

**OFFICE OF THE DIRECTOR-CUM-MEDICAL SUPERINTENDENT,
MENTAL HEALTH INSTITUTE, S.C.B. MEDICAL COLLEGE HOSPITAL, CUTTACK.
Telephone: 0671 – 2414359, Email – mhi.cuttack@gmail.com**

TENDER BOOK

Date of Sale of Tender Documents	-	27/11/2024 to 17/12/2024.
Last Date of receipt of the Tender Document	-	18/12/2024
Date of Opening of Technical BID Document	-	19/12/2024 at 12.00 Noon.
Date & Time of Opening of the Commercial BID Document	-	SHALL BE INTIMATED SEPARATELY.
Place of Receipt of Tender Documents/ Address for communication and place of opening of Bids.		Office of the Director-cum-Medical Superintendent, Mental Health Institute, S.C.B. Medical College & Hospital, Cuttack.

**General Terms & Conditions of Contract for Supply of Medicines to Mental Health Institute,
SCB Medical College Hospital, Cuttack, Odisha.**

TERMS AND CONDITIONS

1. Tenderers shall be manufacturers having valid manufacturing license and GMP as per revised schedule M/WHO GMP.
2. In case of non-availability of the above said Manufacturer/Importer, the authorized distributors / Stockiest / Dealer having valid drug license can participate in the tender process.
3. Tenderer which has been blacklisted either by the tender inviting authority or by any State Govt. or Central Govt. organization should not participate in the tender during the period of blacklisting.
4. The tenderer must be enclosed a bank draft amounting to Rs.1,000/- in favour of the “The Director-cum-Medical Superintendent, Mental Health Institute, SCB Medical College Hospital, Cuttack”, when the tender form will be downloaded from the website at the time of submission of tender paper. The tender paper should be reached in the office of the undersigned through Speed Post/Regd. Post only.
5. The Bids shall be opened in presence of the tenderers or their authorized representatives. The representative to be present at the time of opening of tender should produce an authorization letter from the bidders. There is no bar for opening the tender by the competent authority even if the Bidder or his representative is not present.
6. The tender should be in “Two BID type”. All documents and information of the tenderer should be sealed in an envelope superscribed as “TECHNICAL BID” and the price of each items should be furnished in another sealed cover superscribed as “PRICE BID”. Both the envelopes should be sealed in another envelope superscribed as “TENDER FOR SUPPLY OF MEDICINES TO MENTAL HEALTH INSTITUTE, CUTTACK”.
7. The following documents duly signed by the Bidder should be furnished in the envelope superscribed as “TECHNICAL BID”
 - a. Bank Draft amounting to Rs.1,000/- towards cost of tender paper.
 - b. Bank Draft regarding E.M.D.
 - c. Attested Xerox copy of the valid up to date GSTIN return acknowledgment receipt.
 - d. Attested Xerox Copy of IT returns for last 3 (Three) financial year i.e. 2020-21,2021-22 & 2022-23 (i.e. Assessment year 2021-22,2022-23 & 2023-24).

- e. Audited balance sheet with form 3CB and 3CD for 2021-22,2022-23 & 2023-24.
- f. Attested Xerox copy of the PAN card.
- g. Attested Xerox copy of valid Drug License.
- h. Valid ISO Certificate of the Manufacturer.
- i. Non conviction certificate issued by the drugs Authority of the District or State drugs authority.
- j. An undertaking showing the quoted price are not more than the prevailing market Price/MRP.
- k. Certificate duly filled by the Auditor / Chartered Accountant that the Proof of Annual turnover of minimum Rs.1.00 Crore per annum continuously of last three years in the prescribed format (Annexure – I) of the manufacturer.
- l. An Affidavit stating that the firm has neither been black listed either by the Tender inviting authority or by any district/state Govt. or Central Govt. organization for the quoted items nor any criminal cases pending against them.
- m. Detailed name, address, Tele. No., Fax, E-mail of the Firm and of the Director/Managing Partner/Proprietor of the Firm.
- n. Detailed information of Authorized Distributor/tenderer in Annexure – II for online payment.
- o. Information regarding supply of items to the Govt. Institutions/Public sector undertaking within last three years.
- p. Photocopy of valid up to date manufacturing license, Drug license along with list of products (drug endorsement copy) approved for manufacture.
- q. The authorised distributor should submit the Original authorization certificate from the Manufacturer for this particular tender. Colour Xerox copies of authorization certificate are not acceptable in any condition.
- r. The Manufacturing unit participating in this tender must have valid up-to-date “Good Manufacturing Practice” certificate as per revised schedule M/WHO GMP certificate from the licensing authority of the State where the manufacturing unit exist/Govt. of India.
- s. An affidavit in the format (as per Annexure-III) for printing of Logo/labeling and abiding by the tender rules and conditions.
- t. Checklist with detail of the documents enclosed in sealed cover with page number. The documents should be serially arranged and securely tied and bound.
- u. Other relevant documents if any desired to be submitted by the bidder.

