliers & contractors shall observe the highest standard of ethics during bidding and during performance of the contract. For the purposes of this provision, the following acts shall be considered as corrupt and / or fraudulent practices -

- 1. "Corrupt Practice" means offering, giving, receiving, or soliciting directly or indirectly, of anything of value to influence the action of an official in the procurement process or in contract execution.
- 2. "Fraudulent Practice" means misrepresentation or omission of facts in execution of contract.
- 3. "Collusive practice" means a scheme or arrangement between two or more

- bidders, with or without the knowledge of the purchaser, designed to establish bid prices at artificial, non-competitive level.
- 4. "Coercive Practice" means harming or threatening to harm, directly or indirectly, persons or their property to influence their participation in a procurement process or in execution of a contract.

During the process of evaluation of a bid or proposal for award of a contract, if it is detected that a bidder directly or through agent has engaged in corrupt, fraudulent, collusive or coercive practice in competing for the contract in question, then a) the bid shall be rejected and b) declare the firm ineligible for a specific period or indefinitely to participate in a bidding process. However, if any such practice is detected at any subsequent stage or during execution of the contract, the Tender Inviting Authority will exercise the right to cancel the contract and make suitable alternative arrangement at the risk and cost of such offending bidder.

19. LOCAL CONDITIONS:

It will be imperative on each bidder to fully acquaint himself of all local conditions and factors that would have any effect on performance of the Contract. The Tender Inviting Authority shall not entertain any request for clarifications from the bidder regarding such local conditions nor shall accept any offer conditional to the local factors. No request for any change of price or extension of time schedule of delivery of goods shall be entertained after acceptance of bids.

20. LOGOGRAMS

Logogram means, wherever the context occurs, the design as specified in **Annexure-VII.**

- A. Tenders for the supply for Drugs and Surgicals etc., shall be considered only if the Bidder gives undertaking in his tender that the supply will be prepared and packed with the logogram either printed or embossed or affixed on tablets and capsules, ampoules, bottles etc., as per the design at **Annexure-VII.**
- B. All vials, ampoules and surgical items have to be supplied in standard packing with printed logogram and shall also conform to Schedule P1 of the Drugs & Cosmetics Act & Rules wherever it applies. Affixing of stickers and rubber stamps shall not be accepted.
- C. Failure to supply Drugs etc., with the logogram will be treated as breach of the terms of agreement.

21. PACKING

- A. The Drugs and medicines shall be supplied in the package specified in **Annexure-XV** and the package shall carry the logograms specified in Annexure-VII B.
- B. The packing in each carton shall be strictly as per the specification mentioned in Annexure-XVI. Failure to comply with this shall lead to non-acceptance of the goods besides imposition of penalties.
- C. The cap of bottled preparations should not carry the name of the supplier.
- D. The capsule shall have the name of the drug, in addition to the logo.
- E. It should be ensured that only first hand fresh packaging material of uniform size including bottle and vial is used for packing.
- F. All primary packing containers should be strictly conforming to the specification included in the relevant pharmacopoeia.
- G. Packing should be able to prevent damage or deterioration during transit.
- H. In the event of drugs supplied found to be not as per specifications in respect of their packing, the Tender Inviting Authority will be at liberty to make alternative purchase of the items of drugs and medicines for which the Purchase orders have been placed from any other source or from the open market at the risk and the cost of the supplier.

22. QUALITY TESTING

- A. Samples of supplies in each batch will be chosen at the point of supply or distribution / storage points for testing. The samples will be sent to different laboratories for testing as decided by the Tender Inviting Authority.
- B. The supplies will be deemed to be completed only upon receipt of the quality certificates from the laboratories. Samples which do not meet quality requirements shall render the relevant batches liable to be rejected. If the sample is declared to be not of standard quality or spurious or adulterated or mis-branded, such batch/batches will be deemed to be rejected goods.
- C. In the event of the samples of drugs and medicines supplied failing quality tests or found to be not as per specifications the Tender Inviting Authority will be at liberty to make alternative purchase of the items of drugs and medicines for which the Purchase orders have been placed from any other source or from the open market at the risk and the cost of the supplier.

23. PAYMENT PROVISIONS

- A. Payments towards the supply of drugs and surgicals will be made strictly as per rules of the Tender Inviting Authority. All payments shall be made by way of Crossed A/C Payee Cheque drawn in favour of the supplier.
- B. On completion of supplies of ordered quantities bills/ Invoices along with Batch Analysis report from NABL Certified Labs for every batch supplied should be raised in triplicate in the name of the Tender Inviting Authority with address.
- C. If at any time during the period of contract, the price of tendered items is reduced or brought down by any law or Act of the Central or State Government or by the Bidder himself, the Bidder shall be bound to inform Tender Inviting Authority

- immediately about such reduction in the contracted prices. Tender Inviting Authority is empowered to unilaterally effect such reduction as is necessary in rates in case the Bidder fails to notify or fails to agree to such reduction in rates.
- D. In case of any enhancement in excise duty due to notification of the Government after the date of submission of tenders and during the validity period of contract, the quantum of additional excise duty so levied will be allowed to be charged extra as a separate item without any change in price structure of the drugs approved under the tender. For claiming the additional cost on account of the increase in excise duty, the bidder should produce a letter from the concerned Excise Authority for having paid additional Excise Duty on the goods supplied to Tender Inviting Authority and also must claim the same in the invoice separately.
- E. Tender Inviting Authority has every right to receive supply even after expiry of contractual delivery date and in such case; price reduction as specified under Clause No. 17 E will be applicable.
- F. If the supply is received in damaged condition it shall not be accepted. In case of damage in the packing, the supply will be accepted only after levying penalty as decided by the Tender Inviting Authority on the total value of supply to that particular warehouse.
- G. The successful bidder will be required to supply the products with logogram and with strict adherence to the prescribed packing specifications. If there is any deviation in these packing specifications a **separate penalty** will be levied @ 2% irrespective of the Tender Inviting Authority having actually suffered any damage/loss or not, without prejudice to the right of alternative purchase as specified in Clause No. 17 F. No deviation in logogram shall be accepted.

24. ANNULMENT OF AWARD, FORFEITURE OF SECURITY DEPOSIT & FRESH AWARD

Failure of the successful bidder to comply with the requirements of signing of contract and / or submission of performance security within the time schedule as stipulated above shall constitute sufficient grounds for the annulment of the award and forfeiture of the bid security/EMD. Under such a situation, the proposal may be reviewed for award of the contract on the next lowest evaluated technically qualified bidder or go for a fresh bid depending on the circumstance. In case it is decided to go for the next lowest bidder, negotiation may be considered to bring down their price nearer to the originally evaluated lowest bidder.

25. QUALITY CONTROL DEDUCTION & OTHER PENALTIES

A. If the samples do not conform to statutory standards, the supplier will be liable for relevant action under the existing laws and the entire stock in such batch should be taken back by the supplier within a period of 30 days of the receipt of the letter/notice from the Tender Inviting Authority. The stock shall be taken back at the expense of the supplier. Tender Inviting Authority has the right to destroy such DRUGS NOT CONFORMING TO STANDARDS if the supplier does not take back the goods within the stipulated time. Tender Inviting Authority will arrange to destroy the DRUGS NOT CONFORMING TO STANDARDS within 90 days after the expiry of 30 days mentioned above, without further notice, and shall also collect demurrage

- charges calculated at the rate of 2% per week on the value of the drugs rejected till such destruction.
- B. If any items of Drugs / Medicines supplied by the supplier have been partially or wholly used or consumed after supply and are subsequently found to be in bad odour, unsound, inferior in quality or description or otherwise faulty or unfit for consumption, then the contract price or prices of such items will be recovered from the supplier, if payment had already been made to him. In other words the supplier will not be entitled to any payment whatsoever for Items of drugs found to be of NOT OF STANDARD QUALITY whether consumed or not consumed and the Tender Inviting Authority is entitled to deduct the cost of such batch of drugs from the any amount payable to the supplier. On the basis of nature of failure, the supplier of the product (s) will be liable for Black Listing.
- C. In case of supply of drugs of NOT OF STANDARD QUALITY, the Directorate of Drugs Control will be informed for initiating necessary action on the supplier and that product shall be banned and no further supplies accepted from him till he is legally discharged. The supplier shall also not be eligible to participate in tenders of Tender Inviting Authority for supply of such drugs for a period of five subsequent years.
- D. The supplier shall furnish the source of procurement of raw materials utilized in the formulations if required by Tender Inviting Authority. Tender Inviting Authority reserves the right to cancel the purchase orders, if the source of supply is not furnished.
- E. The decision of the Tender Inviting Authority or any officer authorized by him as to the quality of the supplied drugs, medicines etc., shall be final and binding.
- F. Tender Inviting Authority will be at liberty to terminate without assigning any reasons thereof the contract either wholly or in part on 30 days notice. The supplier will not be entitled for any compensation whatsoever in respect of such termination.
- G. For infringement of the stipulations of the contract or for other justifiable reasons, the contract may be terminated by the Tender Inviting Authority, and the supplier shall be liable for all losses sustained by the Tender Inviting Authority, in consequence of the termination which may be recovered personally from the supplier or from his properties, as per rules.
- H. Non performance of any of the contract provisions will disqualify a firm to participate in tenders issued by the Tender Inviting Authority for the next five years.
- I. In the event of making ALTERNATIVE PURCAHSE, the supplier will be imposed penalty apart from forfeiture of Security Deposit. The excess expenditure over and above contracted prices incurred by the Tender Inviting Authority in making such purchases from any other source or from the open market shall be recovered from the Security Deposit or from any other money due to the supplier and in the event of such amount being insufficient, the balance will be recovered personally from the supplier or from his properties, as per rules.
- J. In all the above conditions, the decision of the Tender Inviting Authority shall be final and binding.

26. ARBITRATION

Any dispute whatsoever in any way arising out of or relating to the contract shall be referred to arbitration of the Mission Director, National Rural Health Mission, Assam or to the sole arbitration of some person nominated by him. There shall be no objection if the arbitrator so appointed happens to be an employee of National Rural Health Mission, Assam. The award of the arbitrator shall be final, conclusive and binding on all parties.

27. SAVING CLAUSE

No suit, prosecution or any legal proceedings shall lie against Tender Inviting Authority or any person for anything that is done in good faith or intended to be done in pursuance of tender.

28. LAWS GOVERNING THE CONTRACT & JURISDICTION

The contract shall be governed by the laws in force in India. In the event of any dispute arising out of the tender such dispute would be subject to the jurisdiction of the Court within the State of Assam only.

