



GA/Pharmacy/Quotation/19-20

..... 2018

To,

M/s

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**Sub: Quotation/Rate Contract for bulk supply of Medicines, Drugs,
Surgical items, Anti Cancer Drugs (Chemotherapy) & I.V Fluids for
Hospital Pharmacy**

Dear sir,

Kamala Nehru Memorial Hospital, Allahabad is a premier medical institution in this part of the region. It is a multi specialty 376 bedded Hospital providing tertiary medical care in Obstetrics & Gynaecology, Radiation Surgical & Medical Oncology, General Surgery, Neonatology & Paediatrics, Gastroenterology, Medicine, Nephrology, Radio diagnosis & Imaging, Pathology & Anesthesiology, Neurology/Neuro Surgery, Orthopaedics, Cardiology.

The Hospital is recognized as

- Regional Cancer Centre
- Regional Centre for Maternal & Child Health Care
- AIDS Surveillance Centre
- Baby Friendly Hospital
- Centre for Cancer Research supported by Deptt. of Atomic Energy/Atomic Energy Regulatory Board, Govt. of India.
- Accredited Centre of National Board of Examinations for DNB in Radiotherapy & Obst. & Gynaec.
- Affiliated to MLN Medical College for under & postgraduate teaching & training in Obst. & Gynaec.

Hospital Pharmacy

The Hospital has been running its own Pharmacy since 1997. It is catering to quality medicines, anti cancer drugs, surgical, IV Fluids and other peripherals at affordable price to the patient. The current volume of business is estimated to be Rs.80-90 lakhs per month.

Quotation/Offer

We seek your quotation for rate contract of 2 year valid for period **1st April 2019 to 31st March 2020**. The quoted rates would be valid for 2 Year and there would be no change unless otherwise mutually agreed upon which may be necessitated due to exigencies. The quotation should comprise of following:

1. Chemotherapy Drugs
2. Antibiotics
3. Analgesic/Antipyretic

4. Antacid
5. Multivitamins
6. Protein Powder
7. Baby Food
8. Iron
9. Calcium
10. Anticoagulant/Antifungal.
11. IV Fluids
12. Surgical Items
13. Cough Syrup
14. Radiology Contrast
15. Cardiology Catheter
16. Gastro Stent
17. Ortho Implant
18. Hand rub
19. Gargle/skin prep.solution
20. Anaesthetics
21. Laxative

Quotations must include the terms and conditions particularly those relating to the delivery period, marketing datas, proof of manufacturing experience, minimum batch size, payment terms, penalty, pre dispatch sample testing, replacement and risk purchase in which no relaxation will be given.

Essential Conditions

The legible and certified copies of the following document must be also attached/annexed with the quotation.

- a) Valid manufacturing license and produce permission (as the case may be) for imported products valid manufacturing license and product permission of manufacturer (as the case may be)
- b) Valid appropriate drug license of the firm and valid import license for imported product.
- c) Valid narcotic license if applicable
- d) Valid WHOGMP Certificate of manufacturer for Life Saving Drugs as well as for imported drug products.
- e) ISO Certificate alongwith the declaration of manufacturer of the item
- f) Valid ISI Certificate
- g) Photocopy of PAN Card and GSTIN
- h) Prescribed affidavit showing year wise product/import and sale for preceding 3 years for items quoted.
- i) Non conviction certificate from concerned FDCA (Food & Drug Control Authority)
- j) Latest commercial tax clearance or returns of last 4 quarter.
- k) Performance certificate from concerned FDCA (Foods & Drugs Control Authority).

- l) High price/Lower price certificate (as per format –**Ann.1**)
- m) NEFT Form (**Ann.-2**).

All photocopies must be submitted duly certified true copy/notarized.

Other Requirement

- Quotation should have reference No., Date & clear signature & Phone No.
- The expiry period of drugs and other items should not be less than 1 year unless prescribed under statutory provision.
- In case where expiry period of drugs/item is upto 2 yrs. It should not have lapsed the 1/6th of shelf life at the time of delivery and in case where expiry period is more than 2 years it should not have lapsed 1/4th of shelf life at the time of delivery. In case of vaccine, serum etc. Hospital will reserve the right to accept the goods after getting the confirmation from the firm to take back the unutilized quantity.
- Firm will also have to guarantee for regular & timely supply of all the items.
- The firm should have minimum two crore turn over during the last financial year to become eligible and satisfactory documentary evidence will have to be furnished in support of his turnover with Balance Sheet, GST Return & Income Tax Return.

