



L. No : JBP/Med/LP/2019-21/EOI

Date : 07.02.2019

Expression of Interest for empanelment of Vendors for Local purchase of Medicine and other medical items at Central Hospital, WCR, Jabalpur

Medical Director, West Central Railway, Jabalpur on behalf of the President of India invites EXPRESSION OF INTEREST (EOI) from vendors for empanelment to provide the following items through local purchase on day-to-day basis for the patients of Central Hospital, West Central Railway, Jabalpur on the basis of maximum discount on MRP / minimum rates (Sr.no. 1,2,3,4).

Proposal is also invited for registration of Medical gases suppliers on the basis of minimum rates on per cubic meter / per kilogram for the item at Sr.No. 5.

Sr.No.	Description of item	Average Value of Local purchase in one year
1	All types of quality medicines (including Tablets, Capsules, Injections, Drops, Solutions, Ointments & I.V. Fluids etc.)	Rs. 42 lakhs (Forty Two lakhs)
2	All types of Surgical products (including Suture materials, Surgical items, Disposable, Laparoscopic Surgery items, dressing material, ECG Rolls and other products)	Rs. 18 lakhs (Eighteen lakhs)
3	All type of products used in Pathological investigations (including Semi Automatic, Fully Automatic Analysers, Cell Counter, Biochemistry Kits, Cards and Strips, Chemicals and other Miscellaneous Lab items etc.)	
4	All products used in Radiological investigations (including all types of X-Rays Films, Contrast Media and Thermal Papers etc.)	
5	Medical Gases – Oxygen , Nitrous etc. (per cubic meter) and Carbon Dioxide (per Kilogram)	Rs. 03 lakhs (Three lakhs)

General Terms & Conditions:

01. Supplier/ firm/ authorised distributor should be eligible for supply of above mentioned items according to rules of Madhya Pradesh, State Government.
02. Proposed rates should be valid for maximum 02 (two) years.
03. It is clarified that this is not tender information; this is only notice for registration of vendors for purchase of above mentioned items.
04. Payment can be made on weekly basis (as per firms consent) by cash /cheque or ECS for purchase under this contract.
05. Interested vendors can obtained relevant document (detailed Terms & Conditions/ Application form) from the Medical store of Central Hospital, WCR, Jabalpur on any working day during hospital time or it can be downloaded from the website of WCR ([wcr.indianrailways.gov.in /contact us/ recruitment/ notification](http://wcr.indianrailways.gov.in/contact-us/recruitment/notification)).

- Date for obtaining/downloading of relevant document: **from the date of advertisement.**

- Last date for submission of documents: **26.02.2019 up to 16:00 hrs.**

Medical Director
Central Hospital, WCR, Jabalpur



प.क.जबल/मेडी/एलपी/2019-21/ईओआई

दिनांक 07.02.2019

केन्द्रीय चिकित्सालय, प.म.रेल, जबलपुर में दवाईयों एवं अन्य चिकित्सा मदों की स्थानीय खरीद हेतु विक्रेता फर्मों के सूचिकरण हेतु रुचि की अभिव्यक्ति आमंत्रण

भारत संघ के राष्ट्रपति की ओर से चिकित्सा निदेशक प.म.रेल, जबलपुर द्वारा केन्द्रीय चिकित्सालय, के रोगियों के लिए दैनिक आधार पर निम्नलिखित चिकित्सा मदों की स्थानीय खरीद (मद क. 1,2,3 एवं 4) हेतु अधिकतम खुदरा मूल्य पर (सभी करों सहित) दी जाने वाली अधिकतम छूट के आधार पर/ न्यूनतम दरों पर आपूर्ति करने हेतु विक्रेता फर्मों के सूचिकरण करने हेतु विक्रेताओं से रुचि की अभिव्यक्ति आमंत्रित किये जाते हैं । चिकित्सा गैस (मद क. 5) हेतु प्रति किलोग्राम/प्रति क्यूबिक मीटर के हिसाब से न्यूनतम दर पर आपूर्ति करने के लिए भी सूचिकरण करने हेतु प्रस्ताव आमंत्रित किये जाते हैं।

