NO.SSS/WS/SSBH/STORES/(P/S)/ 2762 /2018

Date : 25/10/2018

To,

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**Sub : - Quotation for purchase of Injections for Shri Saibaba &**

**Shri Sainath Hospital, Shirdi.**

Dear Sir,

We have to purchase Injections for our Shri Saibaba & Shri Sainath Hospital, Shirdi given in enclosed Annexure “A” & on the following terms and conditions.

**TERMS AND CONDITIONS**

**Please read the Terms & Conditions carefully before filling the Quotation.**

1. **The rates are to be given F.O.R. Shirdi at Central Medical Store, Shri Saibaba Hospital, Shirdi inclusive of GST, transportation Charges, If it is not mentioned clearly your quoted rates will be treated Inclusive of GST, transportation Charges etc. No extra amount will be paid for packing, forwarding, transportation and taxes etc**.
2. The selection of Medicine for purchase will be done only on the basis of quality, company, previous experience of Sansthan such as short supply, delay in supply, substandard company etc.
3. In case supply is not made within time limit and if because of this Sansthan suffer from shortage then concern supplier will be blacklisted for minimum 3 years from Shri Saibaba Sansthan Trust without any intimation or prior notice.
4. The Supplier will have to mention the name of the company, details of packing, MRP, rate per unit, etc. as per the format of quotation.
5. **You have to quote branded Medicine only. Bids quoted for Generic & Branded Generic shall be rejected.**
6. Bidder will have to give Authorization certificate of concerned Company with their bid to transact the business.

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1. The quantities mentioned in the quotation are only approximate estimated quantities. Shri Saibaba Sansthan Trust reserves the right to increase or decrease the quantities, to be purchased without assigning any reason thereof.
2. You must fillup the **Annexure – A** quotation as per below,

In the column of Rate per you must give Basic Rate + GST + Transport, etc & in GST column you must give exact GST % applicable for that particular product.

1. The company mentioned by you in quotation if selected for purchase you will have to supply the medicines of quoted company only. No company will be changed after placing the firm purchase order in any circumstances.
2. You are liable for blacklisted if:
3. In case the purchaser found that supplier has quotes prices higher than allowed as per DPCO, NPPA or higher than MRP.
4. Supplier fails to accept the purchase order.
5. If a Supplier withdraws its quotation during the period of validity as specified in the quotation.
6. In case of a successful quotation, if the supplier fails to supply of good as per quotation clause.
7. If supplier refuse to sign the Order Acceptances as per terms and conditions of quotation.
8. 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 supplier himself, the supplier shall be morally and statutorily bound to inform the Purchaser immediately about such reduction in the contracted prices. The Purchaser is empowered to reduce the rates accordingly.
9. You have to give self-affidavit regarding the firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the quotation. You have to further confirm that you will quote for medicines of branded products with name of the manufacturing firms. And also declare that supplying Medicines to any other Institution / Hospital in India below than the rates quoted in this quotation & also declare that the rates quoted in the quotation are not higher than DPCO, NPPA or not higher than MRP & supply only Branded Medicine.

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If rates quoted are more than the rates already given to any other Institutes / Hospital in India, the reasons thereof should mentioned in Annexure.

**(As per Annexure “I”).**

1. If it is found that the bidders as submitted false affidavit in Annexure, the purchase order shall be cancelled & concern supplied may be blacklisted.
2. Late quotation will not be accepted.
3. The delivery of the ordered material is to be made at central medical store of SHRI SAIBABA HOSPITAL, SHIRDI on any working day between 10 am to 5 pm Except Sunday.
4. In case supply is not made within specified time at that time Sansthan will free to purchase the concern material from open market & Sansthan will not bound to accept the late supplied material.
5. The Supplier who will get the purchase order, he has to supply the material as per supply schedule given in purchase order Annexure “A” in which first lot will have to be supplied within 15 (Fifteen) days from the date of receipt of the purchase order of Sansthan. For the IInd lot you will be informed either by written letter or by telephonically or by E-mail letter. And you have to supply the second lot within 10 days only.
6. The Supplier will have to supply the medicines as per Purchase Order and no increase will be given or allowed in the rates for any reason whatsoever, during the period of the quotation supply.
7. If the purchaser is informed about near expiry and / or non-moving materials three months before expiry, the bidders shall be bound to replace the material with fresh stock or give credit note for the sales.
8. In case of breakage / leakage in transit, prior to the delivery to the Sansthan the supplier will have to replace the same immediately, failing which payment will be made by deducting the cost of the same.
9. Payments will be made after delivery by RTGS after verification of company, quality and quantity manufacturing date, expiry date. No advance payment will be made against the supply.
10. The supplier will have to supply material along with Three copies of bills one copy of delivery challan, if payment is delayed due to Tax invoice Sansthan will not be responsible for it.

