

No. B. 13015/1/2022 – DTE (SW&TA)
GOVERNMENT OF MIZORAM
DIRECTORATE OF SOCIAL WELFARE & TRIBAL AFFAIRS

....

Dated Aizawl, the 8th March, 2022.

RESTRICTED TENDER

Restricted Tender in sealed cover is hereby invited from the five (5) firms listed in Annexure II for the items listed against their names for procurement of HOSPITAL EQUIPMENTS & MEDICINES for the 1000 bedded Jordan Centre with funds received from the Ministry of Social Justice & Empowerment, Government of India to be received by Director, Social Welfare & Tribal Affairs upto **1:00 PM of 16th March 2022**. The tenders will be opened by the Director, Social Welfare & Tribal Affairs or her authorized representatives at **2:00 PM** on the same day. The tenderers or their authorized representatives may remain present at the time of opening of tenders if they so desire.

TERMS AND CONDITIONS

1. The quotation should be superscribed on the cover as “Tender for procurement of HOSPITAL EQUIPMENTS & MEDICINES for the 1000 bedded Jordan Centre” with Restricted Tender No.B.13015/1/2022-DTE(SW&TA) Dated 8th March 2022.
2. The tender/offer shall have to be accompanied with an Earnest Money in the form of Bank Draft or Banker’s Cheque duly pledged to the Director, Social Welfare & Tribal Affairs Department. Schedule Tribe and Non-schedule Tribe tenderers should deposit a sum of Rs. 20,000/- (Rupees Twenty thousand) and Rs. 40,000/- (Rupees Forty thousand) respectively as Earnest Money. The Earnest Money shall be refunded in the case of unsuccessful tenderer and shall be retained for the successful tenderer till the deed of agreement is signed and Security Deposit is made as per requirement at clause No. 22 of the Terms and Conditions of the Restricted Tender. In case of withdrawal of tender (i.e. after opening of tender) or withdrawal after selection of firm and the quoted rates were duly approved/recommended by the DPAB, the Earnest Money shall be forfeited without any notice.
3. Rates should be quoted FOR Jordan Centre, Sethawn. The Rates for each item shall be quoted both in words and figures neatly. **In case of any mismatch, the rates noted in words shall hold precedence.**
4. The tender/offer should be filled in neatly without any cutting/overwriting and in case of any cutting/overwriting, the same shall have to be authenticated with date under the signature of tenderer.
5. Schedule Tribe tenderer should submit House Tax Payee Certificate, Non-Tribal tenderer should submit a non-refundable Court Fee Stamp worth Rs. 200/-. Both the Schedule Tribe and Non-Tribal tenderer should submit Photostat copy of Professional Tax Clearance Certificate and Tax Clearance Certificate issued by the Commissioner of Taxes or Officer authorized by him. Non-tribal Tenderers should submit Tax Clearance Certificate from the concerned authority of their respective State. All tenderers must also submit their GST Registration numbers in the Tender papers. Tenderers without up to date Tax clearance will be rejected. Proof of exemption, if any, should be enclosed with the tender. Original copies of the said certificates mentioned above should be produced at the time of opening of tenders if demanded by the authority.