मद क.	मद का संक्षिप्त विवरण	एक वर्ष में होने वाली स्थानीय खरीद का औसत मूल्य
1	सभी प्रकार की उच्च कोटि औषधियां (गोली, कैप्सूल, इंजेक्शन, ड्रॉप्स, मलहम, आई.व्ही.पलूइड इत्यादि)	रुपये 42 लाख (रु बयालीस लाख)
2	सभी सर्जिकल उत्पाद (जैसे सुचर मटेरियल, शल्य चिकित्सोपयोगी सामग्री, डिस्पोजेबल, लेप्रोस्कापिक सर्जरी आइटम, ड्रेसिंग मटेरियल, ई.सी.जी. रोल्ल्स इत्यादि)	रुपये 18 लाख (रु अठारह लाख)
3	पैथोलोजी जांच में आने वाले सभी उत्पाद (सेमी ऑटोमैटिक, फुली ऑटोमैटिक एनालाईजर, सेल काउन्टर, बायोकेमिस्ट्री किट्स, कार्ड्स एवं स्ट्रिप्स, कैमिकल्स एवं अन्य लैब आइटम्स)	
4	रेडियोलोजी जांच में आने वाले सभी उत्पाद (एक्स-रे फिल्म, कंट्रास्ट मीडिया एवं थर्मल पेपर इत्यादि)	
5	मेडिकल गैस जैसे ऑक्सिजन, नाइट्रस इत्यादि (प्रति क्यूबिक मीटर) एवं कार्बन डाई ऑक्साइड (प्रति किलोग्राम)	रुपये 03 लाख (रु तीन लाख)

सामान्य शर्तें :

- (क) विक्रेता फर्म/प्राधिकृत वितरक को मध्यप्रदेश शासन के नियमानुसार उक्त मदों की आपूर्ति करने की पात्रता होना अनिवार्य है ।
- (ख) विक्रेता फर्मों की सूचिकरण/पंजीकरण की अवधि अधिकतम दो वर्षों की होगी ।
- (ग) यह स्पष्ट किया जाता है कि यह निविदा सूचना नहीं है अपितु केवल उपरोक्त मदों की खरीद हेतु आपूर्तिकर्ताओं के पंजीकरण हेतु सूचना है ।
- (घ) इस अनुबंध के तहत की जाने वाली खरीद का भुगतान साप्ताहिक आधार पर, आपूर्तिकर्ता फर्म की सहमति के अनुसार नगद/चेक अथवा ई.सी.एस. द्वारा किया जा सकता है ।
- (ङ.) इच्छुक आपूर्तिकर्ता उक्त पंजीकरण हेतु निर्धारित दस्तावेज (विस्तृत नियम एवं शर्तें तथा आवेदन फार्म) चिकित्सा निदेशक कार्यालय (भंडार विभाग) केन्द्रीय चिकित्सालय, प.म.रेल, जबलपुर से किसी भी कार्य दिवस में कार्यालय समय पर निशुल्क प्राप्त कर सकते हैं अथवा प.म.रेल के वेबसाइट wer.indianrailways.gov.in / [contact us/ recruitment/ notification](#) से निशुल्क डाउनलोड कर सकते हैं ।
- निर्धारित प्रपत्र प्राप्त/डाउनलोड करने की तिथि, सूचना प्रकाशित होने की तिथि से ।
- निर्धारित प्रपत्र जमा करने की अंतिम तिथि 26.02.2019 शाम 4 बजे तक ।

