

**SUPERINTENDENT  
SCB MEDICAL COLLEGE HOSPITAL, CUTTACK**

Tel. No. 0671-2414080

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**TENDER PAPER FOR PURCHASE OF LABORATORY REAGENTS / CHEMICALS / KITS /  
GLASS WARE / PLASTIC WARE FROM NIDAN FUND 2024 - 2025 & 2025 - 2026**

|   |                                            |                                                                                                                                                                                                                            |
|---|--------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Period of Availability of Tender Documents | From Dt.07.04.2025 to 28.04.2025 (11.00AM to 4.00PM)<br>Down Load From Website:- <a href="http://www.scbmch.in">http://www.scbmch.in</a>                                                                                   |
| 2 | Last date and time for submission Tender   | Date 28.04.2025 Time_ up to 5 Pm<br><br><u>Address for Submission Of Bid</u><br>Medical Superintendent,<br>SCB Medical College & Hospital, Cuttack.                                                                        |
| 3 | Date, Time and place of opening of Tender  | <u>Technical Bid ( Cover A )</u><br>Opening Date : 29.04.2025 Time 12.30PM<br><u>Financial Bid ( Cover-B )</u><br>The Date Of Opening of Financial Bid will be intimated to<br>qualify bidders after Technical Evaluation. |

Sd/-  
Superintendent,  
SCB Medical College Hospital,  
Cuttack

## **TENDER CONDITIONS & ELIGIBILITY CRITERIA FOR THE BIDDER.**

The tenderers may download the tender documents directly from the WEBSITE available at <http://www.scbmch.in> & the demand draft of Rs.1,000/- (One thousand) only in favor of Swasthya Bikash Samiti, SCB Medical College & Hospital, Cuttack, payable at Cuttack, which will be enclosed along with technical bid and the tenderers should super scribed 'DOWNLOADED FROM THE WEBSITE' on the left corner of the outer envelope.

1. Bidders shall be a manufacturer / Distributor /Authorized dealer/ Agency having valid up-to-date manufacturing License / Drug License / Valid ISO Certificate, PAN Card & Last 3 years IT return /GST Regn Certificate of current financial year.
2. The annual average turnover of the bidder not less than ₹ 50 Lakhs or more during the last three financial years certified by a Chartered Accountant (For the financial Year:- 2021-2022, 2022-23 & 2023-24 with support of Audit reports.
3. Bidders / manufacturing unit which has been blacklisted for any item either by the Tender inviting authority or by any State Govt. or Central Govt. organization cannot participate in the Tender.
4. The bidder should have typically minimum 3 (three) years of marketing experience in supply of Laboratory reagents / chemicals / kits / glass ware / plastic wares & consumables supplying to the different Government organization / Corporate Hospital / PSU Hospitals / UN Agencies, In India duly supported by Documentary evidence (Self Attested copy of Purchase Order. Minimum five with End users' certificate) for the year 2021-2022, 2022-2023 & 2023-2024.
5. Bidders / firms / manufacturing unit is not eligible to participate in the present tender who will have history of supply NSQ drugs / items during. 2021-2022, 2022-2023 & 2023-2024 years.

### **Note:-**

- A. "Bidder" means the Manufacture / Authorized Distributor / Agencies participating in this tender.**
- B. Valid up to date means the certificate should be valid on the date or beyond the opening of Tender (Cover-A) as per tender condition.**

**THE FOLLOWING DOCUMENTS SHOULD BE SUBMITTED IN COVER “A”**  
**i.e. TECHNICAL BID BY THE BIDDERS.**

The following documents should be enclosed in Cover “A” (Technical Bid) by the bidder.

All the photocopies are to be self-attested and declaration form should be signed by a Notary Public / Gazette Officer.

1. The tenderer should sent to the Superintendent SCB Medical College Hospital Cuttack through Regd Post/Speed Post only and should reach on or before Dt. 10.03.2025 up to 05.PM.The tender beyond the scheduled date and time will be rejected.

2. The technical bid envelop will be opened on Dt. 11.03.2025 at 12.30PM in presence of the tenderers or authorized their representative who should be present in office chamber of the undersigned. If the renderer / authorized representative failed to turn up that will not be bar on the authority for opening of the tenders.