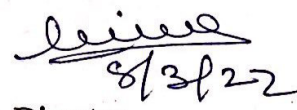
6. Any Authorized Dealers/Agents submitting quotations should attach authenticated Photostat copy of Dealership/Agency Certificate. Original copy of the certificates mentioned above should be produced at the time of opening of tender if demanded by the authority.
7. The rate quoted shall be inclusive of all Taxes. No other charges shall be paid extra.
8. No advance payment shall be made in any case.
9. The quantity mentioned in the Tender Format is indicative in nature and can be increased/ decreased according to our agreement from time to time during the rate approval period.
10. The authority reserves the right to approve rates of more than one bidder declaring them as “Successful Tenderers” and split the demand during the period under reference.
11. The authority further reserves the right to reject, accept or prefer any tender in part or full and is not bound to accept the lowest rates or any workable rates in view of the prevailing local market rates without assigning any reason whatsoever at any stage. It also reserves the right to re-invite the tender at its own discretion.
12. Referring to the Annexure I, for Items under I. HOSPITAL EQUIPMENTS, the tenderer shall furnish the detailed specifications along with pictures/catalogues, failing which the tender will be declared invalid. Period of warranty must be clearly stated.
13. For items under II. MEDICINES in Annexure I, Tender should be accompanied by attested copy of valid Drugs Licence. Sample of Medicines shall be submitted failing of which will the tender will be declared invalid.
14. Manufacturers submitting their tenders directly shall attach photo copies of their Manufacturing Licence, Drugs Licence, CIN (Corporate Identity Number) and other relevant permissions/Licences required for such manufacturing duly attested by a Gazetted Officer or Notary. Original Certificates shall be produced at the time of opening of the tenders/quotations, if demanded
15. To ensure quality control, the sample(s) and specification and pictures/ catalogues submitted by the tenderers at the time of opening of the quotation which have been recommended by the Board shall be kept by the Department as “controlled samples” and may be used for ensuring the quality of materials at the time of actual supply.
16. The material supplied shall be checked/inspected by the quality cell/inspecting team of the Department and if found to be defective or of inferior quality in nature, the same shall be rejected. The supplier at his own cost shall lift the rejected material within a week’s time failing which storage charges per day as may be deemed appropriate to the authority shall be levied.
17. The rate quoted by the successful tenderer shall be valid for a period of one year from date of approval issued by the Government.
18. The successful tenderer shall be in a position to supply all materials/equipments within 2(two) months from the date of placing the Indent/Supply Order or as per the directions issued by the Director, Social Welfare & Tribal Affairs.
19. Delivery should be made at the go-down of Jordan Centre, Sethawn, Kolasib District or as directed from time to time.
20. The selected supplier should supply the materials and equipments exactly of the same make, type, quality, etc of the sample(s) submitted.

21. Payment shall be made only after the successful completion of supply by the successful tenderer.
22. The successful tenderers shall have to furnish security deposit duly pledged to the Director, Social Welfare & Tribal Affairs in the form of Bank draft or Banker's Cheque as follows:-
 - (a) In case of Tribal, to the extent of 5% of the total value of supply
 - (b) In case of Non-Tribal, to the extent of 10% of the total value supply.
23. The undersigned reserves the right to forfeit the whole or part of the Security Deposit for inadequate or unsatisfactory supply or for breach of any terms and conditions laid down by the Government.
24. In case of holiday on the specified date of opening the tender, the next working day shall be automatically deemed as opening date. However, last date and hours for receiving the tender shall remain unchanged.
25. These terms and conditions will form an integral part of the contract agreement with the successful tenderer(s), which the tenderer shall have to enter into with the undersigned.
26. All disputes arising out of this contract are subjected to the Jurisdiction of Government of Mizoram and its decision shall be final in any matters.

Sd/-A. VANLALZAWNI
Director,
Social Welfare & Tribal Affairs
Govt. of Mizoram

Memo No. B. 13015/1/2022 – DTE (SW&TA): Dated Aizawl the 8th March 2022
Copy to:

1. P.S. to Hon'ble Minister, Social Welfare Department for favour of information.
2. P.S. to Secretary, Social Welfare Department for information.
3. Concerned firms