Penalty Clause

In case item demanded but no supplied and procured from any other alternative source of supply the rate difference will be recovered from the forthcoming bills of the contractual firm.

Rate

- Offered discount on MRP should be clearly mentioned in figure and words in ward/soft copy both.
- Tax invoice should be submitted in triplicate indicating GST etc.

Negotiation

- There will be a negotiation with the party for higher discount offered on MRP besides free supply to Hospital for poor patient, participation in CME/Hospital activities will be considered for empanelment for rate contract.
- Authorization letter nominating a Senior responsible Officer of the company with authority to transact business also to be provided with your offer with contact Number e-mail and address.

Disputes & arbitration

- All disputes or differences arising during the execution of the contract shall be resolved by mutual discussion failing which the matter will be referred to the Chief Executive Officer/Secretary & Treasurer for arbitration where decision shall be binding on both parties.

Termination of Rate Contract

The institutes reserves the right to cancel the Rate Contract by giving one month notice where Rate Contract holder can do so by giving 3 month's notice.

Your quotation should be dropped /in sealed cover super scribed 'Pharmacy RC APRIL – MARCH 2020" in excel format in both hard/soft version by 17.00 hrs **on or before `31st December 2018** alternatively send through e-mail edp.knmh@gmail.com. For details visit www.knmh.in.

Chief Executive Officer reserves the right to accept or reject or cancel any offer in part or full without assigning any reason thereof.

Note: Quotation submitted by Authorized distributor/dealer only will not be considered.

Thanking you,

**Yours faithfully,
For & on behalf of
Kamala Nehru Memorial Hospital**

Assistant Director (Admin)

Encl: as above.

HIGHER PRICE/LOWER PRICE CERTIFICATE

1. I/We

hereby certify that the prices quoted by us in our offer letter No.....are not higher than prices:

- (a) Charged by us to whole sales/stockiest/distributor
- (b) Allowed to retailer/chemist shop outside Hospital

- 2. I/We further certify that I/We have not supplied or quoted for any item in offer letter at prices lower than those quoted for the relevant items to any Government/Semi Government/Public/Charitable Trust Organization/Institution/Wholesalers/Stockiest/Distributors within the period of 180 days preceding the last date of submission of the offer.
- 3. I/We hereby undertake that I/We will not supply or quote for any item in offer letter at prices lower than those quoted for the relevant items to any Government/Semi Government/Public/Charitable Trust Organization/Institution/Wholesalers/Stockist/Distributors within the period of validity of the offer/rate contract.
- 4. I/We also undertake to bring the attention of the Chief Executive Officer any incidence of breach of any of the above paras within 30 days from the occurrence of the breach and further undertake to refund/reimburse the difference which may arise due to breach of any of the above paras and I/We also understand that the decision of Chief Executive Officer regards to the determination of quantum payable shall be final.

Date:
SIGNATORY)

(SIGNATURE & STAMP OF THE AUTHORIZED

**NATIONAL ELECTRONIC FUNDS TRANSFER MANDATE
FORM**

Annexure-2

**Kamala Nehru Memorial Hospital,
1, Hashimpur Road,
Allahabad-211 002**

I am giving below the details of my Bank Account for receiving payment through NEFT

- (1) Name of the Claimant :
(2) Bank Name :
(3) Bank Branch Address :
(4) Account Type: Savings/Current/Cash Credit/NRI :
(5) Account No.

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(Bank Account Number should be writing from left to right)

- (6) IFS Code:

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- (7) Mobile No.

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- (8)E-mail Id:

(9)Are you willing to receipt SMS/E-mail : Yes/No

I have enclosed following documents to this effect (Please appropriate item)

- A. Cancelled cheque leaf
B. If cheque is not having the name of bank holder then photocopy of the Page of Bank pass book containing details of Bank accounts number, IFS code

Date:

Authorized signatory

(In case of change in Bank details, please fill this mandate form again and submit the same to Our Branch Office)

*If your answer to Q.no.9 is Yes, then we will be able to send you a message. This message will contain the UTR (Unique Transaction Reference) number which can be used to make any enquiry regarding the payment)

