

कार्यालय  
वरि. मंडल चिकित्सा अधिकारी  
स्वास्थ्य केंद्र  
सवाई माधोपुर  
दिनांक: 06.06.24

पत्र क्र. मेड/ स्वा.के. / लोकल पर्चेस/ 2024

### रूचि की अभिव्यक्ति

प म रे कोटा मंडल के, वरि. चिकित्सा अधिकारी, सवाई माधोपुर द्वारा भारत के राष्ट्रपति की और से स्वास्थ्य केंद्र सवाई माधोपुर के रोगियों हेतु दैनिक आधार पर औषधियां (टेबलेट, कैप्सूल्स, इंजेक्शन, ड्रॉप्स, सलूशन, ऑइंटमेंट, आई. वी. फ्लूइड, सर्जिकल, डिस्पोजेबल) दो वर्ष तक करने हेतु स्थानीय विक्रेताओं से प्रस्ताव आमंत्रित किये जाते हैं।

इच्छुक पार्टी वेबसाइट <http://www.wcr.indianrailway.gov.in> से विवरण डाउनलोड कर सकते हैं अथवा मेडिसिन-स्टोर / रेलवे स्वास्थ्य केंद्र / सवाई माधोपुर से प्राप्त कर सकते हैं।

अधिक जानकारी हेतु संपर्क करें:

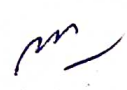
वरि. मंडल चिकित्सा अधिकारी, स्वास्थ्य केंद्र, सवाई माधोपुर, मोब न: 9001017525  
इस हेतु सक्षम अधिकारी का अनुमोदन प्राप्त है।

रूचि की अभिव्यक्ति समय सारणी:

स्थान : वरि. मंडल चिकित्सा अधिकारी, रेलवे स्वास्थ्य केंद्र, सवाई माधोपुर,

अंतिम दिनांक : 27.06.2024 (17:00 hrs.)

लिफाफे खुलने का समय : 28.06.2024 (10:00 hrs.)

  
वरि. मंडल चिकित्सा अधिकारी  
स्वास्थ्य केंद्र  
सवाई माधोपुर

LN: Med/HU/SWM/Local purchase/2024

Date: 06.06.2024

### EXPRESSION OF INTEREST (EOI)

Sr. Divisional Medical Officer, SWM of Kota Division, West Central Railway on behalf of the President of India invites EXPRESSION OF INTEREST (EOI) from Retailers/Firms/Supplier/ for providing Medicines (including Tablets, capsules, Injections. Drops, Solutions, Ointments, IV fluids, Surgical and Disposables) on day-to-day basis through local purchase for Railway beneficiaries at Health unit, SWM for the period of two years.

This has an approval of the competent authority.

The interested party may download the details from the website of  
<https://www.wcr.indianrailway.gov.in>

OR

Collect the form from The Store Department, Health unit, Sawai Madhopur (Raj.)

For further queries contact:

Sr. Divisional Medical Officer  
Railway Health Unit, WCR, Sawai  
Madhopur, Rajasthan  
9001017525

VENUE- Railway Health Unit,  
WCR, Sawai Madhopur  
Rajasthan

#### Timeline:

- Last date of submission of proposal: 27.06.2024 (17:00 hrs.)
- Date of Opening of the proposal: 28.06.2024 (10:00 hrs.)

  
Sr. Divisional Medical Officer  
Sawai Madhopur

डॉ. रामराज मीना  
Dr. Ram Raj Meena  
वरिष्ठ चिकित्सा अधिकारी  
स्वा.केन्द्र प.म.रे.सवाई माधोपुर  
Sr.Div. Medical Officer  
Health Unit W.C.R. SWM.