Director,
Social Welfare & Tribal Affairs
Govt. of Mizoram

ANNEXURE I

| REQUIREMENT FOR SOCIAL WELFARE & TRIBAL AFFAIRS | | | |
|---|---|---|----------------------------|
| I. HOSPITAL EQUIPMENTS | | | |
| Sl. No. | Particulars | Specification | Approximate Quantity |
| 1 | Adjustable Hospital Beds | | 12 nos. |
| 2 | Sterilization Tray | | 5 nos |
| 3 | Plastic Sterilization Tray | | 5 nos |
| 4 | Catheter Tray | | 5 nos |
| 5 | Dissecting Tray | | 5 nos |
| 6 | Thermometer Tray | | 5 nos |
| 7 | Sterilizer | i.12" ii.16" iii.20" | 5 nos. 5 nos. 5 nos. |
| 8 | Bed pans | Steel | 5 nos.. |
| 9 | Bed pans | Plastic | 5 nos. |
| 10 | Urine Pot | Steel | 5 nos. |
| 11 | Urine Pot | Plastic | 5 nos. |
| 12 | OT Table | | 1 nos |
| 13 | Suturing Kit | <ul style="list-style-type: none"> • Suturing Needle • A needle holder. • Toothed forceps, with a hook to handle tissue. • Fine suturing scissors. • The appropriate suturing material | 50 nos |
| 14 | Routine Blood Investigation Kit (CBC, LFT, KFT, RBT) | Reagents for: i. Triglycerides. ii. SGOT iii. SGPT iv. Billirubin v. Albumin vi. Protein vii. Alkaline Phosphates viii. Urea Berthelot ix. Creatinnine x. Uric Acid | 15 nos each. |

| | | | |
|----|---|--|---------------------------|
| 15 | Routine Urine investigations Kit - Urine R/E, Urine Culture & Sensitivity | i. Sterile sample container ii. Petri Plates iii. Test tube 12 x 75mm (1 x 100 pcs) | 1 box 1 box 5 boxes |
| 16 | Centrifuge | Centrifuge (6 tubes) | 1 |
| 17 | Air rings | | 10 nos. |
| 18 | Kelly's Pad | | 4 nos. |
| 19 | Xylocaine jelly | 50gm | 100 nos |

| II. MEDICINES | | | | | |
|---------------|---|-------------|-------------------------|-------------|----------------------|
| S/ N o | Item | Particulars | | | Approximate Quantity |
| | | s/no | Medicine | Type | |
| 1 | Package 1: Anti-Depressants Anti- psychotics | 1 | Inj .Diazepm | Vial | 500 |
| | | 2 | Tab.Clonazepam | 0.5 mg | 100 box |
| | | 3 | Tab.Nitrazepam | 10 mg | 100 box |
| | | 4 | Tab.Alprazolam | 0.25 mg | 100 box |
| | | 5 | Tab.Alprazolam | 0.5 mg | 100 box |
| | | 6 | Tab.Lorazepam | 2 mg | 100 box |
| | | 7 | Tab.Zolpidem | 5 mg | 100 box |
| | | 8 | Tab. Nitrazepam | 10mg | 100 box |
| | | 9 | Tab .Naltrexone | 50mg | 100 box |
| | | 10 | Tab.Acamprosate | 333 mg | 100 box |
| | | 11 | Tab.Disulfiram | 250 mg | 100 box |
| | | 12 | Tab. Valproic Acid CR | 500 mg | 100 BOX |
| | | 13 | Tab.Valproic Acid CR | 200mg | 100 box |
| | | 14 | Tab .Gabapentin | 300mg | 100 box |
| | | 15 | Tab.Trihexyphenidyl HCL | 2mg | 100 box |
| | | 16 | Tab Clozapine | 100 mg | 100 box |
| | | 17 | Tab. Risperidone | 1mg | 100 box |
| | | 18 | Tab.Risperidone | 2mg | 100 box |
| | | 19 | Tab.Olanzapine | 5mg | 100 box |
| | | 20 | Tab.Olanzapine | 10 mg | 100 box |
| | | 21 | Tab. Dothiepin Hcl. | 75mg | 100 box |
| | | 22 | Tab.Fluoxetine | 20mg | 100 box |
| | | 23 | Tab Setraline | 25 mg | 100 box |
| 2 | Package 2: Anti-Microbials Anti-Septics | 1 | Cap.Itraconazole | 200 mg | 100 box |
| | | 2 | HydrohealOint | | 200 |
| | | 3 | Neosporin Oint | | 200 |
| | | 4 | Permethrin Lotion 5% | | 200 |
| | | 5 | Tab.Ofloxacin | 200 mg | 100 box |
| | | 6 | Tab.CefuroximeAxetil | 500mg | 100 box |
| | | 7 | Inj. Ceftriaxone | 1 gram/vial | 200 vials |
| | | 8 | Betadine Ointment | | 200 |
| | | 9 | Betadine gargle | | 200 |