**TECHNICAL BID (COVER – A):**

1. Demand Draft of Rs, 1,000/- (Rupees One Thousand only) towards bidding document in favor of **Swasthya Bikash Samiti, SCB Medical College Hospital, Cuttack**. Payable at **Cuttack**
2. The tenderers should furnish E.M.D. of Rs. 50,000/- ( Rupees Fifty thousand) only in Shape of fixed deposit / DD in the Nationalized Bank/ Post office duly pledged in favor of the **Swasthya Bikash Samiti, SCB Medical College Hospital, Cuttack**.
3. List of items quoted with strength / specification and packing.
4. Valid up-to-date Manufacturing License / Drug License (In case of Drugs only)
5. Detail name, address, telephone no., Mobile No., Fax, e-mail of the firm and of the Director / Managing Partner / Proprietor of the firm. (As per Annexure -I)
6. Address, Telephone No., Mobile No., e-mail, Fax of the Branch Office / Contact Person in Odisha (Annexure-II).
7. The Bidder have to submit their valid GST certificate up to last Qtr of current financial year & PAN Card & Last 3 Assessment years I.T return for the year, 2021-22, 2022-2023 & 2023-2024 Assessment year.
8. Valid and up-to-date ISO Certificate of the Manufacturer.
9. The original tender document should be duly signed & sealed in each page.
10. Check list with detail of the documents enclosed in Cover ‘A’ (as per Annexure-III). The documents should be serially arranged as per this Annexure and should be securely tied and bound.
11. Marketing Experience in supply of Laboratory chemicals & consumables products supplying to the Government organization / Corporate Hospital / PSU Hospitals/ UN agencies in India duly supported by documentary evidence (Xerox copy of Self Attested copy of Purchase Order minimum four with End users’ certificate) For the year, 2021-2022, 2022-2023 & 2023-2024.
12. Average turnover of not less than Rs. 50 Lakhs for last 3 years certified by a Chartered Accountant with supported evidence documents of audit reports for the financial year, 2021-2022, 2022-2023 & 2023-2024 must be attached.
13. Authorization letter from the Manufacturer if the bidder is an authorized distributor (must be attached along with tender).
14. The tenders should submit the copy of money receipt/DD in token of purchase of tender paper along with the tender.

## **COVER – B (PRICE BID)**

1. The tender for giving the rates for various laboratory reagents/ chemicals/ kits / glass ware/ plastic ware from user's fund should be submitted in a separate Sealed cover hereafter called Cover 'B' (Price Bid).
2. The tender format (price schedule) in the prescribed form (as per Annexure-IV) should be Submitted inclusive of, insurance, packing with Door Delivery & Quoted with basic Rates, GST%, GST Amount with Total cost inclusive GST & Per MI Cost/Test cost of specific Listed items and the percentage of Discount From Principal Company on Price List rates as per Specified listed companies must be given along with Price Bid..
3. The Cover 'B' (Price Bid) of the successful bidders who will qualify in the Technical bid will be opened at the Office chamber of the Superintendent, SCB Medical College Hospital by the Members of Purchase Committee in the presence of the bidders or their authorized Representatives if they like so.
4. Bidders are instructed to quote for specific make with specified pack size only.
5. Successful Qualify Bidders will ask to submit samples before the HOD of different departments for Quality Evaluation purpose. After Receiving of Quality Evaluation reports from department departments, the selective products prices only will be taken for consideration.

### **NON RESPONSIVE / REJECTION CRITERIA**

- 5.1 The tender paper will be rejected if any of the following documents are wanting.
  - i) Earnest Money Deposit (EMD) Rs.50,000/-(Fifty thousand only) in Demand Draft/FDR not submitted along with tender.
  - ii) Demand Draft of Rs.1000/- (Rupees One Thousand) only towards tender cost fee for bidding document.
  - iii) Valid and up-to-date ISO Certificate of the Manufacturer.
  - iv) Price Bid / quoted rates (hard copy) without signature and seal of bidder.
  - v) Self-Attested photo copy of Purchase Order from the Government Organization / Corporate Hospital / PSU Hospitals / UN agencies in Indian support of marketing experience for last 3 Years in Tender for supply of Lab. Materials, Consumables, Reagents, and Medicines & Medical Consumables etc. (minimum four orders). Evidence (Self Attested copy of Purchase Order Minimum four with End users' certificate) for the year 2021-2022, 2022-2023 & 2023-24.
  - vi) Self-Attested copy of Last 3 years IT return (2021-22, 2022-2023 & 2023-2024 Assessment year) & PAN Card.
  - vii) Self-Attested copy of valid GST Regn. Certificate up to Last Quarter of Current Financial year
  - viii) Authorization letter from the Manufacturer if the bidder is an authorized distributor.
  - ix) Average turnover of Rs.50 Lakh for last 3 years certified by a Chartered Accountant. (Notarized documentary evidence must be attached with support of Audit report.
6. The E.M.D will be forfeited if the bidder withdraws the tender / violet the tender condition in any respect within the validity of the bid or does not accept the approved rates by the bidder.
7. The E.M.D of the unsuccessful bidders only will be returned back without interest after finalization of tender and issue of the award of contract to the successful bidders /after receipt of performance security deposit from award holders.
  - (i) The Bidder has to accept all the term & conditions mentioned in the tender document.
  - (ii) The tender document is not transferable.