ANNEXURE I

UNDERTAKING (for the Bidder)

То

	Mission Director, National Rural Health Mission, Assam
	Tender No
	For supply of
	Sir,
	511,
1.	I, Shri, on behalf of M/s
	having registered office a
	, do hereby declare that I have gone through the terms
	and conditions mentioned for the above and undertake to comply with all tender
	terms and conditions. The rates quoted by me/us are valid and binding on me/us for
	acceptance for a period of three years from the date of award of contract to us.
2.	I/We undersigned hereby bind myself/ourselves to the Office or
	me/us for the items tendered for are specified against each. It is certified that rates
	quoted are lowest quoted for any institution in India and not higher than the MRP,
	prevailing market rate.
3.	The articles shall be strictly as per specification and of the best quality as per
	requirement of the institution. The decision of the Office of
	(Hereinafter called the said Purchaser) as regards to
	the quality and specification of article shall be final and binding on me/us
4.	We agree to the conditions of the tender under which the EARNEST MONEY DEPOSIT
_	and PERFORMANCE SECURITY DEPOSIT shall be forfeited by us.
5.	We hereby undertake to pay the penalty as per the terms and conditions of the
6	contract for delayed supply of the ordered items.
6.	We agree to accept the amount of the bill to be paid by the purchaser after completion of all formalities and should any amount of the bill found by the
	completion of an formalities and should any amount of the bill found by the

purchaser/auditors to have been over-paid; the amount so found shall be refunded by

me/us.

7. We hereby undertake to supply the items during the validity of the tender as per

direction given in supply order within the stipulated period.

8. The tender inviting authority has the right to accept or reject any or all the tenders

without assigning any reason.

9. We understand all the terms and conditions of the contract and bind myself/ourselves

to abide by them.

10. We hereby declare that there is no vigilance/CBI or court case pending/contemplated

against us at the moment.

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE FIRM :

Annexure -II

MANUFACTURER'S AUTHORIZATION FORM (for the Manufacturer)

N0.			DATED
To,			
Mission Director National Rural Health M	ission, Assam		
Tender No.			
Dear Dir,			
Wefactories at	_who are established and reputab	le manufacturers of	having
at		re	gistered office
possessing	manufacturing dated	License	No.
	hereby authorize ve and firm), to submit a bid and		
contract with you agains	st the above mentioned tender for the	he following items qu	ioted.
1. 2.			
(Attach Separate sheet i	f necessary)		
SIGNATURE	:		
NAME & DESIGNATION	:		

Annexure-III (for the Manufacturer)

DECLARATION

I / W	Ve M/s_			repre	esented b	y its Prop	rietor / Ma	anaging
Director	/	Partner	having	its	Regist	ered	office	at
					_ and	factory	premis	es at
					_ do de	clare tha	t I / W	e have
carefully re	ad all th	ne conditions o	f tender in F	Ref no		dated	l	for
supply of Dr	rugs and	Medicines for t	he period fror	m	to			floated
by the MD, I	NRHM, A	ssam, Govt. of	Assam and ac	cept all the	condition	s of the te	ender.	
1 / W	Ve declar	e that we poss	es the valid li	cense and	WHO-GN	IP Certific	ate as per	revised
Schedule – '	'M' issue	d by the Compe	etent Authorit	y and com	olies and o	continue t	o comply v	vith the
conditions la	aid in Sch	nedule M of Dru	ug & Cosmetic	cs Act, 1940	and the	Rules mad	le there ur	nder. I /
We furnish t	the partio	culars in this reg	gard in enclos	ure to this	declaratio	n.		
I/W	/e agree	that the Tende	r Inviting Autl	hority forfe	eiting the	Earnest M	oney Depo	osit and
or security [Deposit a	nd blacklisting	me/us for a p	eriod of 5 y	years if, a	ny informa	ation furni	shed by
us proved to	o be false	e at the time of	inspection an	nd not com	plying the	condition	is as per So	chedule
M of the sai	d Act for	a period of 5 ye	ears.					
SIGNATURE			:					
NAME & DE	SIGNATIO	ON	:					
DATE			:					
NAME & AD	DRESS O	F THE FIRM	:					

Enclosure to Annexure-III

DECLARATION FOR COMPLIANCE OF WHO - G.M.P

01. Name and Address of the Firm 02. Name of the Proprietor / Partner / Director 03. Name and Designation of person In-charge of factory: 04. Details of License Held with validity 05. Number of Workers Employed Male : Female: 06. Whether workers provided with uniform Yes / No 07. Whether regular medical examination done for the workers **08.** Hygienic Condition i. Surrounding : Satisfactory / Not Satisfactory ii. Production Areas : Satisfactory / Not Satisfactory iii. Other Areas : Satisfactory / Not Satisfactory 09. Provision for disposal of waste provided Yes / No (Details of Disposal System) 10. Heating system provided if so type Yes / No 11. Whether benches provided for all Yes / No **Working area - Details** 12. Water Supply A. Source B. Storage Condition : Satisfactory / Not Satisfactory

C. Testing records provided (with

Reference to Pathogenic Organism) : Yes / No

D. Cleaning Schedule in Water Supply

System with proper records : Yes / No

13. Raw Material Storage Area

(Storage Facilities / Hygienic Condition) :

I. Separate Quarantine Area : Provided / Not Provided

II. Separate Area for passed materials : Provided / Not Provided

III. Separate Area for rejected materials : Provided / Not Provided

14. Finished Product Storage Area

: (Hygienic / Storage)

I. Quarantine : Provided / Not Provided

II. Released Material : Provided / Not Provided

15. Details of Technical Staff

Name Qualification Experience

For Manufacturing :

For Testing :

16. Testing Facilities

Chemical Method : Yes / No

Instrumental : Yes / No

(Type of Instrument Provided)

Biological : Yes / No

Micro Biological : Yes / No

Animal Testing : Yes / No

17. Remarks

A.	Whether	products	Quoted	TO
----	---------	----------	--------	----

Are endorsed in the License : Yes / No

B. Whether items Quoted TO.....

Have been manufactured for the last 3 years : Yes / No

If yes, details as under:

Sl. No.	Date of	Name of the	Batch No.	Batch	Date of
	Manufacturer	Drug		Size	Release

C. Production Capacity (Section Wise)

Type of Equipment	No. of Equipment	Capacity of No. of	No. of
Provided		Equipment Per Shift	Shifts

D. Any, Not Of Standard Quality Reports : Yes / No

Of Products Quoted to TNMSC (if not, Nil statement, if yes, details)

E. Any Prosecution for the products quoted : Yes / No

(if not, Nil statement, if yes, details)

F. Chances of Contamination at Raw materials : Yes / No

/In Process/finished product stages and steps /facilities.

Of proper record	:	Yes / No
H. Cleaning Schedule Records		
i. For Premises	:	
ii. For Equipments	:	
I. Adverse reaction, if any and reported	:	
J. Complaints received if any and steps taken	:	

G. Validation of Equipments done / maintenance

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE FIRM :

To be attested by the Notary

Annexure-IV A

ANNUAL TURNOVER STATEMENT OF THE BIDDER (from Sales of Medicines & Surgicals)

The Annual Turn	for the past three			
years and concurrent con	nmitment for the current f	inancia	l year are giv	ven below and certified that the
statement are true and co	rrect.			
Sl No.	Year		Turno	ver in Lakhs
1.	2009-10			
2.	2010-11			
3.	2011-12			
	Total	-	Rs	Lakhs
	Avg.	-	Rs	Lakhs
Date :			Sign	ature of Auditor / Chartered Accountant
Seal			(1	Name in Capital Letters)

Annexure-IV B

ANNUAL TURNOVER STATEMENT OF THE MANUFACTURER (from Sales of Medicines & Surgicals)

	The Annual Turnover of	M/s			for the pa	st three
years a	and concurrent commitmer	nt for the current	financia	l year are giv	en below and certified	that the
statem	ent are true and correct.					
	SI No.	Year		Turnov	_	
	1.	2009-10				
	2.	2010-11				
	3.	2011-12				
		Total	-	Rs	Lakhs	
		Avg.	-	Rs	Lakhs	
Date	:			· ·	cure of Auditor / Char Accountant ame in Capital Letters	

Annexure-V Performance Statement (for the Bidder)

Tender No:

SI.	Name of the product	Year	Qty supplied	Value	Name and full address of
	(only for medicine &				the purchaser
	surgicals in Kitting Job)				
	1	2	3	4	5
1.					
2.					
3.					

(Please use additional sheets if required)

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE FIRM :

Annexure-VI CERTIFICATE OF SALE TAX VERIFICATION TO BE PRODUCED BY AN APPLICANT

(To be filled by the applicant)

02.	a. N	Name and add	dress of all o	companies		associati lividual	ons or	persor		h the app	olicant i	s interested
	сар	acity							or 			•
		Places of			applicant	(All	places	of	business	should	be	mentioned
3		e Districts, tal			which the	e applica	ant is a	assess	ed to Sa	les Tax	(All the	e places o
4	a. T	Total contract										
			2010 - 1	-	J ,							
		ii.	2011 - 1	2								
		iii.	2012- 1	3								
	b.	Particulars of	f Sales Tax	for the pre	eceding thr	ee years	S.					
Υe	ear		T.O. be sed Rs.		l Tax sed Rs.	Total T		І В	alance D Rs.		Reason Dalance	
010-	11											
011-	12											
)12-	13											
	C.	If there has I	been no as	sessment	in any yea	ar, wheth	ner retu	rns we	ere subm	itted any	, if ther	e were, the
		division in wh	nich the retu	ırns were	sent.							
	d.	Whether any	penal actio	n or proce	eding for t	he recov	very of	Sales	Tax is pe	nding		
	e.	The name ar	nd address	of Branche	es if any:							
				l declare t	hat the abo	ove men	tioned i	nforma	ation is co	rrect and	d comp	lete to the
		best of m	y knowledge	e and belie	ef.							
GN	ATU	RE		:								
AM	E &	DESIGNATIOI	N	:								
ATE												

Enclosure of Annexure-VI

(To be issued by the Sales Tax Assessing Authority)

In my opinion, the applicant M/s	. has b	peen / has	not	been / do	ing
everything possible to pay the Tax demands promptly and regularly a	and to	facilitate	the c	completion	of
pending proceedings.					

Date Seal : Deputy / Asst. Commercial Tax Officer

Note : Separate certificates should be obtained in respect of each of the place of business

of the applicant from the Deputy Commercial Tax officer or Assistant Commercial

Tax Officer having jurisdiction over that place.