| | | | | | |
|---|--|----|----------------------------------|----------------|-------------|
| 3 | Package 3: Anti-Ulcer Agents Anti- Emetics Analgesics (Pain killer) | 1 | Syrup .Antacid | | 200 bottles |
| | | 2 | Cap. Pantoprazole + Domperidone | 40 mg + 30 mg | 100 box |
| | | 3 | Cap.Omeprazole + Domperidone | 20mg + 10 mg | 100 box |
| | | 4 | Cap.Omeprazole | 20 mg | 100 box |
| | | 5 | Cap.Rabeprazole + Levosulpride | 20 mg + 7 5mg | 100 box |
| | | 6 | Inj. Pantoprazole | 40 mg | 100 box |
| | | 7 | Tab Diclofenac Sodium | 50 mg | 100 box |
| | | 8 | Inj. Diclofenac | 75mg/vial | 200 vials |
| | | 9 | Inf Paracetamol | 1000mg /100 ml | 200 vials |
| | | 10 | Tab .Dicyclomine HCL | 20 mg | 100 box |
| | | 11 | Tab.Drotaverine + Mefenamic acid | 80mg +250 mg | 100 box |
| | | 12 | Inj Drotaverine | 40mg vial | 200 vials |
| | | 13 | Tab.Ondansetron | 4 mg | 100 box |
| | | 14 | Inj Ondansetron | 4mg | 200 vial |
| | | 15 | Tab.Metoclopramide | 10 mg | 100 box |
| | | 16 | Inj Metoclopramide | | 200 vials |
| | | 17 | Inj Hydrocortisone Sodium | 100mg | 200 vials |
| | | 18 | Inj .Betnesol | | 200 vials |
| | | 19 | Tab. Tramadol | 100 mg | 100 box |
| 4 | Package 4: IV Fluids Anti- Histamines Vitamin Supplements Cough Syrups | 1 | RL | 500 ml | 200 |
| | | 2 | Inj Calcium + Vitamin | | 200 vials |
| | | 3 | Inj Promethazine | | 200 vials |
| | | 4 | Levocetirizine | 5mg | 100 box |
| | | 5 | Tab.Pheniramine Maleate | 25mg | 100 box |
| | | 6 | Tab.Hydroxyzine | 25 mg | 100 box |
| | | 7 | InjDeriphyllin | | 200 vials |
| | | 8 | Cough syrup | | 200 |
| | | 9 | ORS | | 200 |

LIST OF FIRMS INVITED TO SUBMIT BIDS

| S/No | Name of Firm | Address |
|-----------------|---------------------------------------|-----------------------|
| <i>1</i> | <i>2</i> | <i>3</i> |
| 1 | Rebecca Drug Centre | Zarkawt, Aizawl |
| 2 | Active Pharmacy | Hospital Road, Aizawl |
| 3 | Aizawl Drug Centre, Bawngkawn, Aizawl | Bawngkawn, Aizawl |
| 4 | Bethany Pharmacy | Bawngkawn, Aizawl |
| 5 | NIKKI Pharmacy | Bawngkawn, Aizawl |

**OFFICE OF THE DIRECTOR,
DIRECTORATE OF SOCIAL WELFARE & TRIBAL AFFAIRS,
GOVERNMENT OF MIZORAM**

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Tender Format

To

The Director,
Social Welfare & Tribal Affairs,
Government of Mizoram.

Sir,

I _____ from _____
(*name of firm*) hereby submit my tender for supply of the following materials
along with samples/ catalogues of each item as detailed in the pro forma along
with the necessary documents for approval .

I further affirm that I have read and completely understood the tender
notice and agree to abide by all the terms and conditions laid therein. In case, I
fail to abide-by the conditions or to carry on the contract to the entire
satisfaction of the authority, I shall be liable to the penalties as laid down in the
terms and conditions. I further hereby declare that my firm is not Blacklisted.

Amount of Deposit at Call with number and date: _____

GST No. _____

Yours faithfully,

Signature : _____

Name of Tenderer: _____

Address: _____

Phone: _____ (Landline)

_____ (Mobile)

Email : _____

PRO FORMA

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