## **SUPPLY CONDITIONS**

- 8.1 The supplier / firm will supply as per the technical specification
- 8.2 The bidder should deliver the Lab. Materials, reagents, chemicals, Glass wares, plastic wares & Consumables, Reagents, etc (Door Delivery) at our central store. The insurance, storage & 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 seven days of the first supply of indented items.
- 8.3 The Composition & strength of each item tendered should be as per the specification given in (Technical Specification).
- 8.4 The supply should be started immediately & completed within stipulated period from the date of issue of the purchase order. In case of non-supply the required items within its stipulated period, then the authority has also the liberty to cancel those orders and purchase the same item from L<sub>2</sub>, L<sub>3</sub>, L<sub>4</sub> & L<sub>5</sub> firm as the case may be if the other firms agree to supply at L<sub>1</sub> rate on same brand/Make  
The non-supplier will be penalized in form of forfeiture of E.M.D.

## **QUALITY TESTING**

- 8.5 All the Technical Qualifier suppliers / manufacturers must submit Samples before HOD of Different Department of SCB Medical College. The Approved quality products were taken for price evaluation.
- 8.6 All the suppliers / manufacturers must submit test reports from approved laboratory of the batches of Drugs Medicines and Medical Consumables being supplied to the consignee if required by local DI (in case of Drugs). In house reports to be submitted along with bid.
- 8.7 If the Drugs and Medical Consumables as per report is found "Not of Standard Quality" in first test, the supplier will be required to replace the entire quantity of the batch declared NSQ and all the supplied batches to be replace with another batches with free of cost.
- 8.8 The supplier shall be responsible for the full replacement in his own cost for any product, if the same is found on visual inspection to have deteriorated / not of standard quality before the expiry date.

## **TERMS OF PAYMENT**

1. No advance payments towards cost of Lab. Materials, Consumables, Reagents, plastic wares, glass wares and Medical Consumables etc. will be made to the supplier. The supplier has to submit 3 (three) copies of the bills or invoices with a photocopy of the purchase order at the place of supply for stock entry.
2. No claims shall be made against the authority in respect of interest on Earnest Money Deposit or delayed payment.
3. Laboratory reagents/chemicals/ kits/ glass ware/ plastic wares & consumables must have expiry date at least 8 (eight) months from the date of supply.

## **PENALTIES**

1. If the bidder withdraws or alters its bid or unwilling to accept the term & conditions of the Tender after submission of bid & during the bid validity period, the EMD deposited by the Said bidder will stand forfeited.
2. If the successful bidder fails to execute the work order / replacement of NSQ stock within the time specified/ unable to undertake the contract or supply as per purchase order, his purchase order will be cancelled by him shall stand forfeited. He will also be liable for the damages sustained by the authority. Such damages shall be assessed by the authority, whose decision will be final in the matter. The defaulting firm will be de-recognized for 2 (two) years from the date of issue of letter. The authority can forfeit the EMD/performance security of the defaulting firms and de-recognize / black list the said firms for 2 (two) years from the date of issue of letter.
3. If any Drugs and Medical Consumables supplied by the bidder being partially used or consumed after supply and are subsequently found to be in bad order, unsound, inferior in quality or description or otherwise faulty or unfit for consumption, the supplier will be required to replace the entire quantity of that item.
4. The undersigned/ Committee is not bound to accept the lowest price considering the technical aspect and reserves the full right to reject/cancel any or all the tender without assigning any reasons thereof.
5. If any information on documents furnished by the bidders are found to be misleading or incorrect in any style the tender will be cancelled and will be back-listed for a period of five years in SCB Medical College Hospital, Cuttack.