Annexure-VII

Tender N	lo:
----------	-----

NAME & ADDRESS OF THE FIRM

UNDERTAKING FOR EMBOSSMENT OF LOGO

We M/s			do herek	y decl	are that	, if fa	vored with	an or	der, w	e wil
supply the	_embossed	with	NRHM	Logo,	design	and	specification	on giv	ven ir	n this
enclosure and with the inscrip	otion "NRHI	M SUF	PPLY NO	T FOR	SALE, N	IATIO	NAL HEALT	н мі	SSION	-FREE
DRUG SERVICE" and as per any	other instr	uction	s given i	n this r	egard.					
SIGNATURE	:									
NAME & DESIGNATION	:									
DATE	:									

ENCLOSEURE-I TO ANNEXURE - VII **DESIGN FOR/ SPECIFICATION OF** TABLET CAPSULE OR OR. REAR SIDE MANUFACTURED BY MFC. LICENCE NO. BATCH NO. : DATE OF MANUFACTURE : DATE OF EXPIRY : SCHEDULE NOTE: BRAND NAME OF THE DRUG SHOULD NOT BE PRINTED ANYWHERE

DESIGN FOR STRIP (SAMPLE)

Modicino	Name of Medicine	NAME OF MEDICINE	.cine	Name of Medicine
	Мд	NRHM SUPPLY NOT FOR SALE, NATIONAL HEALTH MISSION-FREE DRUG SERVICE NAME OF MEDICINEMg		Mg
	Name of	NRHM SUPPLY NOT FOR SALE, NATIONAL HEALTH MISSION-FREE DRUG SERVICE NAME OF MEDICINEMg		Name of
		NRHM SUPPLY NOT FOR SALE, NATIONAL HEALTH MISSION-FREE DRUG SERVICE		

DESIGNS FOR LOGOGRAMS

A)Injections in ampoule form should be supplied in double constructed neck ampoules with the label bearing the words "NRHM, ASSAM SUPPLY – NOT FOR SALE, NATIONAL HEALTH MISSION-FREE DRUG SERVICE" overprinted and the following logogram which will distinguish from the normal trade packing.



The vials should be supplied with aluminum seal containing the following logogram.



B) <u>Liquids</u> or liquid preparations should be in glass bottles with pilfer proof caps bearing the following logogram:



NRHM, ASSAM

The top of the cap and labels to be affixed on the containers should bear a distinct colour different from the colour of the label of the trade packs and they should be overprinted in red colour with the words "NRHM, ASSAM SUPPLY – NOT FOR SALE, NATIONAL HEALTH MISSION-FREE DRUG SERVICE" and the logogram above

SPECIMEN LABEL FOR OUTER CARTON

NRHM ASSAM SUPPLY-NOT FOR SALE NATIONAL HEALTH MISSION FREE DRUG SERVICE

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## NAME OF MEDICINE

## **EXPIRY DATE:**

BATCH: Mfg Date:

Manufactured by:

Quantity Packed: Net Weight:

## Annexure - VIII

## **Declaration on Manufacturing facilities**

| Tender  | No                                                                                                                                |      |                                |           |          |
|---------|-----------------------------------------------------------------------------------------------------------------------------------|------|--------------------------------|-----------|----------|
| For sup | oply of                                                                                                                           |      |                                |           |          |
| 1.      | Name of the bidder                                                                                                                | :    |                                |           |          |
| 2.      | Full Postal Address                                                                                                               | :    |                                |           |          |
| 3.      | Telephone No. /Fax No.                                                                                                            | :    |                                |           |          |
| 4.      | Email address                                                                                                                     | :    |                                |           |          |
| 5.      | Date of inception of business                                                                                                     | :    |                                |           |          |
| 6.      | Registration no. & Date                                                                                                           | :    |                                |           |          |
| 7.      | Issued by                                                                                                                         | :    |                                |           |          |
| 8.      | Valid till                                                                                                                        | :    |                                |           |          |
| 9.      | Details of manufacturing activity & item wise capacity                                                                            | :    |                                |           |          |
| 12.     | Name of Govt. Departments/ Pvt. Institutions to which the bidder already supplied the items with quantity value and supply period |      | As per enclosure               |           |          |
| 18.     | Has the bidder ever been black listed by any govt. agency? If yes, give details.                                                  | :    |                                |           |          |
| 14.     | Are any cases pending in the court related to any supplies? If yes, give details                                                  | :    |                                |           |          |
| 15.     | Does the firm have the adequate facilities for Inspection and quality control?                                                    | :    |                                |           |          |
| I,      | Please give details                                                                                                               |      | Prop./partner/Director         | of        | M/s      |
|         | declare that the information given in this form                                                                                   | is t | rue and correct to the best of | f my know | /ledge & |

I/we agree to the tender Inviting Authority forfeiting the Earnest Money Deposit and/or Performance

[Page No]

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belief.

Security Deposit and blacklisting us for a period of 5 years, if any information furnished by us is proved to be false at the time of inspection and non – compliance with terms and conditions of the contract

I offer to supply the items mentioned in the schedule (enclosed in price bid) at the rates quoted therein. I agree to hold this offer for two years after finalization of rate contract.

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE MANUFACTURER

★ The details of manufacturing unit shall be for the premises where items quoted are actually manufactured.

#### **Annexure IX**

| Tender No. |
|------------|
|------------|

## List of Items quoted with name of Manufacturer

| SI | Name of Drugs                                             | Packing Details |          | Name of<br>Manufact<br>urers | Price Quoted / Not Quoted |
|----|-----------------------------------------------------------|-----------------|----------|------------------------------|---------------------------|
| 1  | Amoxycillin - Clavulanate Dry Syrup (200 mg +28.5 mg/5ml) | 30 ml           | Bottle   |                              |                           |
| 2  | Amoxycillin - Clavulanate Drops (80 mg/ml)                | 30 ml           | Bottle   |                              |                           |
| 3  | Azithromycin Susp (100 mg/5 ml)                           | 30 ml           | Bottle   |                              |                           |
| 4  | Cephalexin Dry Syrup (125 mg/5ml)                         | 30 ml           | Bottle   |                              |                           |
| 5  | Cefadroxil D/Syrup 125mg/5ml                              | 30 ml           | Bottle   |                              |                           |
| 6  | Cefixime Oral Susp (Drops) 25 mg/ml                       | 10 ml           | Bottle   |                              |                           |
| 7  | Inj. Amoxycillin - Clavunate 300 mg                       | 10 ml           | Vial     |                              |                           |
| 8  | Inj. Ceftriaxone Sodium 500 mg                            | 10 ml           | Vial     |                              |                           |
| 9  | Inj. Cefotaxime Sodium 250 mg                             | 10 ml           | Vial     |                              |                           |
| 10 | Inj. Amikacin 100 mg                                      | 2 ml            | Vial     |                              |                           |
| 11 | Paracetamol Drops (150 mg/ml)                             | 15 ml           | Bottle   |                              |                           |
| 12 | Salbutamol Sulphate Syp (2mg/5ml)                         | 100 ml          | Bottle   |                              |                           |
| 13 | Dicyclomine Drops (10 mg/ml)                              | 30 ml           | Bottle   |                              |                           |
| 14 | Simethicone /Dil Oil/Fennel Oil drops                     | 30 ml           | Bottle   |                              |                           |
| 15 | Domperidone Syrup (5mg/5ml)                               | 30 ml           | Bottle   |                              |                           |
| 16 | Ondensetron Syrup (2mg/5ml)                               | 30 ml           | Bottle   |                              |                           |
| 17 | Inj. Ondensetron (2mg/ml)                                 | 2 ml            | Amp      |                              |                           |
| 18 | Multivitamin Drops                                        | 15 ml           | Bottle   |                              |                           |
| 19 | Vitamin D3 Drops                                          | 100 ml          | Bottle   |                              |                           |
| 20 | Normal Saline Nasal Drops                                 | 10 ml           | Drop     |                              |                           |
| 21 | Oxymetazoline Nasal Drops (0.001%)                        | 10 ml           | Drop     |                              |                           |
| 22 | Fexofenadine Suspension (30 mg/5ml)                       | 30 ml           | Bottle   |                              |                           |
| 23 | Frusemide Oral solution 910 mg/ml)                        | 30 ml           | Bottle   |                              |                           |
| 24 | Digoxin Paediatric Suspension 0.05mg/ml                   | 30 ml           | Bottle   |                              |                           |
| 25 | Prednisolone Drops (5mg/ml)                               | 30 ml           | Bottle   |                              |                           |
| 26 | Triclofos Syrup (500 mg / 5 ml)                           | 50 ml           | Bottle   |                              |                           |
| 27 | Mupirocin Oint 2% w/w                                     | 5 gm            | Tube     |                              |                           |
| 28 | Clotrimazole Mouth Paint                                  | 15 ml           | Solution |                              |                           |
| 29 | Desonide Ointment 0.5%                                    | 30 ml           | Lotion   |                              |                           |
| 30 | Salbutamol Respiratory Solution (5mg/ml)                  | 10 ml           | Vial     |                              |                           |
| 31 | Ipratopium Respiratory 250 mcg/ml                         |                 | Bottle   |                              |                           |
|    | Nubuliser solution                                        |                 |          |                              |                           |
| 32 | 3% Sodium Chloride Solution                               | 500 ml          | Bottle   |                              |                           |
| 33 | Inj. Dopamine 40mg/ml                                     | 5 ml            | Amp      |                              |                           |
| 34 | Inj. Dobutamine (50 mg/ ml)                               | 5 ml            | Amp      |                              |                           |
| 35 | Inj. Multiple Electrolyte in Dextrose                     | 500 ml          | Bottle   |                              |                           |
|    | Solution, Type I IP (Electrolyte P inj)                   |                 |          |                              |                           |
| 36 | Inj. 25% Dextrose (100 ml)                                | 100 ml          | Bottle   |                              |                           |
| 37 | Paediatric Drip Set (With built in Airway                 |                 | No       |                              |                           |
|    | moulded chamber and Needle, Sterile,                      |                 |          |                              |                           |
|    | Disposable, Non - Toxic, Non Pyrogenic,                   |                 |          |                              |                           |