8. The following documents duly signed by the Bidder should be furnished in the envelope superscribed as “PRICE BID”.

- a. The price of each item should be quoted in Indian Currency.

- b. The quoted rate should be exclusive of GST. The rate should be quoted for each Tab/Amp (Both in figures and words) with dated Signature & Seal. But supply will be made in unit pack.
- c. Percentage of GST should be indicated separately.

9. EARNEST MONEY DEPOSIT.

- a. The E.M.D. of Rs.1,00,000/- must be deposited in shape of Bank Draft in favour of “The Director-cum-Medical Superintendent, Mental Health Institute, Cuttack” from any Nationalized Bank payable at Cuttack.
- b. E.M.D. will be forfeited, if the bidder withdraws his participation after the opening of tender.
- c. E.M.D. of unsuccessful bidder will be returned back after the closing of this tender process.
- d. E.M.D. of successful bidder will be returned back only after receipt of Performance Security.

10. TENDER CONDITION.

- a. The required medicines are to be procured in credit basis against different orders and payment will be made on submission bills in triplicate to the authority. The authority will not liable for delay in payment in an unavoidable circumstances like non availability of budgetary provision at Mental Health Institute, Cuttack.
- b. The approved rate contract will valid up to two (2) years from the date of finalization of the tender.
- c. Tenders should be type written/computerized and every correction/over writing in the tender should invariably be attested with signature of the bidder with date before submission of tenders to the authority concerned, falling which the tender will be ineligible for further consideration. No revision of price upward and down ward will be allowed once the tender is opened. No interest is payable on E.M.D./Bid security.
- d. If any discrepancies are found in Price List, the rate written in words will be taken into consideration.
- e. To ensure sustained supply without any interruption, the Director-cum-Medical Superintendent reserves the right to split orders for supplying the requirements among more than one bidder provided that the rates and other conditions of supply are equal and with sufficient grounds. In case of non supply of any items by any approved lowest quoted firm, the Director-cum-Medical Superintendent can offer any of L-2/L-3/L-4/L-5 firm to supply at their approved rate and procure the same.
- f. The rates quoted and accepted will be binding of the bidder for a period of **two years** from the date of approval of the quoted price and on no account any increase in the price will be entertained till the completion of this tender period.

- g. The validity of the tender may be extended for another one year as per the decision of the Committee along with the willingness of the successful suppliers.
- h. In the event of the date being declared as a closed holiday for Govt. of Odisha, the due date of submission of tender and opening of tender will be following working day at the appointed place & time.
- i. No tender shall be allowed at any time on any ground whatsoever to claim revision of or modification in rates quoted by him. Clerical error, typographical error etc. committed by the bidder in the tender forms will not be considered after opening of the tenders. Conditions such as "SUBJECT TO AVAILABILITY, SUPPLY WILL BE MADE AS AND WHEN SUPPLIES ARE RECEIVED" etc. will not be considered under any circumstances and the tenderer of those who have given such conditions shall be treated as incomplete and for that reason, shall be summarily rejected.
- j. All the documents submitted must be in English /Hindi/Oriya otherwise its attested English version must be attached in the tender documents.
- k. No new documents will be accepted from the tendered after opening of tender. Only clarifications can be asked from the firm if required.
- l. The Director-cum-Medical Superintendent reserves the right to accept in full or part or reject any or all the tenders without assigning any reason thereof.
- m. The tax will be charged as per guidelines given by the Finance Department from time to time.
- n. In the event of any litigation arising out of the tender, such matters would be subject to the jurisdiction of High Court, Odisha.
- o. In case of suspicion of any attested photo copy of the supplied documents, the purchase committee of Mental Health Institute reserves all the rights to call for the documents in Original failing which the validity of the documents stand cancelled.
- p. No interest is payable on E.M.D./Bid security.

