



Office of the  
Chief Medical Superintendent,  
Divisional Railway Hospital  
Nishatpura –Bhopal  
Date: 29.07.2021

### EXPRESSION OF INTEREST (EOI)

Chief Medical Superintendent, Bhopal Division, West Central Railway on behalf of the President of India invites EXPRESSION OF INTEREST (EOI) from Retailers/Firms/Supplier/ for providing refilling of medical oxygen gas cylinders on day-to-day basis through local purchase to Railway beneficiaries at Divisional Railway Hospital, Bhopal and Health unit, Habibganj for a period of two years.

The interested party may download the details from the website of <http://www.wcr.indianrailway.gov.in> or collect the form, from Store Department, Divisional Railway Hospital, Bhopal.

**For further queries contact :**

Chief Medical Superintendent, West Central Railway Hospital, Near CRWS, Nishatpura, Bhopal (M.P.)  
Telephone No. 0755-2746959

Addl. Chief Medical Superintendent/ Store, West Central Railway Hospital, Near CRWS, Nishatpura, Bhopal(M.P.) Mobile No – 9752416507

**Time Line:**

1. Issue of EXPRESSION OF INTEREST (EOI):
2. Venue –Divisional Medical Store West Central Railway Hospital, Near CRWS, Nishatpura, Bhopal (M.P.)
3. Last date of submission of proposal :17.08.2021 (12.00 Hrs )
4. Date of Opening of the proposal : 17.08.2021 (15.30 Hrs )

CMS/ WCR/BPL

**EOI terms and conditions for supply, billing, and payment for refilling of medical oxygen gas cylinders supplier.**

1. The material (Refilling of medical oxygen gas cylinders) are required to be supplied as per the given description and as per technical specifications provided by the user.
2. The firm/ supplier/ distributor should be located in the city premises (within Bhopal Municipal Corporation limit)
3. Items to be supplied at Railway hospital or Habibganj health unit on the same day within working hours.
4. Refilling of medical oxygen gas cylinders (small 40 CFT and jumbo, 200 CFT) on day-to-day basis demand. The demand will be placed by 13.00 hours on Telephone/Whatsapp/email. In case of emergency demand will be telephonically informed from ICU or wards any time & refilled of medical oxygen gas cylinders to be supplied immediately.
5. You must keep your offers valid for minimum period of 24 months from the date of placing the order, irrespective of the quantity asked.
6. The payments will be made by Cheque/ ECS weekly or fortnightly on receipt of the bill and acceptance of item and depending on fund availability in cash imprest.
7. In case of any irregularity the contract will be cancelled by competent authority without any information or Notice.
8. The contract is subject to IRS terms and conditions with latest amendments.
9. All disputes are subject to Bhopal Jurisdiction.
10. Empanelment of vendors may be finalized on rotation basis.
11. Details of the establishment like Gumasta etc to be enclosed.
12. Should have qualified manpower, requirement of proper storage for refilling of medical oxygen gas cylinders, physical proximity to the hospital and health unit.
13. Average turnover of the firm (supported by C.A.'s certificate) for the last three years.
14. Performance certificate from the institutions where the firm has been refilling of medical oxygen gas cylinders etc. to be provided in case of institutional supplier.
15. Non-encumbrance in terms of sales tax, income tax, vigilance enquiry/ litigation and blacklisting by any Govt organisation.
16. Bills to be supplied in three copies at the time of supply of material.
17. The suppliers have to furnish self attested copies of GST/ registration of establishment and PAN along with tender form.
18. The above mentioned documents must be enclosed with the quotation offer failing which the offer will be treated as invalid.
19. **RATES QUOTED SHOULD BE SHOWN IN TWO SEPARATE COLUMNS THAT IS RATES ARE INCLUSIVE OF TRANSPORTATION CHARGES OR EXCLUSIVE (WITHOUT) OF TRANSPORTATION CHARGES FOR REFILLING OF MEDICAL OXYGEN GAS CYLINDERS.**

**Copies of following documents (wherever applicable) are to be submitted along with application**

1. Copy of establishment details like Gumasta.
2. Copy of GST registration certificates.
3. C.A.'s certificate) for the last three years.
4. Copy of Performance certificate from the institutions where the firm has been supplying (desirable).
5. Copy of PAN card.

*Kaushal*  
29.7.21

*[Signature]*  
29/07/2021

APPLICATION FORM FOR EMPANELMENT AS SUPPLIER

REFILLING OF MEDICAL OXYGEN GAS CYLINDER

Date: \_\_\_\_\_

Chief Medical Superintendent  
Divisional Railway Hospital,  
Nishatpura, Bhopal

The details are as under

1. Name of the firm/ supplier/ distributor: - \_\_\_\_\_
2. Address of firm :- \_\_\_\_\_  
\_\_\_\_\_
3. Telephone number of the firm:- \_\_\_\_\_
4. Mobile Number and of contact person:- \_\_\_\_\_
5. Name of Proprietor:- \_\_\_\_\_
6. Details of statutory Drug Licence:
7. D.L. no and valid upto \_\_\_\_\_
8. Registration No. GST \_\_\_\_\_
9. Registration of establishment: \_\_\_\_\_
10. PAN NO: \_\_\_\_\_

Pages Enclosed:

Signature and Seal of Proprietor

**DECLARATION BY SUPPLIER**

**DATE:**

I M/s \_\_\_\_\_ hereby declare that I have not been convicted by Drug Authority for any illegal activity nor I have been black listed by any Institution. In case my statements are found wrong my registration/ tender may be cancelled.

Signature and Seal of Proprietor