| SI  | Name of Drugs                                 | Packing Details     |               | Name of<br>Manufact<br>urers | Price<br>Quoted<br>/ Not<br>Quoted |
|-----|-----------------------------------------------|---------------------|---------------|------------------------------|------------------------------------|
|     | sterilised by ETO, 2.7 to 3.00 mm tube with   |                     |               |                              |                                    |
|     | fluid filter, non-kinkable tube, Length not   |                     |               |                              |                                    |
|     | less than 150 cms / I.S No. 12655 (part-4 of  |                     |               |                              |                                    |
|     | 2003), as per Drugs & Cosmetics Act-1940      |                     |               |                              |                                    |
|     | with                                          |                     |               |                              |                                    |
| 38  | Inj. Paracetamol (150 mg/ml)                  | 2 ml                | Amp           |                              |                                    |
| 39  | Inj. Lorazepam (2 mg/ml)                      | 2 ml                | Amp           |                              |                                    |
| 40  | Inj. Phenytoin Sodium (50 mg/ml)              | 2 ml                | Amp           |                              |                                    |
| 41  | Inj. Phenobarbitone (200 mg/ml)               | 1 ml                | Amp           |                              |                                    |
| 42  | Inj. Vancomycin (500 mg)                      | 1 ml                | Vial          |                              |                                    |
| 43  | Inj. Piperacillin Tazobactum (1.125 gm)       | 1 ml                | Vial          |                              |                                    |
| 44  | Endotrachial Tube Cuffed, Sterilized          | size 4              | No            |                              |                                    |
|     |                                               | mm                  |               |                              |                                    |
| 45  | Endotrachial Tube Cuffed, Sterilized size 4.5 | size 4.5            | No            |                              |                                    |
| 4.6 | mm                                            | mm                  |               |                              |                                    |
| 46  | Infant Feeding Tube Sterilized                | 8 FR                | No            |                              |                                    |
| 47  | Infant Feeding Tube Sterilized                | 10 FR               | No            |                              |                                    |
| 48  | Foley's Catheter , Sterilized                 | 8 FR                | No            |                              |                                    |
| 49  | Foley's Catheter, Sterilized                  | 10 FR               | No            |                              |                                    |
| 50  | Central Venous Line (Infant)                  |                     | No            |                              |                                    |
| 51  | Infent Non Rebreathing mask                   |                     | No            |                              |                                    |
| 52  | Inj. Calcium Gluconate 10% w/v                | 10 ml               | Amp           |                              |                                    |
| 53  | Inj. Sodium Bicarbonate 7.5% w/v              | 10 ml               | Amp           |                              |                                    |
| 54  | Heparin sodium Ointment 500 I.U, BENZYL       | 100 gm              | Oint          |                              |                                    |
|     | NICOTINATE 0.2 GM/ 100 GM Oint                | 40 1                |               |                              |                                    |
| 55  | Inj. KCL (Potassium Chloride Inj 0.15 gm/ml)  | 10 ml               | Amp           |                              |                                    |
| 56  | Inj. Hydrocortisone (100 mg of                | 100 mg              | 2ml Vial      |                              |                                    |
|     | hydrocortisone/Vial0                          | of                  |               |                              |                                    |
|     |                                               | hydroco<br>rtisone/ |               |                              |                                    |
|     |                                               | Vial                |               |                              |                                    |
| 57  | GLUCOMETER with STRIP 50 strips/pack          | viai                |               |                              |                                    |
| 58  | Inj. Neonatal Vitamin K (1 mg)                | 1 ml                | Amp           |                              |                                    |
| 59  | Inj. Gentamycin (10 mg/25mg)                  | 2 ml                | Vial          |                              |                                    |
| 60  | Inj. Ampicillin 500 (Equivalent to 500 mg of  | 2 ml                | Vial          |                              |                                    |
|     | anhydrous Ampicillin/Vial)                    | Z 1111              | viai          |                              |                                    |
| 61  | Tab Clobazam 5mg                              | 1 x 10<br>Tab       | Strip         |                              |                                    |
| 62  | Antifungal dusting powder Cotrimazole IP 1    | 100 gm              | Plastic       |                              |                                    |
|     | % W/W)                                        |                     | Contain<br>er |                              |                                    |
| 63  | Inj. Chlorpheniramin maleate                  | 2 ml                | Amp           |                              |                                    |
| 64  | Syrup Cetrizine 5mg/5ml                       | 30 ml               | Bottle        |                              |                                    |
| 65  | Inj. Gentamycin (40 mg/ml)                    | 2ml                 | Vial          |                              |                                    |
| 66  | Inj. Phenobarbiton 200 mg/ml                  | 1ml                 | Amp           |                              |                                    |
|     | _                                             | amp                 |               |                              |                                    |

| SI | Name of Drugs                               | Packing Details |        | Name of<br>Manufact<br>urers | Price Quoted / Not Quoted |
|----|---------------------------------------------|-----------------|--------|------------------------------|---------------------------|
| 67 | Inj. 5% Dextrose IP (D 5%)                  | 500 ml          | Bottle |                              |                           |
| 68 | Inj. Sodium Chloride IP (NS)                | 500 ml          | Bottle |                              |                           |
| 69 | Inj. Compound Sodium Lactate IP (RL)        | 500 ml          | Bottle |                              |                           |
| 70 | Adhesive Plaster 5 cm x 5 m, USP CE Mark    | (5cms X         | Roll   |                              |                           |
|    |                                             | 1 mtrs)         |        |                              |                           |
| 71 | I.V. Cannula With inj. port-2way, size 24 G |                 | No     |                              |                           |
| 72 | I.V. Cannula With inj. port-2way, size 22G  |                 | No     |                              |                           |
| 73 | Sodium Valproate Oral Solution 200 mg/      | 100 ml          | Bottle |                              |                           |
|    | 5ml                                         |                 |        |                              |                           |
| 74 | Inj. HEPARIN SODIUM 5000 IU/1ml IM/IV       | 5 ml            | Vial   |                              |                           |
|    | (low molecular)                             |                 |        |                              |                           |
| 75 | Inj. Aminophyline USP 25 mg/ml              | 10 ml           | Amp    |                              |                           |
| 76 | Inj. Acyclovir Sodium USP 250 mg/ Vial      | 10 ml           | Vial   |                              |                           |

#### Annexure-X

## **UNDERTAKING ON FRAUD & CORRUPTION (for both manufacturer and bidder)**

| We do hereby under                       | take that, in co | empeting for (and, i | f the award | is made to | us, in  |
|------------------------------------------|------------------|----------------------|-------------|------------|---------|
| executing) the subject contract for supp | ly of            | under                | tender      | reference  | no      |
|                                          | we shall         | strictly observe the | terms and   | conditions | against |
| fraud and corruption in force in the cou | ntry.            |                      |             |            |         |
|                                          |                  |                      |             |            |         |
|                                          |                  |                      |             |            |         |
| SIGNATURE                                | :                |                      |             |            |         |
| NAME & DESIGNATION                       | :                |                      |             |            |         |
| DATE                                     | :                |                      |             |            |         |
| NAME & ADDRESS OF THE FIRM               | :                |                      |             |            |         |

#### Annexure - XI

#### NATIONAL RURAL HEALTH MISSION, ASSAM

#### **AGREED TERMS & CONDITIONS**

|    |                   |                 | Tender No. & Date |
|----|-------------------|-----------------|-------------------|
| A. | Details of Bidder |                 |                   |
|    | Bidder Name:      |                 |                   |
|    | Offer Ref:        | Contact Person: |                   |
|    | Telephone No:     | Signature:      |                   |
|    | Fax No:           | E-mail:         |                   |

#### B. <u>Definitions</u>

- 1. "Purchaser" means the Mission Director, National Rural Health Mission, Assam or his authorized representative.
- 2. "Bidder" means a person or firm or company who has made an offer for supply of goods and /or service as per tender.
- 3. "Vendor" or "Supplier" means a person or firm or company, to whom the order is addressed for supply of goods and /or services.
- 4. "Site" means the premises of the purchaser or any other place as decided by the Purchaser.

NOTE: The questionnaire below must be duly filled in and should be enclosed with un-priced Technical Bid, (Cover A). Clauses confirmed here under should not be repeated. All commercial terms and conditions should be indicated in this format. If necessary, details including deviations to the terms and conditions of the bid document, if any, should be enclosed as annexure to this questionnaire.

| Sl. No. | Description                                                                                               | Vendor's Confirmation (Confirmed/Noted/Deviation furnished separately) |
|---------|-----------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------|
|         | C. Technical                                                                                              |                                                                        |
| 1.      | Confirm that you meet the eligibility criteria as per bid document and have furnished relevant documents. |                                                                        |
| 2.      | Confirm acceptance of Technical Specification and scope of supply as per Tender Document.                 |                                                                        |
| 3.      | In case of deviations, confirm that the same have been highlighted separately.                            |                                                                        |
| 4.      | Confirm that literature and technical data, wherever                                                      |                                                                        |

|          | applicable, have been enclosed.                                                                |  |
|----------|------------------------------------------------------------------------------------------------|--|
| 5.       | Confirm that all certificates/ documents furnished.                                            |  |
| 6.       | Confirm that Earnest Money Deposit (EMD) as per bid                                            |  |
| 0.       | document has been furnished in Cover A                                                         |  |
|          | D. Commercial                                                                                  |  |
| 1.       | It is noted that any deviations to the commercial terms                                        |  |
| 1.       | and conditions shall lead to loading of prices or                                              |  |
|          | rejection of offer.                                                                            |  |
| 2.       | Confirm that the quoted landed price is inclusive of cost                                      |  |
| ۷.       | of containers, packing & forwarding charges, freight,                                          |  |
|          | insurance and all duties and taxes viz. Excise Duty, Sales                                     |  |
|          | Tax/VAT.                                                                                       |  |
| 3.       | Confirm furnishing of price break-up of each item                                              |  |
| 3.       | showing basic price of item and Tax/VAT on %age of                                             |  |
|          | basic price to arrive at landed price in D2 above.                                             |  |
| 4.       | It is noted that the statutory variations in taxes and                                         |  |
|          | duties within the contractual delivery period shall be                                         |  |
|          | borne by the purchaser.                                                                        |  |
| 5.       | If there is any variation or fresh imposition of Excise                                        |  |
|          | Duty at the time of supply due to various reasons,                                             |  |
|          | including turn-over, confirm that the same shall be                                            |  |
|          | borne by supplier.                                                                             |  |
| 6.       | If clause 5 above is not acceptable, advice maximum                                            |  |
|          | possible rate of additional ED chargeable; this shall be                                       |  |
|          | loaded to your price.                                                                          |  |
| 7.       | Confirm that in case any new or additional duties and                                          |  |
|          | taxes are imposed after the contractual delivery date                                          |  |
|          | due to delays attributable to the supplier the same shall                                      |  |
|          | be borne by the supplier. This will be in addition to                                          |  |
|          | Price Reduction for Delay in Delivery.                                                         |  |
| 8.       | Confirm acceptance of Price Reduction Schedule for                                             |  |
|          | delay in delivery @ 0.5% of delayed value of goods per                                         |  |
|          | week of delay or part thereof subject to maximum of                                            |  |
|          | 10% of the total order value.                                                                  |  |
| 9.       | Confirm acceptance of Delivery Period as indicated                                             |  |
| 10       | under clause 15 of the bid document.                                                           |  |
| 10.      | Confirm acceptance of relevant payment terms                                                   |  |
| 11       | specified in the bid document.                                                                 |  |
| 11.      | It is noted that delivery period, price reduction,                                             |  |
|          | termination etc are subject to Force Majeure Condition                                         |  |
| 12       | as stipulated in the bid document.                                                             |  |
| 12.      | Confirm that the quoted prices shall remain firm & fixed till complete execution of the order. |  |
| 13.      | a) In case you are a manufacturer confirm that the                                             |  |
| 13.      | prices quoted are not higher in any respect than MRP                                           |  |
|          | b) In case you are a dealer/ distributor / authorized                                          |  |
|          | agent, confirm that the prices quoted are as per                                               |  |
|          | manufacturer's price list with appropriate discount                                            |  |
|          | (Copy of Price list to be enclosed).                                                           |  |
| 14.      | Packing / forwarding, transportation, loading/                                                 |  |
| <b>_</b> | unloading and insurance are supplier's responsibility.                                         |  |
|          | amount and modifice are supplier a responsibility.                                             |  |