11. SUPPLY CONDITION.

- a. The bidder should deliver the medicines to the M.H.I Store (Door delivery).The insurance, storage and transport charges/Courier charges if any will be borne by the supplier. The short supply/damage if any at the time of delivery of consignment shall be replaced by the supplier within 15 days of the first supply of indented items.
- b. The Director-cum-Medical Superintendent can place the purchase order for any item in a phased manner to be supplied within a stipulated time limit depending on the requirements.
- c. The supply should be started immediately and should be completed within 45 days from the date of issue of Purchase Order.

- d. Each installment and batch of supply of medicines must be accompanied with a Test Certificate. The full name & qualification must be mentioned with the signature of the certify Chemist/Analyst.
- e. The expiry date of the medicines should not be less than 2 years from the date of supply.
- f. No item of medicines should bear the price of the item in its Strip/Carton/Package/Vial/Amp.

12. PACKAGING

- a. All the packaging should be primary (New).The supplier shall provide such packing of the goods to prevent their damage and deterioration during transit to the M.H.I. Store.
- b. The packaging cartons must bear the name of the items (Generic names), strength, total quantity, total weight, name of the manufacturer, month of manufacturing and month of expiry.

14. LOGOGRAMS AND LABELING

Tender for the supply of medicines shall be considered only, if the tenderer gives an undertaking in his tender (As per Annexure-II) that he will print “ODISHA GOVT. SUPPLY, NOT FOR SALE” in contrast ink on each unit Strip/Box/Carton/Vial/Amp/Package. Affixing of stickers and rubber stamps shall not be accepted. Failure to supply medicines with the printing as specified above will be treated as breach of the terms of agreement and render the tenderer liable to forfeiture of the E.M.D. and security deposit by the authority.

15. QUALITY TESTING

The approved supplier will ensure the quality of the supplied items strictly and in the event of any suspicion arising thereof, the authority can go for the scrutinizing procedure and the official expenses due to this will be borne by the said supplier.

16. TERMS OF PAYMENT

- a. No advance payment towards cost of medicines will be made to the supplier. The supplier has to deposit 3 copies of the bills or invoices at M.H.I. Store for stock entry.
- b. 100% (Full payment) of the value of the medicines supplied shall be made on receipt of stock entry certificate on the body of the bill/invoice from the M.H.I. Store.