WEST CENTRAL RAILWAY

Office Of The Medical Director
Central Hospital/ WCR/Jabalpur

TERMS AND CONDITIONS

EXPRESSION OF INTEREST FOR EMPANELMENT OF VENDORS FOR LOCAL PURCHASE OF MEDICINES AND OTHER MEDICAL ITEMS

1. The Vendors/ firms should be located in the city premises (within Jabalpur Municipal Corporation limit).
2. Vendors have to furnish request for registration with self attested copies of valid drug licence/ GSTIN registration/ registration of establishment & PAN for Medicines, Surgical and Disposable Consumables, Pathology items, Radiology items etc. Valid licence for supply of medical gases is mandatory.
3. Vendors having qualified manpower, proper storage and cold chain supply system, physical proximity to the hospital.
4. Performance Certificate from the institutions where the firm has been supplying medicines, surgical, consumables etc.
5. Average turnover of the firm (supported by CA's certificate) for the last three years should be at least 30 % of the average total value of retail local purchase procurement made by the Railway hospital in the same three years. (details mentioned in notice)
6. Failure to meet any of these criteria shall render the vendor in-eligible to be considered for registration.
7. (a) For supply of Medicines, Surgical and Consumables, Hospital appliances/instruments, Pathology items, Radiology items etc. offers of the maximum rebate on MRP will be accepted (Supply rates after rebate will be inclusive of all taxes).
(b) For Medical gases offer of minimum quoted rates (per Kg/ per cubic meter as the case may be) will be accepted. Rates will be inclusive of all taxes.
8. The offer and panel of registered vendors will be valid for two years & may be extended further with the approval of competent authority of this hospital.
9. The order will be placed telephonically, usually at 13.00 hrs and supply must be made on the same day before closure of OPD i.e.16.00 hrs. In cases of life saving emergencies, order may be placed at any time and it should be supplied on a short notice preferably within one hour of being intimated at Central Hospital. Timeline for supply should be strictly followed.
10. Services will be required 24 x7. It means vendor should be able to supply the ordered items round the clock and throughout the year.
11. Supply will be accepted only for brands (same name, make & salt) and quantity as ordered by the Railway. No alternate or substitute will be accepted for the required items. Supply has to be made in cut strips also, as per our need.
12. Supplier has to stamp all the supplies as "FOR RAILWAY USE ONLY & NOT FOR SALE" on strips, vials, sealed bottles etc. as ordered.
13. Medicines/items supplied should have shelf life of at least six months at the time of supply.
14. It should be clear that this offer is for case to case local purchase only. If there is any bulk requirement for IPD/OPD patients costing below Rs. 15,000/-, the Railway Administration will be at liberty to purchase the same from wholesale market through imprest.
15. In extreme emergency the drugs/ items may be purchased by the Railway Administration from nearest available medical shops at their prevailing market rates.
16. Order for supply against a particular item will be place on the listed vendors as per rotation and periodicity i.e. alternate day or weekly (Monday to Saturday).
17. If any vendor fails to supply as per contract condition that particular item shall be procured from the vendor next on the sequence list of rotation and it will be recorded in performance register or in case of urgency it can be purchased from the market and difference in cost may be recovered from the vendor to whom the order is placed.

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18. Performance register will be maintained in hospital. The vendor or its representative while making deliveries shall sign (with date and time) on the receipt register/ receipted challan.
19. Failure to supply in time, quantity and quality shall be recorded. Supply of sub-standard drugs shall be dealt as per Railway Board letter no. 2014/RS(G)/79/13 dated 04.06.2018.
20. Payment will be made by cheque/ECS after satisfactory supply of the order.
21. Competent authority has all rights reserved to stop/cancel this procurement process at any stage without any prior information to supplier.
22. This contract/registration can be cancelled at any time by the Competent Authority of Central Hospital, WCR, JBP, if the performance of the vendors /suppliers is not satisfactory.
23. The contract is subject to IRS terms & conditions with latest amendments.
24. All disputes are subject to Jabalpur jurisdiction.