## General Terms and conditions

1. The firm/ supplier/ distributor should be located in the proximity to abide by the delivery time frame given below. Preferable within city premises of the Health Unit.
2. On delay / failure in material supply, the purchaser has the right to cancel the contract without any notice.
3. The firm should have the requisite manpower to deliver the material in the concerned Hospital premises.
4. The medicines/ materials are required to be supplied as per the given description and as per technical specifications provided by the purchaser.
5. Brand, make, strength, form, shelf life of the medicine supplied should be exactly as per the order, supplying different, may lead to rejection of the item, and the supplier will be liable to be marked for bad performance, and even cancellation of the contract without notice.
6. Medicine and surgical good manufactured by firms registered at Indian Railway/ WCR will only be acceptable or the medicine specified by the specialist. For list of registered firms kindly refer to the site <https://www.wcr.indianrailways.gov.in>.
7. Instruments/ Surgical Material supplied should be of standard company.
8. **Delivery time frame:**
  - I. For emergency orders - Materials has to be supplied at the respective Railway hospital or health units immediately within 10 minutes, such orders may be placed round the clock.
  - II. For Normal orders placed within 13.00 hours of the day - Materials has to be supplied at the Railway health unit on the same day
  - III. For order placed after 13.00 hours of the day, - Materials has to be supplied at the respective Railway hospital or health units within 24 hours after placing the order.
9. In case there is delay in supply, more than the above stipulated delivery time frame, the drug/ items may be purchased by the Hospital from the next party of the contract, or from market at prevailing market rates. In such cases the difference in rate if any, from the Rate contract offer of the supplier will be recovered from the concerned supplier who had delayed/failed to supply.



10. The demand may be issued by Telephone/Email/WhatsApp/Written note/ Printed Note on the contact information given by the supplier.
11. Supplier should round the clock be available on Telephone. In case the supplier remains unreachable in emergency, it may be marked as bad performance, and contract may be terminated without Notice.
12. Demand may be informed telephonically in case of emergency at any time and it has to be supplied immediately.
13. Instruments/appliances should be of same quality as per requirement of purchaser. Items supplied should be of standard quality like ISO 9001: 2015 / CE certified/ WHO- GMP etc.
14. In case of error in Material within its warranty period, its replacement/ repair to be ensured by the supplier.
15. Bills to be supplied in two copies with seal and sign at the time of supply of material.
16. The payments will be made weekly or fortnightly on receipt of the bill and acceptance of item and depending on fund availability in cash Imprest.
17. The purchaser reserves the right to place parallel Rate Contract on two or more sources and can renegotiate the item price with the supplier parties to the rate contract.
18. The purchaser reserves the right to cancel the order for full or part quantity without assigning any reason. The rate quoted by the tenderer for the full quantity would be taken as valid in case of partial order cancellation.
19. In case of any irregularity the contract will be cancelled by competent authority without any information or Notice.
20. The contract is subject to IRS terms and conditions with latest amendments.
21. All disputes are subject to Sawai Madhopur Jurisdiction.
22. **Mode of Empanelment:** Applicant (Retailers/Firms/Supplier) has to fill the given form, and clearly mention the category for being applied. Applicant should have all the documents valid like TIN/GSTN, Pharmacy registration of State Pharmacy council of MP, Retail/ Wholesale Drug license, GST, PAN number, and has to furnish self-attested copies of all the requisite documents along with tender form. These documents have to be dropped in a closed envelop into the sealed tender box placed in the given venue. The category applied for and the firm name should be mentioned on the Envelop. A committee of two officers will recommend for registration after documents verification, firm inspection etc. Registration

process will ensure technical eligibility, legal eligibility and financial eligibility of vendors. After successful registration Rate Contract Financial bids shall be called separately.