|     | However, to protect the items from physical damages and/or deterioration due to weather during transit, supplier to ensure proper packing & handling arrangement. Please confirm compliance.                                                   |  |
|-----|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| 15. | Confirm that security deposit of 5 % of the total order value in the form of a Bank Guarantee from a nationalized Bank shall be furnished, which will be valid for a period of 6 months from the date of order.                                |  |
| 16. | Confirm acceptance of Part Order.                                                                                                                                                                                                              |  |
| 17. | Confirm acceptance of Repeat order within 36 months from the date of initial order at same price and terms & conditions.                                                                                                                       |  |
| 18. | In case of material having shelf life, confirm that you have declared the same with the expiry date. Also confirm that such materials shall be dispatched within 30 days from the date manufacture.                                            |  |
| 19. | It is noted that the purchaser would disown any responsibility / liability towards irregularity, contravention or infringement of any statutory regulations including those of patent, on manufacture or supply of goods covered by the order. |  |
| 20. | Terms & Conditions indicated in this format shall not be repeated in the bid. Terms & Conditions indicated elsewhere and contradicting those in this format shall be ignored. Confirm compliance.                                              |  |
| 21. | Confirm that you shall observe the highest standard of ethics during bidding and in case favoured with an order, the execution of the order will be completed, without resorting to any fraud, corruption and/or coercion.                     |  |
| 22. | Confirm that the offer shall be valid for a period of 90 days from the date of bid opening.                                                                                                                                                    |  |
| 23  | Confirm that supplier will be responsible for arranging Road Permits for dispatch of consignments to Assam                                                                                                                                     |  |

SIGNATURE :

NAME & DESIGNATION :

DATE :

NAME & ADDRESS OF THE FIRM :

## Annexure-XII

## **CHECK LIST**

| SI. | Cover A                                                      | Yes | No |
|-----|--------------------------------------------------------------|-----|----|
| 1.  | Check List as per Annexure – XII                             |     |    |
| 2.  | Court Fee Stamp affixed                                      |     |    |
| 3.  | EMD in the form of DD furnished                              |     |    |
| 4.  | Documentary evidence for the Constitution of the company     |     |    |
| 5.  | Duly attested / notarized copy of Manufacturing License      |     |    |
|     | issued by the competent Licensing Authority for each and     |     |    |
|     | every product quoted                                         |     |    |
| 6.  | Attested Photocopy of Import license if any                  |     |    |
| 7.  | The instruments such as Power of Attorney, Resolution of     |     |    |
|     | Board etc.                                                   |     |    |
| 8.  | Undertaking as per Annexure I                                |     |    |
| 9.  | Manufacturer Authorization as per Annexure II                |     |    |
| 10. | Non Conviction Certificate issued by Drug Controller         |     |    |
| 11. | Undertaking on WHO GMP Certificate as per Annexure III &     |     |    |
|     | Enclosure to Annexure III                                    |     |    |
| 12. | Annual Turnover Statement for 3 years as per Annexure – IV A |     |    |
|     | & Annexure – IV B                                            |     |    |
| 13. | Performance Statement as per Annexure V                      |     |    |
| 14. | Sales Tax Clearance Certificate as Annexure VI               |     |    |
| 15. | Undertaking for Embossment of logo as per Annexure VII       |     |    |
| 16. | Details of Manufacturing Unit as per Annexure VIII           |     |    |
| 17. | List of items quoted with name of Manufacturer as per        |     |    |
|     | Annexure IX                                                  |     |    |
| 18. | Undertaking on Fraud & Corruption as per Annexure X          |     |    |
| 19. | Agreed Terms & Conditions as per Annexure- XI                |     |    |
| 20. | List of item with Qnty as per Annexure XIV                   |     |    |
| 21. | Packing details as per Annexure XV                           |     |    |
| 22  | Form of Agreement as per Annexure XVI                        |     |    |
| SI  | Cover B                                                      | Yes | No |
| 1.  | Price Bid for KIT as per Annexure XIII                       |     |    |

## Annexure-XIII

## FOR COVER 'B' - PRICE BID

|           | <u>FOR COVER 'B' – PRICE BID</u>           |           |           |           |                                                                      |                           |                                                                   |  |  |
|-----------|--------------------------------------------|-----------|-----------|-----------|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|--|--|
| SI.<br>No | ITEMS                                      | Packing   | g Details | Qnty/ kit | Unit Rate per cap/tab/amp/ vial/tube/bot tle/sachet etc ( in Rupees) | Tax/CST<br>(in<br>Rupees) | Total Amount (including kitting, transporta tion etc) (in Rupees) |  |  |
| 1         | 2                                          |           | 3         | 4         | 5                                                                    | 6                         | 7=4x(5+6)                                                         |  |  |
| 1         | Amoxycillin - Clavulanate Dry              | 30 ml     | Bottle    | 200,000   |                                                                      |                           |                                                                   |  |  |
|           | Syrup (200 mg +28.5 mg/5ml)                |           |           |           |                                                                      |                           |                                                                   |  |  |
| 2         | Amoxycillin - Clavulanate Drops (80 mg/ml) | 30 ml     | Bottle    | 50,000    |                                                                      |                           |                                                                   |  |  |
| 3         | Azithromycin Susp (100 mg/5 ml)            | 30 ml     | Bottle    | 100,000   |                                                                      |                           |                                                                   |  |  |
| 4         | Cephalexin Dry Syrup (125 mg/5ml)          | 30 ml     | Bottle    | 100,000   |                                                                      |                           |                                                                   |  |  |
| 5         | Cefadroxil D/Syrup 125mg/5ml               | 30 ml     | Bottle    | 100       |                                                                      |                           |                                                                   |  |  |
| 6         | Cefixime Oral Susp (Drops) 25 mg/ml        | 10 ml     | Bottle    | 100       |                                                                      |                           |                                                                   |  |  |
| 7         | Inj. Amoxycillin - Clavunate 300<br>mg     | 10 ml     | Vial      | 300       |                                                                      |                           |                                                                   |  |  |
| 8         | Inj. Ceftriaxone Sodium 500 mg             | 10 ml     | Vial      | 50,000    |                                                                      |                           |                                                                   |  |  |
| 9         | Inj. Cefotaxime Sodium 250 mg              | 10 ml     | Vial      | 50,000    |                                                                      |                           |                                                                   |  |  |
| 10        | Inj. Amikacin 100 mg                       | 2 ml      | Vial      | 50,000    |                                                                      |                           |                                                                   |  |  |
| 11        | Paracetamol Drops (150 mg/ml)              | 15 ml     | Bottle    | 500       |                                                                      |                           |                                                                   |  |  |
| 12        | Salbutamol Sulphate Syp (2mg/5ml)          | 100<br>ml | Bottle    | 50,000    |                                                                      |                           |                                                                   |  |  |
| 13        | Dicyclomine Drops (10 mg/ml)               | 30 ml     | Bottle    | 5,000     |                                                                      |                           |                                                                   |  |  |
| 14        | Simethicone /Dil Oil/Fennel Oil drops      | 30 ml     | Bottle    | 5,000     |                                                                      |                           |                                                                   |  |  |
| 15        | Domperidone Syrup (5mg/5ml)                | 30 ml     | Bottle    | 50,000    |                                                                      |                           |                                                                   |  |  |
| 16        | Ondensetron Syrup (2mg/5ml)                | 30 ml     | Bottle    | 50,000    |                                                                      |                           |                                                                   |  |  |
| 17        | Inj. Ondensetron (2mg/ml)                  | 2 ml      | Amp       | 5,000     |                                                                      |                           |                                                                   |  |  |
| 18        | Multivitamin Drops                         | 15 ml     | Bottle    | 300       |                                                                      |                           |                                                                   |  |  |
| 19        | Vitamin D3 Drops                           | 100<br>ml | Bottle    | 100       |                                                                      |                           |                                                                   |  |  |
| 20        | Normal Saline Nasal Drops                  | 10 ml     | Drop      | 100,000   |                                                                      |                           |                                                                   |  |  |
| 21        | Oxymetazoline Nasal Drops (0.001%)         | 10 ml     | Drop      | 100,000   |                                                                      |                           |                                                                   |  |  |
| 22        | Fexofenadine Suspension (30 mg/5ml)        | 30 ml     | Bottle    | 50,000    |                                                                      |                           |                                                                   |  |  |
| 23        | Frusemide Oral solution 910 mg/ml)         | 30 ml     | Bottle    | 5,000     |                                                                      |                           |                                                                   |  |  |
| 24        | Digoxin Paediatric Suspension<br>0.05mg/ml | 30 ml     | Bottle    | 5,000     |                                                                      |                           |                                                                   |  |  |
| 25        | Prednisolone Drops (5mg/ml)                | 30 ml     | Bottle    | 10,000    |                                                                      |                           |                                                                   |  |  |
| 26        | Triclofos Syrup (500 mg / 5 ml)            | 50 ml     | Bottle    | 10,000    |                                                                      |                           |                                                                   |  |  |