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1. Wherever an amount is mentioned in figures the same should be clearly written in words also.
2. In case any material is found to be faulty /substandard, during the course of use the supplier will be liable to replace the unutilized balance quantity of the supplied material forthwith free of cost.
3. If supplied material is found excess than purchase order / other company or rate difference such material will be kept aside & supplier will have to collect it at his cost within seven days from store. Sansthan will not be responsible for it’s loss/ damage / Expiry.
4. Those suppliers who had participated in our previous quotation & had got order for supply of medicines, but they could not complete the supply in time, the quotation of those supplier will not be considered.
5. Our GST IN : 27AAATS2581C1ZN for reference.
6. The successful supplier will have to mention the GST No. of Sansthan & Company on their Tax Invoice during supply, without this Sansthan will not proceed their bills.
7. Shri Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all quotations without assigning any reasons thereof.
8. The company which you are going to quote must have its valid certificate approved by Government (for e.g. – WHO-GMP). Those supplier / company who is not having this certificates, these are liable for rejection.
9. **Distributors / Suppliers / Agents / Authorized dealers / Loan Licensee Company / Marketing Company & also Production Company can participate** **in this tender.**

A) The successful bidder will have to give GST Certified before supply.

B) Bidder will have to give last 3 years (2015-16, 2016-17, 2017-18) Annual turnover certificate of concern company whose product offered by you duly signed & stamp by CA as per **Annexure – II.** (Balance sheet will not accepted)

1. **The Minimum Annual Turnover & Available Certificate should be as per following Table –**

|  |  |  |  |
| --- | --- | --- | --- |
| **Sr.**  **No.** | **Medicine Details** | **Company wise Minimum Annual Turnover Should be as per below.** | **Available Certificate’s** |
| 1 | Injections | 50 Crore | (for e.g. – WHO-GMP) |

1. The bidders having company turnover less than the above mentioned turnover shall be rejected in this quotation.

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1. All the Court matter will be settle in Rahata / Kopergaon Jurisdiction only.
2. The quotation must be clearly mentioned on the sealed envelope. “**Quotation for Injections”** for Shri Shri Saibaba & Shri Sainath Hospital.
3. The quotation in sealed cover may please be submitted to our Shirdi office on or before Dt.**24/11/2018.**

Thanking you and with blessings of Shri Saibaba.

Yours Sincerely,

Administrative Officer,

Shri Saibaba Sansthan Trust, Shirdi

**Annexure “I ”**

**Self Affidavit**

DATE : / /2018

**TO,**

**THE CHIEF EXECUTIVE OFFICER,**

**SHRI SAIBABA SANSTHAN TRUST, SHIRDI.**

**AT PO. SHIRDI - 423 109**

**TAL - RAHATA,**

**DIST. AHMEDNAGAR.**

1) In response to your quotation we are submitting our quotation for supply of Injections. I / We hereby declare that our firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the quotation. We further confirm that we have quoted for medicines of reputed brands with name of the manufacturing firms.

2) We are not supplying this Injections etc. to any other Institution / Hospital in India below than the rates quoted in this quotation.

3) And also I/We hereby declare that the rates quoted in the quotation are not higher than DPCO, NPPA or not higher than MRP & supply only Branded Medicine.

4) If rates quoted are more than the rates already given to any other Institutes / Hospital in India, then reason for this is as below-

a) ………………………………………………………………..

b) ………………………………………………………………..

c) ………………………………………………………………..

Signature & Stamp of Tenderer

Date -

(Bidder will have to submitted self-affidavit on their Letter Head with

Authorise Person signature and stamp.)

**Annexure “II”**

**Annual Turn Over Statement for Last Three Years**

The Annual Turnover of M/s. …………………………………………………… for the past three years are given below and certified that the statement is true and correct and this Turnover is related to medical supply only.

|  |  |  |
| --- | --- | --- |
| **Sr. No.** | ***Year*** | **Turnover Rs. in Lakhs / Crores** |
| 1 | 2015-16 |  |
| 2 | 2016-17 |  |
| 3 | 2017-18 |  |
|  | Average of the above Three Years. |  |

Date:

Seal :

Signature of Auditor/

Chartered Accountant

Name (in capital letters)

**{Note : Last Three Years Annual turnover of each concerned company whose products offered by you, duly signed & stamped by CA.}**

(Balance Sheet will not accepted)