23. Rate offer to be quoted by the supplier in the financial bids. No other conditions like additional claim for taxes like GST will be accepted. In case the supplier mentions additional terms other than Rebate, these conditions will not be considered, and the offer may be treated invalid.
24. Rate offer will remain valid for minimum period of 24 months from the date of allotment of tender, irrespective of the quantity asked.
25. The purchaser has the right to renegotiate the price for any item among the registered parties.
26. The Expression of Interest (EOI) is invited for supply of items in following categories.
  - 1) Medicines (including Tablets, capsules, Injections. Drops, Solutions, Ointments, IV fluids, Surgical and Disposables )

XXX

**Terms and conditions of EOI for Medicine (including Tablets, capsules, Injections. Drops, Solutions, Ointments, IV fluids, Surgical and Disposables) supplier.**

1. General Terms and conditions specified above will be applicable.
2. Firm should have a valid Drug license.
3. Firm should be in existence for more than past 5 years.
4. Firm should have qualified pharmacist with valid Rajasthan Pharmacy Council registration.
5. GST registration certificates.
6. Firm should have of proper storage and cold chain supply system, physical proximity to the hospital and health unit.
7. Details of the establishment like / Electricity bill / Municipal certificate etc.
8. The firm/ supplier/ distributor should be located in the city premises.




9. No Medicine manufactured by firms blacklisted by WCR will be acceptable. For list of registered firms kindly refer to the site <http://www.wcr.indianrailways.gov.in>.

10. Copies of following documents (wherever applicable) are to be submitted along with application form.

- a. Copy of valid drug license
- b. Copy of valid Pharmacy Council Registration.
- c. Self-declaration by the firm that he has not been convicted by Drug Authority. In case the declaration is found wrong his registration/ tender will be cancelled.
- d. Copy of GST registration certificates.
- e. Copy of Performance certificate from the institutions, where the firm has been supplying (desirable).
- f. Copy of PAN card.
- g. Copy of establishment details like / Electricity Bill/ Municipal certificate.
- h. Declaration for Date of Incorporation

\_\_\_\_xxx\_\_\_\_

  
**डॉ. रामराज मीना**  
**Dr. Ram Raj Meena**  
वरिष्ठ.मण्डल चिकित्सा अधिकारी  
स्वा.केन्द्र प.म.रे.सवाई माधोपुर  
Sr.Div. Medical Officer  
Health Unit W.C.R. SWM.

**APPLICATION FORM FOR REGISTRATION AS SUPPLIER**

[Fill details as applicable]


**Applying for supplying Medicines (including Tablets, capsules, Injections,  
Drops, Solutions, Ointments, IV fluids, Surgical and Disposables.)**

- Name of the firm/supplier/distributor: - \_\_\_\_\_
- Address of the firm: - \_\_\_\_\_
- Tahsil: - \_\_\_\_\_ City: - \_\_\_\_\_ District: - \_\_\_\_\_
- Telephone number of the firm: - \_\_\_\_\_
- Official Email address: - \_\_\_\_\_
- Name of Contact person: - \_\_\_\_\_
- Contact person Mobile Number \_\_\_\_\_
- Name of Proprietor: - \_\_\_\_\_
- Date of Incorporation: - \_\_\_\_\_
- Details of statutory Drug License: \_\_\_\_\_
- Drug License No: - \_\_\_\_\_
- Drug License valid up to: - \_\_\_\_\_
- GST Registration No: - \_\_\_\_\_
- PAN NO: - \_\_\_\_\_

No Pages Enclosed: \_\_\_\_\_

I agree that all the above information given by me are correct and in case if any information found to be false, then my application may be cancelled.

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

  
Signature and Seal of Proprietor

## DECLARATION BY SUPPLIER

DATE:

I on behalf of the M/s \_\_\_\_\_ Here by declare that I have not been convicted by Drug Authority, neither I have been black listed by any Government Institution.

In case my statements are found wrong my registration/tender may be cancelled.

Signature and Seal of  
Proprietor

## CERTIFICATE

DATE:

I on behalf of the M/s \_\_\_\_\_ Here by declare that the firm was established 5 years ago and is in continuous existence and continuously functioning.

In case my statements are found wrong my registration/tender may be cancelled.

Signature and Seal of  
Proprietor

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ज. रामराज मीना  
Dr. Ram Raj Meena  
वरिष्ठ चिकित्सक अधिकारी  
स्वा.केन्द्र व.प्र.संगठन माधोपुर  
Sr. Div. Medical Officer  
Health Unit W.C.R. SWA.