NAME OF THE MEDICINES

1. Tab. Alprazolam-0.5mg
2. Tab. Amisulpiride - 100mg
3. Tab. Amisulpiride - 200mg
4. Tab. Amitriptyline - 25mg
5. Tab. Amitriptyline - 25mg +
Chlordiazepoxide -10mg
6. Tab. Aripiprazole -5mg
7. Tab. Aripiprazole -10mg
8. Tab. Baclofen -10mg
9. Tab. Baclofen -20mg
10. Tab. Buprenorphine - 2mg
11. Tab. Bupropion Hydrochloride-150mg
12. Tab. Carbamazepine CR-200
13. Tab. Carbamazepine CR-300
14. Tab. Carbamazepine CR-400
15. Tab. Chlordiazepoxide - 25mg
16. Tab. Chlorpromazine-100mg +
Thihexyphenidyl - 2mg
17. Tab. Clobazam - 5mg
18. Tab. Clobazam - 10mg
19. Tab. Clonazepam - 0.5mg
20. Tab. Clonazepam -1mg
21. Tab. Clonazepam - 2mg
22. Tab. Clomipramine - 10mg
23. Tab. Clomipramine - 25mg
24. Tab. Clomipramine - 50mg
25. Tab. Clomipramine - 75mg
26. Tab. Clozapine -100mg
27. Tab. Clozapine -50mg
28. Tab. Clozapine -25mg
29. Tab. Desvenlafaxine -50mg
30. Tab. Desvenlafaxine -100mg
31. Tab. Disulfiram -250mg
32. Tab. Divalproex Sodium ER- 250mg.
33. Tab. Divalproex Sodium ER - 500mg.
34. Tab. Donepezil - 5mg
35. Tab. Donepezil - 10mg
36. Tab. Donepezil - 5mg +
Tab. Memetamine- 5mg.
37. Tab. Dothiepin -75mg
38. Tab. Dothiepin - 25mg
39. Tab. Escitalopram - 5mg
40. Tab. Escitalopram - 10mg
41. Tab. Fluoxetine - 20mg
42. Tab. Fluoxetine - 40mg
43. Tab. Fluvoxamine – 50mg.
44. Tab. Fluvoxamine – 100mg.
45. Tab. Haloperidol - 1.5mg
46. Tab. Haloperidol - 5mg
47. Tab. Haloperidol - 10mg
48. Tab. Levetiracetam - 250mg
49. Tab. Levetiracetam - 500mg
50. Tab. Levosulpiride - 25mg
51. Tab. Lithium Carbonate - 300mg
52. Tab. Lithium Carbonate SR-400mg
53. Tab. Lorazepam-1mg
54. Tab. Lorazepam-2mg
55. Tab. Mirtazapine – 7.5mg
56. Tab. Mirtazapine - 15mg
57. Tab. Mirtazapine – 30 mg
58. Tab. Nalaxone -50 mg
59. Tab. Nitrazepam-5mg
60. Tab. Nitrazepam-10mg
61. Tab. Olanzapine -5mg
62. Tab. Olanzapine MD-10mg
63. Tab. Oxcarbazepine-300mg
64. Tab. Paroxetine CR -12.5mg
65. Tab. Paroxetine CR -25mg
66. Tab. Phenytoin Sodium-100mg
67. Tab. Procyclidine-2.5mg
68. Tab. Procyclidine-5mg
69. Tab. Promethazine-25mg
70. Tab. Propranolol HCL-40mg
71. Tab. Propranolol HCL-20mg
72. Tab. Quetiapine -50mg
73. Tab. Quetiapine -100mg
74. Tab. Quetiapine -200mg
75. Tab. Quetiapine -300mg
76. Tab. Risperidone -0.5mg
77. Tab. Risperidone -1mg
78. Tab. Risperidone -2mg
79. Tab. Risperidone -3mg
80. Tab. Sertraline-50mg
81. Tab. Sertraline-100mg
82. Tab. Sodi-Valporate CR- 200mg
83. Tab. Sodi-Valporate CR -300mg
84. Tab. Sodi-Valporate CR -500mg
85. Tab. Thiamine - 100mg
86. Tab. Thioridazine-50mg
87. Tab. Thioridazine-25mg
88. Tab. Trihexyphenidyl-2mg
89. Inj. Flupenthixol Depot-20mg
90. Inj. Levetiracetam -100mg/ml
91. Inj. Olanzapine -10mg/ampl
92. Inj. Sodi-Valporate -100mg/ml
93. Inj. Thiamine - 100mg