CHECK LIST

Please put ✓ in the respective box

## DOCUMENTS: SUBMITTED OR NOT

| Sl. No. | Details                                                                                                                                                                                                                                                                                                                                | Provided or not   |    |
|---------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------|----|
|         |                                                                                                                                                                                                                                                                                                                                        | Yes<br>Page<br>No | No |
| 1       | Earnest Money Deposit.                                                                                                                                                                                                                                                                                                                 |                   |    |
| 2       | List of items being quoted with specification and strength                                                                                                                                                                                                                                                                             |                   |    |
| 3       | Duly attested Valid up-to-date Photocopy of Manufacturing License/Drug License.                                                                                                                                                                                                                                                        |                   |    |
| 4       | Details of Manufacturing Unit / contract person for Liaising / local office in Odisha                                                                                                                                                                                                                                                  |                   |    |
| 6       | Cost of the tender paper money receipt / DD                                                                                                                                                                                                                                                                                            |                   |    |
| 7       | Valid up-to-date ISO Certificate                                                                                                                                                                                                                                                                                                       |                   |    |
| 8       | Self-Attested photo copy for similar items Purchase order of Lab. Reagents, chemicals, plastic wares, kits, glass wares & consumables etc.to Govt./Corporate/PSU Hospitals in India in support of marketing experience for last 3 years & Support with End user certificate (For the year, <b>2021-2022, 2022-2023 &amp; 2023-24</b> ) |                   |    |
| 9       | Average Annual Turnover of ₹ 50 Lakhs or more during last 3 financial years duly certified by a Chartered Accountant support with Audit report for the year, <b>2021-2022, 2022-2023 &amp; 2023-24.</b>                                                                                                                                |                   |    |
| 10      | Authorization letter of the Manufacturer as per Annexure                                                                                                                                                                                                                                                                               |                   |    |
| 11      | Self-Attested Photocopy of GST Return Filing (GSTR-3B) up to Last quarter of Current Financial Year.                                                                                                                                                                                                                                   |                   |    |
| 12      | Declaration form (As per Annexure) signed by the Bidder & affidavit before Notary Public                                                                                                                                                                                                                                               |                   |    |
| 13      | Cover 'B' with price schedule As per Annexure Price Format.                                                                                                                                                                                                                                                                            |                   |    |
| 14      | Photo copy of Last 3 years I.T. Return <b>2021-2022, 2022-2023 &amp; 2023-24</b> Assessment Year)                                                                                                                                                                                                                                      |                   |    |
| 15      | Attested copy of PAN Card                                                                                                                                                                                                                                                                                                              |                   |    |
| 16      | Original Tender Booklet with duly signed by the bidders                                                                                                                                                                                                                                                                                |                   |    |

**ANNEXURE-II**

**MODEL TENDER FORMAT (PRICE SCHEDULE)**

| Sl. No. | Name of the Items | Make Specification | Basic Rate / Unit (Excluding GST) | GST (%) | GST Amount | Total Price (Inclusive of GST) | Cost Per MI/Test |
|---------|-------------------|--------------------|-----------------------------------|---------|------------|--------------------------------|------------------|
| (1)     | (2)               | (3)                | (4)                               | (5)     | (6)        | (7)                            | (8)              |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |
|         |                   |                    |                                   |         |            |                                |                  |

Signature of the Bidder :

Name:

Address:

(To be submitted in Cover A -Technical Bid)

**LIST OF ITEM(S) QUOTED**

| Sl. | Name of Item (s) | Specification | Manufacturer / Brand Name |
|-----|------------------|---------------|---------------------------|
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |
|     |                  |               |                           |

(To be submitted in Cover A -Technical Bid)

**DETAILS OF THE BIDDER & LOCAL CONTACT PERSON**

|                             | Corporate Office<br>(The address in which the<br>purchase orders and payment<br>details will be communicated) | Local Contact Person / Branch<br>Office / Zonal Office / if any, in<br>Odisha. |
|-----------------------------|---------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------|
| Name & Full Address         |                                                                                                               |                                                                                |
| Telephone Nos.,<br>landline |                                                                                                               |                                                                                |
| Mobile                      |                                                                                                               |                                                                                |
| Fax                         |                                                                                                               |                                                                                |
| E – Mail                    |                                                                                                               |                                                                                |

Signature of the Bidder with seal:

Date :

Official Seal :