| SI.<br>No | ITEMS                                                                                                                                                                                                                                                                                                     | Packing Details   |              | Qnty/ kit | Unit Rate per cap/tab/amp/ vial/tube/bot tle/sachet etc ( in Rupees) | Tax/CST<br>(in<br>Rupees) | Total Amount (including kitting, transporta tion etc) (in Rupees) |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|--------------|-----------|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|
| 1         | 2                                                                                                                                                                                                                                                                                                         | ;                 | 3            | 4         | 5                                                                    | 6                         | 7=4x(5+6)                                                         |
| 27        | Mupirocin Oint 2% w/w                                                                                                                                                                                                                                                                                     | 5 gm              | Tube         | 50,000    |                                                                      |                           |                                                                   |
| 28        | Clotrimazole Mouth Paint                                                                                                                                                                                                                                                                                  | 15 ml             | Soluti<br>on | 50,000    |                                                                      |                           |                                                                   |
| 29        | Desonide Ointment 0.5%                                                                                                                                                                                                                                                                                    | 30 ml             | Lotion       | 50        |                                                                      |                           |                                                                   |
| 30        | Salbutamol Respiratory Solution (5mg/ml)                                                                                                                                                                                                                                                                  | 10 ml             | Vial         | 10,000    |                                                                      |                           |                                                                   |
| 31        | Ipratopium Respiratory 250 mcg/ml Nubuliser solution                                                                                                                                                                                                                                                      |                   | Bottle       | 100       |                                                                      |                           |                                                                   |
| 32        | 3% Sodium Chloride Solution                                                                                                                                                                                                                                                                               | 500<br>ml         | Bottle       | 50        |                                                                      |                           |                                                                   |
| 33        | Inj. Dopamine 40mg/ml                                                                                                                                                                                                                                                                                     | 5 ml              | Amp          | 2,000     |                                                                      |                           |                                                                   |
| 34        | Inj. Dobutamine (50 mg/ ml)                                                                                                                                                                                                                                                                               | 5 ml              | Amp          | 50        |                                                                      |                           |                                                                   |
| 35        | Inj. Multiple Electrolyte in                                                                                                                                                                                                                                                                              | 500               | Bottle       | 600       |                                                                      |                           |                                                                   |
|           | Dextrose Solution, Type I IP<br>(Electrolyte P inj)                                                                                                                                                                                                                                                       | ml                |              |           |                                                                      |                           |                                                                   |
| 36        | Inj. 25% Dextrose (100 ml)                                                                                                                                                                                                                                                                                | 100<br>ml         | Bottle       | 5,000     |                                                                      |                           |                                                                   |
| 37        | Paediatric Drip Set (With built in Airway moulded chamber and Needle, Sterile, Disposable, Non - Toxic, Non Pyrogenic, sterilised by ETO, 2.7 to 3.00 mm tube with fluid filter, non-kinkable tube, Length not less than 150 cms / I.S No. 12655 (part-4 of 2003), as per Drugs & Cosmetics Act-1940 with |                   | No           | 10,000    |                                                                      |                           |                                                                   |
| 38        | Inj. Paracetamol (150 mg/ml)                                                                                                                                                                                                                                                                              | 2 ml              | Amp          | 2,000     |                                                                      |                           |                                                                   |
| 39        | Inj. Lorazepam (2 mg/ml)                                                                                                                                                                                                                                                                                  | 2 ml              | Amp          | 2,000     |                                                                      |                           |                                                                   |
| 40        | Inj. Phenytoin Sodium (50 mg/ml)                                                                                                                                                                                                                                                                          | 2 ml              | Amp          | 2,000     |                                                                      |                           |                                                                   |
| 41        | Inj. Phenobarbitone (200 mg/ml)                                                                                                                                                                                                                                                                           | 1 ml              | Amp          | 2,000     |                                                                      |                           |                                                                   |
| 42        | Inj. Vancomycin (500 mg)                                                                                                                                                                                                                                                                                  | 1 ml              | Vial         | 10,000    |                                                                      |                           |                                                                   |
| 43        | Inj. Piperacillin Tazobactum<br>(1.125 gm)                                                                                                                                                                                                                                                                | 1 ml              | Vial         | 250       |                                                                      |                           |                                                                   |
| 44        | Endotrachial Tube Cuffed,<br>Sterilized                                                                                                                                                                                                                                                                   | size 4<br>mm      | No           | 1,000     |                                                                      |                           |                                                                   |
| 45        | Endotrachial Tube Cuffed,<br>Sterilized size 4.5 mm                                                                                                                                                                                                                                                       | size<br>4.5<br>mm | No           | 1,000     |                                                                      |                           |                                                                   |
| 46        | Infant Feeding Tube Sterilized                                                                                                                                                                                                                                                                            | 8 FR              | No           | 10,000    |                                                                      |                           |                                                                   |
| 47        | Infant Feeding Tube Sterilized                                                                                                                                                                                                                                                                            | 10 FR             | No           | 10,000    |                                                                      |                           |                                                                   |
| 48        | Foley's Catheter , Sterilized                                                                                                                                                                                                                                                                             | 8 FR              | No           | 5,000     |                                                                      |                           |                                                                   |

| SI.<br>No | ITEMS                                                                        | Packing Details                                 |                          | Qnty/ kit | Unit Rate<br>per<br>cap/tab/amp/<br>vial/tube/bot<br>tle/sachet etc<br>( in Rupees) | Tax/CST<br>(in<br>Rupees) | Total Amount (including kitting, transporta tion etc) (in Rupees) |
|-----------|------------------------------------------------------------------------------|-------------------------------------------------|--------------------------|-----------|-------------------------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|
| 1         | 2                                                                            | :                                               | 3                        | 4         | 5                                                                                   | 6                         | 7=4x(5+6)                                                         |
| 49        | Foley's Catheter, Sterilized                                                 | 10 FR                                           | No                       | 5,000     |                                                                                     |                           |                                                                   |
| 50        | Central Venous Line (Infant)                                                 |                                                 | No                       | 5,000     |                                                                                     |                           |                                                                   |
| 51        | Infent Non Rebreathing mask                                                  |                                                 | No                       | 20        |                                                                                     |                           |                                                                   |
| 52        | Inj. Calcium Gluconate 10% w/v                                               | 10 ml                                           | Amp                      | 2,000     |                                                                                     |                           |                                                                   |
| 53        | Inj. Sodium Bicarbonate 7.5%<br>w/v                                          | 10 ml                                           | Amp                      | 50        |                                                                                     |                           |                                                                   |
| 54        | Heparin sodium Ointment 500<br>I.U, BENZYL NICOTINATE 0.2<br>GM/ 100 GM Oint | 100<br>gm                                       | Oint                     | 2,000     |                                                                                     |                           |                                                                   |
| 55        | Inj. KCL (Potassium Chloride Inj<br>0.15 gm/ml)                              | 10 ml                                           | Amp                      | 2,000     |                                                                                     |                           |                                                                   |
| 56        | Inj. Hydrocortisone (100 mg of hydrocortisone/Vial0                          | 100<br>mg of<br>hydro<br>cortis<br>one/V<br>ial | 2ml<br>Vial              | 10,000    |                                                                                     |                           |                                                                   |
| 57        | GLUCOMETER with STRIP 50 strips/pack                                         |                                                 |                          | 500       |                                                                                     |                           |                                                                   |
| 58        | Inj. Neonatal Vitamin K (1 mg)                                               | 1 ml                                            | Amp                      | 40,000    |                                                                                     |                           |                                                                   |
| 59        | Inj. Gentamycin (10 mg/25mg)                                                 | 2 ml                                            | Vial                     | 20,000    |                                                                                     |                           |                                                                   |
| 60        | Inj. Ampicillin 500 (Equivalent to 500 mg of anhydrous Ampicillin/Vial)      | 2 ml                                            | Vial                     | 2,000     |                                                                                     |                           |                                                                   |
| 61        | Tab Clobazam 5mg                                                             | 1 x 10<br>Tab                                   | Strip                    | 500       |                                                                                     |                           |                                                                   |
| 62        | Antifungal dusting powder Cotrimazole IP 1 % W/W)                            | 100<br>gm                                       | Plastic<br>Contai<br>ner | 5,000     |                                                                                     |                           |                                                                   |
| 63        | Inj. Chlorpheniramin maleate                                                 | 2 ml                                            | Amp                      | 10,000    |                                                                                     |                           |                                                                   |
| 64        | Syrup Cetrizine 5mg/5ml                                                      | 30 ml                                           | Bottle                   | 10,000    |                                                                                     |                           |                                                                   |
| 65        | Inj. Gentamycin (40 mg/ml)                                                   | 2ml                                             | Vial                     | 100,000   |                                                                                     |                           |                                                                   |
| 66        | Inj. Phenobarbiton 200 mg/ml                                                 | 1ml<br>amp                                      | Amp                      | 1,000     |                                                                                     |                           |                                                                   |
| 67        | Inj. 5% Dextrose IP (D 5%)                                                   | 500<br>ml                                       | Bottle                   | 50,000    |                                                                                     |                           |                                                                   |
| 68        | Inj. Sodium Chloride IP (NS)                                                 | 500<br>ml                                       | Bottle                   | 20,000    |                                                                                     |                           |                                                                   |
| 69        | Inj. Compound Sodium Lactate IP (RL)                                         | 500<br>ml                                       | Bottle                   | 50,000    |                                                                                     |                           |                                                                   |
| 70        | Adhesive Plaster 5 cm x 5 m, USP<br>CE Mark                                  | (5cms<br>X 1<br>mtrs)                           | Roll                     | 1,000     |                                                                                     |                           |                                                                   |

| SI.<br>No | ITEMS                                                    | Packing Details |        | Qnty/ kit | Unit Rate per cap/tab/amp/ vial/tube/bot tle/sachet etc ( in Rupees) | Tax/CST<br>(in<br>Rupees) | Total Amount (including kitting, transporta tion etc) (in Rupees) |
|-----------|----------------------------------------------------------|-----------------|--------|-----------|----------------------------------------------------------------------|---------------------------|-------------------------------------------------------------------|
| 1         | 2                                                        |                 | 3      | 4         | 5                                                                    | 6                         | 7=4x(5+6)                                                         |
| 71        | I.V. Cannula With inj. port-2way, size 24 G              |                 | No     | 100       |                                                                      |                           |                                                                   |
| 72        | I.V. Cannula With inj. port-2way, size 22G               |                 | No     | 100       |                                                                      |                           |                                                                   |
| 73        | Sodium Valproate Oral Solution 200 mg/ 5ml               | 100<br>ml       | Bottle | 5,000     |                                                                      |                           |                                                                   |
| 74        | Inj. HEPARIN SODIUM 5000<br>IU/1ml IM/IV (low molecular) | 5 ml            | Vial   | 1,000     |                                                                      |                           |                                                                   |
| 75        | Inj. Aminophyline USP 25 mg/ml                           | 10 ml           | Amp    | 5,000     |                                                                      |                           |                                                                   |
| 76        | Inj. Acyclovir Sodium USP 250 mg/ Vial                   | 10 ml           | Vial   | 5,000     |                                                                      |                           |                                                                   |
|           |                                                          |                 |        |           | Gra                                                                  | and Total:                |                                                                   |