94. Inj. Zuclopendixol Depot-100mg.
95. Tab. Varenicline – 0.5mg.
96. Tab. Varenicline – 1mg
97. Inj. Nitroglycerini – 5mg/ml/5ml Amp.
98. Inj. Glycopyrrolate – 0.2mg/ml
99. Inj. Atropine Sulphate – 0.6mg/ml
100. Inj. Midazolam – 0.1mg/ml
101. Inj. Thiopentone Sodium – 500mg/vial
102. Inj. Succinyl Choline Chloride – 50mg/ml
103. Inj. Fortiin (Pentazocin Lactate) – 30mg/ml
104. Inj. Vecuronium Bromide – 4mg/2ml
105. Inj. Methylsulphate + Glycopyrrolate – 2.5mg/ml + 0.5mg/ml
106. Inj. Adrenaline – 1mg/1ml.
107. Inj. Dopamine HCL – 40mg/ml/5ml Amp
108. Inj. Frusemide – 2ml/Amp
109. Inj. Deriphyline (Etophyline 847mg + Theophyline – 25.3mg) /2ml Amp
110. Inj. Hydrocortisone Sodium Succinate – 100mg/Vial
111. Inj. Noradrenaline – 1mg/ml.
112. Inj. Tramadol HCL – 50mg/ml.
113. Inj. Sodiumbicarbonate – 84mg/ ml/Amp.
114. Inj. Calcium Gluconate – 100mg/ml/5ml/Amp.
115. Inj. Lorazepam - 2mg/ml.
116. Inj. Promethazine HCL-25mg/ml.
117. Inj. Haloperidol – 5mg/ml.
118. Inj. Haloperidol – Decanote LA- 50mg/ml.
119. Inj. Dexmedetomidine .
120. Inj. Esmolol.
121. Inj. Atracurium Besylate – 10mg/ml
122. Inj. Itomidate – 2 mg/ml
123. Inj. Ephedrine HCL-30mg/ml.
124. Isoflurane -100ml.
125. Inj. Labetalol – 4ml/20mg
126. Inj. Neostigmin – 2.5mg+Inj. Glycopyrrolate – 0.5mg.
127. Inj. Nalbuphine HCL – 10mg/ml.
128. Inj. Noradrenaline – 2mg/ml.
129. Inj. Pheniramine Maleate – 22.75mg/ml.
130. Inj. Propofol -10mg/ml.
131. Inj. Rocuronium Bromid.

(Refer Clause No. 7 (h))

(To be furnished in the **letter head** of the Auditor)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for products of M/s.....**who is a Manufacturing unit** for the last 03 years are given below and certified that the statement is true and correct.

Sl. No.	Year Turnover	in Crores (Rs.)
1.	2020-21	Rs.....
2.	2021-22	Rs.....
3.	2022-23	Rs.....

Annual turnover of minimum Rs.1 Crore per annum continuously for above three years

Date:

Place:

Signature of Auditor/
Chartered Accountant

(Name in Capital)

Seal

Membership No.-

Registration No. of Firm

ANNEXURE – II

Bank Details of the beneficiary / employee/vendors/payee etc.

Sl. No.	Beneficiary Name	Account Type	Beneficiary's Bank Account No. & IFS Code	MICR Number	Amount to be paid	Mobile Number	E-mail ID (Optional)

I hereby declared that I authorize the Drawing & Disbursing Officer to electronically credit my entitlements / claim to the Bank Account and other details furnished above, which are true and correct to the best of my knowledge.

Signature :

(Name) :

Designation :

Address :

Contact Number :

E-mail :

Mobile No. :

ANNEXURE-III

I/We M/S.....do declare that I/We have carefully read all the terms & conditions for purchase of Psychiatric medicines of Mental Health Institute, Cuttack for the period of one year as rate contract from the date of approval of the tender and will abide by with all the terns & conditions of the tender.

I/We declare that we posses the valid license and GMP certificate as per revised schedule ‘M’/WHO G.M.P issued by the competent authority and complies and continue to comply with the conditions laid in revised schedule ‘M’ of Drugs and Chemist Act, 1940 and the rules made there under. I/We furnish the particulars in this regard in enclosure to this declaration.

I/We agree that the Tender Inviting Authority can forfeit the Earnest money deposit or Security deposit and black list me/us for a period of 5 years if, any information furnished by me/us proved to be false at the time of inspection/verification and not complying the conditions as per schedule ‘M’ of the said Act.

I/We do hereby declare that I will supply the medicines as per the terms and conditions of the tender document print in bold letters “ODISHA GOVT. SUPPLY, NOT FOR SALE” in contrast ink on the Carton/Strip/Packet/Amp/Vial as the case may be.

Signature of the Tenderer.

Date.....

Affidavit before Executive Magistrate / Notary Public.