(To be submitted in Cover A -Technical Bid)

**DECLARATION FORM**

I / We .....having My / our  
 .....office the at .....  
 ..... do declare that I / We have carefully read all the terms & conditions of tender  
 of the Superintendent, SCB Medical College & Hospital, Cuttack Odisha for the supply of Laboratory  
 Reagents, Chemicals, Glass Wares, Plastic Wares & consumables ETC. The approved rate will remain valid  
 for a period of one year from the date of approval. I will abide with all the terms & conditions of the Tender  
 Reference no. \_\_\_\_\_

I/We do hereby declare I/We have not been de-recognized / black listed by any State Govt. / Union  
 Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply of Not of Standard Quality  
 (NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and blacklist  
 me/us for a period of 2 years if any information furnished by us proved to be false at the time of inspection /  
 verification and not complying with the Tender terms & conditions.

I/We further declare that I/We possess valid manufacturing license / Drug License bearing No. (s)  
 ..... Valid up-to ..... I / We .....  
 ..... do hereby declare that I / we will supply the \_\_\_\_\_ as  
 per the terms, conditions & specifications of the tender document.

Signature of the Bidder :

Seal Date :

Name &amp; Address of the Firm :

**MANUFACTURER'S AUTHORISATION FORMAT**

(To be submitted in Cover A -Technical Bid)

To

The Superintendent  
SCB Medical College & Hospital  
Cuttack

Dear Sir,

We, ----- are the manufacturers of -----  
----- having factories at -----.

1. Messrs ----- (name and address of the agent) is our authorized agent  
for sale of ----- (name of items)

2. We confirm that Messrs. ----- (name of the above agent) is  
authorized to submit a tender, and enter into a contract with for the above goods manufactured by us.

Yours faithfully,

-----  
-----

(Signature with date, name and designation)

For and on behalf of Messrs -----  
(Name & address of the manufacturers)

Seal

Note :

1. This letter should be on the *letterhead* of the *manufacturer* and should be signed by a person having the power of attorney to legally bind the manufacturer.

(To be submitted in Cover A-Technical Bid)

**ANNEXURE – VII**

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

**ANNUAL TURN OVER STATEMENT**

The Annual Turnover for Drugs and consumables of M/s \_\_\_\_\_  
\_\_\_\_\_ who is a manufacturing unit / Distributor for the  
last \_\_\_\_\_ years are given below and certified that the statement is true and correct.

| Sl.No. | Year      | Turnover in Lakhs |
|--------|-----------|-------------------|
| 1.     | 2021-2022 |                   |
| 2.     | 2022-2023 |                   |
| 3.     | 2023-2024 |                   |

Date:  
Place:

Signature of Auditor/  
Chartered Accountant  
(Name in Capital)

Seal

Membership No.-

UDIN No.

Note:

- To be issued in the letter head of the Auditor.*
- The above turn over statement must support with audited balance sheet.*

(To be submitted in Cover A - Technical Bid)

**PROFORMA FOR PERFORMANCE STATEMENT**

(For the period of last three years)

Name of Manufacturer

| Sl. | Order placed by<br>(Address of purchaser)<br>(attach documentary proof) * | Order no. &<br>Date | Value of<br>Contract (₹) | Date of Completion |        | Reasons for<br>delay<br>if any |
|-----|---------------------------------------------------------------------------|---------------------|--------------------------|--------------------|--------|--------------------------------|
|     |                                                                           |                     |                          | As per<br>contract | Actual |                                |
| 1   |                                                                           |                     |                          |                    |        |                                |
| 2   |                                                                           |                     |                          |                    |        |                                |
| 3   |                                                                           |                     |                          |                    |        |                                |
| 4   |                                                                           |                     |                          |                    |        |                                |
| 5   |                                                                           |                     |                          |                    |        |                                |
| 6   |                                                                           |                     |                          |                    |        |                                |
| 7   |                                                                           |                     |                          |                    |        |                                |
| 8   |                                                                           |                     |                          |                    |        |                                |
| 9   |                                                                           |                     |                          |                    |        |                                |
| 10  |                                                                           |                     |                          |                    |        |                                |