 $\underline{\text{N.B.}}$  – The quantity against each item is not final. The quantity may increase or decrease at the time of placing order. However, for finalization of the tender and evaluation of price bid , the above quantity shall be taken as fixed

#### **Annexure-XIV**

## List of Item with Quantity

| C!        | List of Item with                                                                                                                          | uantity         | <u> </u> |           |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------|-----------------|----------|-----------|
| SI.<br>No | ITEMS                                                                                                                                      | Packing Details |          | Qnty/ kit |
| 1         | 2                                                                                                                                          |                 | 3        | 4         |
| 1         | Amoxycillin - Clavulanate Dry Syrup (200 mg +28.5 mg/5ml)                                                                                  | 30 ml           | Bottle   | 200,000   |
| 2         | Amoxycillin - Clavulanate Drops (80 mg/ml)                                                                                                 | 30 ml           | Bottle   | 50,000    |
| 3         | Azithromycin Susp (100 mg/5 ml)                                                                                                            | 30 ml           | Bottle   | 100,000   |
| 4         | Cephalexin Dry Syrup (125 mg/5ml)                                                                                                          | 30 ml           | Bottle   | 100,000   |
| 5         | Cefadroxil D/Syrup 125mg/5ml                                                                                                               | 30 ml           | Bottle   | 100       |
| 6         | Cefixime Oral Susp (Drops) 25 mg/ml                                                                                                        | 10 ml           | Bottle   | 100       |
| 7         | Inj. Amoxycillin - Clavunate 300 mg                                                                                                        | 10 ml           | Vial     | 300       |
| 8         | Inj. Ceftriaxone Sodium 500 mg                                                                                                             | 10 ml           | Vial     | 50,000    |
| 9         | Inj. Cefotaxime Sodium 250 mg                                                                                                              | 10 ml           | Vial     | 50,000    |
| 10        | Inj. Amikacin 100 mg                                                                                                                       | 2 ml            | Vial     | 50,000    |
| 11        | Paracetamol Drops (150 mg/ml)                                                                                                              | 15 ml           | Bottle   | 500       |
| 12        | Salbutamol Sulphate Syp (2mg/5ml)                                                                                                          | 100 ml          | Bottle   | 50,000    |
| 13        | Dicyclomine Drops (10 mg/ml)                                                                                                               | 30 ml           | Bottle   | 5,000     |
| 14        | Simethicone /Dil Oil/Fennel Oil drops                                                                                                      | 30 ml           | Bottle   | 5,000     |
| 15        | Domperidone Syrup (5mg/5ml)                                                                                                                | 30 ml           | Bottle   | 50,000    |
| 16        | Ondensetron Syrup (2mg/5ml)                                                                                                                | 30 ml           | Bottle   | 50,000    |
| 17        | Inj. Ondensetron (2mg/ml)                                                                                                                  | 2 ml            | Amp      | 5,000     |
| 18        | Multivitamin Drops                                                                                                                         | 15 ml           | Bottle   | 300       |
| 19        | Vitamin D3 Drops                                                                                                                           | 100 ml          | Bottle   | 100       |
| 20        | Normal Saline Nasal Drops                                                                                                                  | 10 ml           | Drop     | 100,000   |
| 21        | Oxymetazoline Nasal Drops (0.001%)                                                                                                         | 10 ml           | Drop     | 100,000   |
| 22        | Fexofenadine Suspension (30 mg/5ml)                                                                                                        | 30 ml           | Bottle   | 50,000    |
| 23        | Frusemide Oral solution 910 mg/ml)                                                                                                         | 30 ml           | Bottle   | 5,000     |
| 24        | Digoxin Paediatric Suspension 0.05mg/ml                                                                                                    | 30 ml           | Bottle   | 5,000     |
| 25        | Prednisolone Drops (5mg/ml)                                                                                                                | 30 ml           | Bottle   | 10,000    |
| 26        | Triclofos Syrup (500 mg / 5 ml)                                                                                                            | 50 ml           | Bottle   | 10,000    |
| 27        | Mupirocin Oint 2% w/w                                                                                                                      | 5 gm            | Tube     | 50,000    |
| 28        | Clotrimazole Mouth Paint                                                                                                                   | 15 ml           | Solution | 50,000    |
| 29        | Desonide Ointment 0.5%                                                                                                                     | 30 ml           | Lotion   | 50        |
| 30        | Salbutamol Respiratory Solution (5mg/ml)                                                                                                   | 10 ml           | Vial     | 10,000    |
| 31        | Ipratopium Respiratory 250 mcg/ml Nubuliser solution                                                                                       |                 | Bottle   | 100       |
| 32        | 3% Sodium Chloride Solution                                                                                                                | 500 ml          | Bottle   | 50        |
| 33        | Inj. Dopamine 40mg/ml                                                                                                                      | 5 ml            | Amp      | 2,000     |
| 34        | Inj. Dobutamine (50 mg/ ml)                                                                                                                | 5 ml            | Amp      | 50        |
| 35        | Inj. Multiple Electrolyte in Dextrose Solution, Type I IP (Electrolyte P inj)                                                              | 500 ml          | Bottle   | 600       |
| 36        | Inj. 25% Dextrose (100 ml)                                                                                                                 | 100 ml          | Bottle   | 5,000     |
| 37        | Paediatric Drip Set (With built in Airway moulded chamber and Needle, Sterile,                                                             |                 | No       | 10,000    |
|           | Disposable, Non - Toxic, Non Pyrogenic,<br>sterilised by ETO, 2.7 to 3.00 mm tube with<br>fluid filter, non-kinkable tube, Length not less |                 |          |           |
|           | than 150 cms / I.S No. 12655 (part-4 of 2003) ,                                                                                            | 1               |          |           |

| SI.<br>No | ITEMS                                                                   | Packing Details                      |                      | Qnty/ kit |  |
|-----------|-------------------------------------------------------------------------|--------------------------------------|----------------------|-----------|--|
| 1         | 2                                                                       |                                      |                      | 4         |  |
|           | as per Drugs & Cosmetics Act-1940 with                                  |                                      |                      |           |  |
| 38        | Inj. Paracetamol (150 mg/ml)                                            | 2 ml                                 | Amp                  | 2,000     |  |
| 39        | Inj. Lorazepam (2 mg/ml)                                                | 2 ml                                 | Amp                  | 2,000     |  |
| 40        | Inj. Phenytoin Sodium (50 mg/ml)                                        | 2 ml                                 | Amp                  | 2,000     |  |
| 41        | Inj. Phenobarbitone (200 mg/ml)                                         | 1 ml                                 | Amp                  | 2,000     |  |
| 42        | Inj. Vancomycin (500 mg)                                                | 1 ml                                 | Vial                 | 10,000    |  |
| 43        | Inj. Piperacillin Tazobactum (1.125 gm)                                 | 1 ml                                 | Vial                 | 250       |  |
| 44        | Endotrachial Tube Cuffed, Sterilized                                    | size 4<br>mm                         | No                   | 1,000     |  |
| 45        | Endotrachial Tube Cuffed, Sterilized size 4.5 mm                        | size 4.5<br>mm                       | No                   | 1,000     |  |
| 46        | Infant Feeding Tube Sterilized                                          | 8 FR                                 | No                   | 10,000    |  |
| 47        | Infant Feeding Tube Sterilized                                          | 10 FR                                | No                   | 10,000    |  |
| 48        | Foley's Catheter , Sterilized                                           | 8 FR                                 | No                   | 5,000     |  |
| 49        | Foley's Catheter, Sterilized                                            | 10 FR                                | No                   | 5,000     |  |
| 50        | Central Venous Line (Infant)                                            |                                      | No                   | 5,000     |  |
| 51        | Infent Non Rebreathing mask                                             |                                      | No                   | 20        |  |
| 52        | Inj. Calcium Gluconate 10% w/v                                          | 10 ml                                | Amp                  | 2,000     |  |
| 53        | Inj. Sodium Bicarbonate 7.5% w/v                                        | 10 ml                                | Amp                  | 50        |  |
| 54        | Heparin sodium Ointment 500 I.U, BENZYL NICOTINATE 0.2 GM/ 100 GM Oint  | 100 gm                               | Oint                 | 2,000     |  |
| 55        | Inj. KCL (Potassium Chloride Inj 0.15 gm/ml)                            | 10 ml                                | Amp                  | 2,000     |  |
| 56        | Inj. Hydrocortisone (100 mg of hydrocortisone/Vial0                     | 100 mg of<br>hydrocort<br>isone/Vial | 2ml Vial             | 10,000    |  |
| 57        | GLUCOMETER with STRIP 50 strips/pack                                    | ·                                    |                      | 500       |  |
| 58        | Inj. Neonatal Vitamin K (1 mg)                                          | 1 ml                                 | Amp                  | 40,000    |  |
| 59        | Inj. Gentamycin (10 mg/25mg)                                            | 2 ml                                 | Vial                 | 20,000    |  |
| 60        | Inj. Ampicillin 500 (Equivalent to 500 mg of anhydrous Ampicillin/Vial) | 2 ml                                 | Vial                 | 2,000     |  |
| 61        | Tab Clobazam 5mg                                                        | 1 x 10 Tab                           | Strip                | 500       |  |
| 62        | Antifungal dusting powder Cotrimazole IP 1 % W/W)                       | 100 gm                               | Plastic<br>Container | 5,000     |  |
| 63        | Inj. Chlorpheniramin maleate                                            | 2 ml                                 | Amp                  | 10,000    |  |
| 64        | Syrup Cetrizine 5mg/5ml                                                 | 30 ml                                | Bottle               | 10,000    |  |
| 65        | Inj. Gentamycin (40 mg/ml)                                              | 2ml                                  | Vial                 | 100,000   |  |
| 66        | Inj. Phenobarbiton 200 mg/ml                                            | 1ml amp                              | Amp                  | 1,000     |  |
| 67        | Inj. 5% Dextrose IP (D 5%)                                              | 500 ml                               | Bottle               | 50,000    |  |
| 68        | Inj. Sodium Chloride IP (NS)                                            | 500 ml                               | Bottle               | 20,000    |  |
| 69        | Inj. Compound Sodium Lactate IP (RL)                                    | 500 ml                               | Bottle               | 50,000    |  |
| 70        | Adhesive Plaster 5 cm x 5 m, USP CE Mark                                | (5cms X 1<br>mtrs)                   | Roll                 | 1,000     |  |
| 71        | I.V. Cannula With inj. port-2way, size 24 G                             |                                      | No                   | 100       |  |
| 72        | I.V. Cannula With inj. port-2way, size 22G                              |                                      | No                   | 100       |  |
| 73        | Sodium Valproate Oral Solution 200 mg/ 5ml                              | 100 ml                               | Bottle               | 5,000     |  |
| 74        | Inj. HEPARIN SODIUM 5000 IU/1ml IM/IV (low                              | 5 ml                                 | Vial                 | 1,000     |  |

| ITEMS Packing Details                  |                                           | ng Details                                      | Qnty/ kit                                                 |  |
|----------------------------------------|-------------------------------------------|-------------------------------------------------|-----------------------------------------------------------|--|
| 2                                      | 3                                         |                                                 |                                                           |  |
| molecular)                             |                                           |                                                 |                                                           |  |
| Inj. Aminophyline USP 25 mg/ml         | 10 ml                                     | Amp                                             | 5,000                                                     |  |
| Inj. Acyclovir Sodium USP 250 mg/ Vial | 10 ml                                     | Vial                                            | 5,000                                                     |  |
|                                        | molecular) Inj. Aminophyline USP 25 mg/ml | molecular) Inj. Aminophyline USP 25 mg/ml 10 ml | 2 3  molecular)  Inj. Aminophyline USP 25 mg/ml 10 ml Amp |  |