Medical Director
Central Hospital/ WCR, Jabalpur

केन्द्रीय चिकित्सालय, प.म. रेल, जबलपुर में औषधियों एवं अन्य चिकित्सा मदों की स्थानीय खरीद हेतु विक्रेता फर्मों के रजिस्ट्रेशन हेतु आवेदन पत्र का प्रोफार्मा

प्रति

चिकित्सा निदेशक

केन्द्रीय चिकित्सालय, प.म.रेल, जबलपुर

दिनांक

विषय: औषधियों एवं अन्य चिकित्सा मदों की स्थानीय खरीद के लिए फर्म/विक्रेता के रजिस्ट्रेशन हेतु आवेदन।

दवाईयां	सर्जिकल/डिस्पोजेबल/ड्रेसिंग/ चिकित्सकीय उपकरण सामग्री	लेबोरेटरी सामग्री	रेडियोलॉजीसामग्री	चिकित्सा गैस
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(Tick the concerned option)

1	फर्म/विक्रेता फर्म का नाम एवं पूरा पता	
2	फर्म/विक्रेता का फोन नं./मोबाईल नं. एवं ई-मेल पता	
3	फर्म/विक्रेता स्वामी का नाम	
4	दवा लाइसेंस संख्या एवं इसकी वैधता	
5	फर्म का स्थापना प्रमाण पत्र	
6	जी.एस.टी.एन. संख्या (प्रतिलिपि संलग्न करें)	
7	पैन कार्ड संख्या (प्रतिलिपि संलग्न करें)	
8	फर्म/वितरक का वार्षिक टर्न ओवर (पिछले तीन वर्षों का औसत) [वित्तीय आडिट रिपोर्ट/सी.ए.द्वारा जारी प्रमाण पत्र/ पिछले तीन वर्षों का इनकम टैक्स रिटर्न]	
9	निष्पादन प्रमाणपत्र (पहले जिस संस्था में आपूर्ति किया हो उनके द्वारा जारी) (वांछनीय)	
10	दोषसिद्ध नहीं होने का घोषणा पत्र	

मैं/हम घोषणा करता हूँ/करते हैं कि मेरे द्वारा दी गई उपरोक्त जानकारी मेरे ज्ञान के अनुसार पूर्णरूप से सही है। मैं/हम यह भी पुष्टि करता हूँ/करते हैं कि मैंने रेलवे द्वारा दी गई समस्त नियमों व शर्तों को पढ़ एवं समझ लिया है और इनका पालन पूर्ण रूप से करूंगा/करेंगे। रेलवे द्वारा की जाने वाली भुगतान व्यवस्था से भी मैं/हम सहमत हूँ/हैं।

हस्ताक्षर
(फर्म के सील सहित)

**APPLICATION FORM FOR EMPANELMENT OF VENDORS FOR LOCAL PURCHASE
OF MEDICINES AND OTHER ITEMS AT CH/ WCR, JBP**

Date:

To,

**Medical Director,
Central Hospital, West Central Railway,
Opp. Indira Market, Jabalpur (M.P.)**

Sub: Application for empanelment of vendors for local purchase of medicines and other medical items for Central hospital, WCR, Jabalpur.

Medicines	Surgical/Dressing /Disposable/ Tools & Plants	Laboratory Items	Radiology Items	Medical Gases
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(Tick the concerned option)

1	Name & Address of firm / vendor	
2	Telephone No. & Mobile No & E-mail ID of the firm	
3	Name of contact person	
4	Drug License No. & Validity	
5	Registration of establishment of firm	
6	GSTN No. of firm (Copy enclose)	
7	PAN Card No. (Copy enclose)	
8	Average Annual Turn Over for the last three years (supported by Audit report/ certificate issued by C.A./ Income Tax return of last 03 years)	
9	Performance Certificate (issued by the institution, where supply made earlier) (Desirable)	
10	Non Conviction declaration of vendors	

I/we..... do hereby declare that above information and details made here are true to the best of my/our knowledge. I/we also confirm that all the terms and conditions have been read by us/me and it will be abide on us. I/we also do hereby confirm that I/we have read and understood the terms and conditions enclosed and would abide by these conditions in all respect. I/We also agree to the payment system.

.....
Signature of the authorized signatory/
Proprietor of firm with seal

NON CONVICTION DECLARATION BY SUPPLIER

Date :

I, M/s _____ hereby declare that I have not been convicted by Drug Authority of M.P. / India for any illegal activity nor I have been black listed by any Institution. In case my statements are found wrong my registration for empanelment may be cancelled.

Signature and Seal of Proprietor of Firm