Signature and seal of the Bidder

**LIST OF LABORATORY REAGENTS / CHEMICALS/ GLASSWARES/ PLASTICWARES ETC. FOR THE YEAR 2024-2025 & 2025-2026**

| SI No. | Name of the Items                                          | Make | specification | Pack Size | Remarks |
|--------|------------------------------------------------------------|------|---------------|-----------|---------|
| 1      | ABD Card                                                   |      |               |           |         |
| 2      | AHG Antisera                                               |      |               |           |         |
| 3      | Auto Pipette (0.1UL to 2.5UL)                              |      |               |           |         |
| 4      | Auto Pipette (0.5UL to 10UL)                               |      |               |           |         |
| 5      | Auto Pipette (100UL to 1000UL)                             |      |               |           |         |
| 6      | Auto Pipette (10UL to 100UL)                               |      |               |           |         |
| 7      | Auto Pipette (20UL to 200UL)                               |      |               |           |         |
| 8      | Auto Pipette (2UL to 20UL)                                 |      |               |           |         |
| 9      | Band-Aid                                                   |      |               |           |         |
| 10     | C3d Antisera                                               |      |               |           |         |
| 11     | Cell Lysis Solutions                                       |      |               |           |         |
| 12     | Cryomatrix-120ml                                           |      |               |           |         |
| 13     | DBS Puncher (Manual- 3.0mm)                                |      |               |           |         |
| 14     | DNA Hydration Solution                                     |      |               |           |         |
| 15     | Dried Blood Spot Collection Card                           |      |               |           |         |
| 16     | EDTA Powder                                                |      |               |           |         |
| 17     | Eppendorf 1.5ml tubes                                      |      |               |           |         |
| 18     | Hard Shell PCR Plate                                       |      |               |           |         |
| 19     | IgG Antisera                                               |      |               |           |         |
| 20     | IgM Antisera                                               |      |               |           |         |
| 21     | Leptospira IgM Elisa Kit                                   |      |               |           |         |
| 22     | Lypho Check Immuno Assay Plus Control Tri-level (12 x 5ml) |      |               |           |         |
| 23     | Lypho Check Immuno Assay Plus Control Tri-level (3 x 5ml)  |      |               |           |         |
| 24     | Maxiamp PCR Tube 0.2ml Flat Cap                            |      |               |           |         |
| 25     | Micro Tips 0.5UL                                           |      |               |           |         |
| 26     | Micro Tips Yellow 200-1000 UL                              |      |               |           |         |
| 27     | Neonatal 17-OH-P-Elisa Screening Assay Kit                 |      |               |           |         |
| 28     | Neonatal G-6-PD- Elisa Screening Assay Kit                 |      |               |           |         |
| 29     | Neonatal PKU Elisa Screening Assay Kit                     |      |               |           |         |
| 30     | Neonatal TSH Elisa Screening Assay                         |      |               |           |         |
| 31     | Novaplex Beta-Thalasemia Kit                               |      |               |           |         |
| 32     | Nuclease free water                                        |      |               |           |         |
| 33     | Optical flat 8 Cap Strips for 0.2ml Tube/Plates            |      |               |           |         |
| 34     | PCT Kit ( 3 Tray x 10 Nos.)                                |      |               |           |         |
| 35     | PCT-Wash Solutions ( 1 x 1000ml)                           |      |               |           |         |

| SI No. | Name of the Items                              | Make | specification | Pack Size | Remarks |
|--------|------------------------------------------------|------|---------------|-----------|---------|
| 36     | Permanent Clear Half Seal                      |      |               |           |         |
| 37.    | Protein Precipitation solutions                |      |               |           |         |
| 38.    | Racketed Filter tips ( 1000UL)                 |      |               |           |         |
| 39.    | Racketed Filter tips ( 10UL)                   |      |               |           |         |
| 40     | Racketed Filter tips ( 200UL)                  |      |               |           |         |
| 41     | Spatula with Endo Cervical Disposable Brush    |      |               |           |         |
| 42     | Srub Typhus IgG Elisa                          |      |               |           |         |
| 43     | Srub Typhus IgM Elisa                          |      |               |           |         |
| 44     | Standard Q HIV/Syphilis Combo                  |      |               |           |         |
| 45     | Steritrans-E                                   |      |               |           |         |
| 46     | Swab Stick                                     |      |               |           |         |
| 47     | TSD Wafer                                      |      |               |           |         |
| 48     | Serum Valporate Acid with Control & Calibrator |      |               |           |         |
| 49     | Viral DNA Extraction Kit (Spine Column)        |      |               |           |         |

Sd/-  
Superintendent  
SCB Medical College Hospital, Cuttack