 $\underline{\text{N.B.}}$  – The quantity against each item is not final. The quantity may increase or decrease at the time of placing order. However, for finalization of the tender and evaluation of price bid , the above quantity shall be taken as fixed.

#### Annexure - XV

#### I. SCHEDULE FOR PACKAGING OF DRUGS AND Pharmaceutical

#### **GENERAL SPECIFICATIONS**

- 1. No corrugate package should weigh more than 15 kgs (i.e., product + inner carton + corrugated box)
- 2. All corrugated boxes should be of 'A' grade paper i.e., Virgin.
- 3. All items should be packed only in first hand boxes only.

#### **FLUTE**

4. The corrugated boxes should be of Narrow flute.

#### **JOINT**

**5.** Every box should be preferably single joint and not more than two joints.

#### **STITCHING**

**6.** Every box should be stitched using pairs of metal pins with an interval of two inches between each pair. The boxes should be stitched and not joined using calico at the corners

#### **FLAP**

7. The flaps should uniformly meet but should not overlap each other. The flap when turned by 45-60° should not crack.

#### **TAPE**

8. Every box should be sealed with gum tape running along the top and lower opening

#### **CARRY STRAP**

**9.** Every box be strapped with two parallel nylon carry straps (they should intersect)

#### **LABEL**

- 10. Every corrugated box should carry a large outer label clearly indicating that the product is for "NRHM, ASSAM SUPPLY- NOT FOR SALE, NATIONAL HEALTH MISSION FREE DRUG SERVICE". The lower one third of the large label should indicate in bold, the value of the product as depicted in Annexure III of this document.
- **11.** The product label on the carton should be large at least 15cms x 10 cms dimension. It should carry the correct name, strength or the product, date of manufacturing, date of expiry, quantity packed and net weight of the box.

#### **OTHERS**

12. No box should contain mixed products or mixed batches of the same product

#### II. SPECIFICATION FOR CORRUGATED BOXES HOLDING TABLETS / CAPSULES / PESSARIES.

- 1. The box should not weigh more than 7-8 kgs. The grammage of outer box should be 150 gsm and inside partition / lining should be 120 gsm.
- 2. The box should be of 5 ply with bursing strength of 9 kg/Cm<sup>2</sup>

#### III. SPECIFICATION FOR LARGE VOLUME BOTTLE i.e., ABOVE 120 AND BELOW 1 LIT

1. All these bottles should be packed only in single row with partition between each and also with top and bottom pad of 3 ply

2. Grammage : Outer box should be 150 gsm

Inside partition / lining should be 120 gsm

3. Ply : 7 ply

4. Bursting Strength : Not less than 12 kg/ Cm<sup>2</sup>

#### IV. SPECIFICATION FOR IV FLUIDS

Each corrugated box may carry a maximum of only
 bottles of 500 ml in a single row or 50 bottles of 100

Individual sealed polythene cover and center

partition pad

ml in 2 rows with top and bottom pads of 3 ply

2. Grammage : Outer box should be 150 gsm

Inside partition / lining should be 120 gsm

3. Ply : 5 or 7

4. Bursting Strength : Not less than 12 kg/ Cm<sup>2</sup>

#### V. SPECIFICATION FOR LIQUID ORALS

50 ml TO 120 ml bottles.

1. 100 bottles of 50 ml or 60 ml may be packed in a single corrugated box in 2 rows with top, bottom and center pad of 3 ply.

50 bottles of 100 ml - 120 ml may be packed in a similar manner in a single corrugated box

2. If the bottles are not packed in individual carton, 3 ply partitions should be provided between each bottle. The measuring device should be packed individually.

3. Grammage : Outer box should be 150 gsm

Inside partition / lining should be 120 gsm

4. Ply : 7 ply

5. Bursting Strength : Not less than 12 kg/ Cm<sup>2</sup>

6. In case the box is heavier than 7 kg but less than 10 kg, the grammage may be 150 gsm (outer 150 gsm and others 120 gsm) 5 ply and bursting strength should not be less than 9 kg/ Cm<sup>2</sup>

#### VI. SPECIFICATIONS FOR OINTMENT / CREAM / GELS PACKED IN TUBES

1. No corrugated box should weigh more than 7-8 kgs.

**2.** Every ointment tube should be individually packed in carton and then packed in 20's in grey board box, which may be packed in a corrugated box

3. Grammage : Outer box should be 150 gsm

Inside partition / lining should be 120 gsm

#### VII. SPECIFICATIONS FOR INJECTABLE (IN VIALS AND AMPOULES)

- 1. Vials may be packed in corrugated boxes weighing upto 15 kgs. Ampoules should be packed in C.B. weighing not more than 8 kgs.
- 2. C.B. for vials should be of 150 gsm (outer box should be 150 gsm and inside partition / lining should be 120 gsm) and 7 ply, while C.B. for ampoules should be of 150 gsm (outer box should be 150 gsm and inside partition / lining should be 120 gsm) and 5 ply.
- 3. Bursting strength for C.B. Boxes for

a. Vials
 b. Amp
 c. Not less than 13 kg/ Cm<sup>2</sup>
 d. Not less than 9 kg/ Cm<sup>2</sup>

- **4.** in case of 10 ml ampoules 100 or 50 ampoules may be packed in a grey board box. Multiples of grey board boxes packed in CB. In case of ampoules larger than 10 ml only, 25 ampoules may be packed in a grey board box with partition.
- **5.** If the vial is packed in individual carton, there is no necessity for grey board box packing. The individual carton may be packed as such un the CB with center pad.
- **6.** In case of ampoules every grey board box should carry 5 amps. Cutters placed in a polythene bag.
- 7. Vials of eye and ear drops should be packed in an individual carton with dispensing device. If the vial is of FFS/BFS technology, they should e packed in 50's in a grey board box

#### **VIII. SPECIFICATIONS FOR ORS**

- 1. The sachets should be of Aluminium foil laminated with glassing or heat sealable plastic film, outer paper may contain label information.
- 2. 50 sachets may be packed in grey board boxes and 10 grey board boxes in a C.B.

**3.** Grammage : Outer box should be 150 gsm

Inside partition / lining should be 120 gsm

**4.** Ply : 5

**5.** Bursting Strength : Not less than 9 kg/ Cm<sup>2</sup>

#### IX. LYSOL

1. Not more than 5 litres cans may be packed in a single C.B.

**2.** Grammage : Outer box should be 150 gsm

: Inside partition / lining should be 120 gsm

**3.** Ply : 7 ply

**4.** Bursting Strength : Not less than 12 kg/ Cm<sup>2</sup>

## Annexure-XVI Form of Agreement

| THIS CONTRACT AGREEMENT is made                                                                                                                                                                                                                                                                                              |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| This day of month year                                                                                                                                                                                                                                                                                                       |
| BETWEEN                                                                                                                                                                                                                                                                                                                      |
| (1) Name and Address of the Purchaser:                                                                                                                                                                                                                                                                                       |
| (2) Name and Address of the Supplier:                                                                                                                                                                                                                                                                                        |
| WHEREAS the Purchaser invited bids for certain goods and ancillary services, viz., [insert: brief description of goods and services] and has accepted a bid by the Supplier for the supply of those goods and services in the sum of [insert: contract price in words and figures] (hereinafter called "the Contract Price") |
| NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:                                                                                                                                                                                                                                                                                    |
| <ol> <li>In this Agreement words and expressions shall have the same meaning as are respectively<br/>assigned to them in the Condition of Contract referred to.</li> </ol>                                                                                                                                                   |
| 2. The following documents shall constitute the Contract between the Purchaser and the Supplier, and each shall be read and constructed as an integral part of the Contract:                                                                                                                                                 |
| (a) This Contract Agreement                                                                                                                                                                                                                                                                                                  |
| (b) Special Conditions of Contract                                                                                                                                                                                                                                                                                           |
| (c) General Conditions of Contract                                                                                                                                                                                                                                                                                           |
| (d) Technical Requirements (including Technical Specifications)                                                                                                                                                                                                                                                              |
| (e) The Supplier's bid and original Price Schedules                                                                                                                                                                                                                                                                          |
| (f) The Purchaser's Notification of Award                                                                                                                                                                                                                                                                                    |
| (g) [Add here: any other documents]                                                                                                                                                                                                                                                                                          |
| 3. In consideration of the payments to be made by the Purchaser to the Supplier as                                                                                                                                                                                                                                           |

4. The Purchaser hereby covenants to pay the Supplier in consideration of the provision of

hereinafter mentioned, the Supplier hereby covenants with the Purchaser to provide the Goods and Services and to remedy defects therein in conformity in all respects with the

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provisions of the Contract.

the Goods and Services and the remedying of defects therein, the Contract price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed by the Contract.

| For and on behalf of the Purchaser                                  |
|---------------------------------------------------------------------|
| Signed:                                                             |
| In the capacity of [insert: title or other appropriate designation] |
| In the presence of                                                  |
| For and on behalf of the supplier                                   |
| Signed:                                                             |
| In the capacity of [insert: title or other appropriate designation] |
| In the presence of                                                  |