



NEW MANGALORE PORT AUTHORITY
PORT HOSPITAL PANAMBUR,
MANGALORE- 575 010
Tele: 0824- 2407413, Extn: 291/504
GSTIN: 29AAALN0057A2ZG

Tender No: CMO-26-11/22-23/Allopathic-XVIII

Dated: 30.11.2022

Last Date & Time for Submission : 15.12.2022

On or Before: 3.30 PM

Date of opening : 15.12.2022

Time of opening : 4:00 PM

Subject: NMPA Medical Division: Tender for “Procurement of Branded Allopathic Medicines” on brand basis by inviting competitive quotations to NMPA Hospital in single cover system - Quotation Requested-Reg.

Sealed Competitive quotations are invited from Medicine Manufacturers / Dealers / Distributors/ Wholesaler/ Retailers, (here in after referred as “firm”) addressed to the Chief Medical Officer, Port Hospital for the items given as per Annexure-I, subject to the following terms and conditions. The Bidder shall quote same medicine as specified in the Annexure. Any deviation in this regard will not be acceptable. The quotation should be clearly super scribed with the Tender No. CMO-26-11/22-23/Allopathic-XVIII dated 30.11.2022 through Post /Courier or shall be dropped in the Tender Box, kept at Port Hospital, New Mangalore Port Authority, Panambur, Mangalore- 575 010 on or before the due date on 15.12.2022 at 3.30PM **Online quotations are not acceptable.**

Minimum Qualification Criteria of Firm:

The firm shall compulsorily submit the following documents:

- a. **Annexure –I** the rates shall be quoted as per medicines wise specified in BOQ (list of items)
- b. Undertaking by the bidders. **Annexure-II**
- c. Authorization certificate if applicable as per **Annexure-III.**
- d. Valid Drug License / Trade License of the firm
- e. Copy of the PAN & GST certificate of the firm.
- f. Bank details should be furnished as per the **Annexure –IV.**

General Terms & Condition:

1. The Price quoted shall be valid up to the finalization of the tender process, FOR to NMPA Hospital and no upward revision will be accepted during supply.

2. The quotation shall be in single cover in sealed envelope. The list of the required Medicines are mentioned as per Annexure-I.
3. The L-1 bidder shall be decided on the basis of each Item-wise lowest rate quoted by any of the bidder including GST to arrive /decide lowest one. If more than one bidder becomes L1 for the same medicines, then the order quantity will be equally distributed among them.
4. The supplier has to supply all the ordered quantity of Medicines at a time within 15 days from the receipt of the order.
5. The Medicines supplied are essential to have the latest manufacturing date and the items supplied should have more than 75% of the shelf life period on the date of delivery to NMPA.
6. **Payments:** The invoices shall be in triplicate with advance stamped receipt may also be handed over CMO Port Hospital Panambur for arranging payments. Full payment towards the bill value (as per L1 rate) will be paid within 15 days after receipt of bills along with medicines in full shape; GST shall be shown separately in the tax invoice, which shall be paid on actual. .
7. **Mode of delivery:** All the ordered quantity of Medicines shall be delivered to Port Authority Hospital, NMPA Panambur within 15 days from the date of issuing purchase order. All the aspects of safe delivery Medicines shall be the responsibility of the supplier.
8. In case the quality of Medicines supplied are not in accordance with description / specifications or the supplies are found defective, at any stage these Medicines shall immediately be taken back by the supplier and will have to be replaced within 7 days. The competent authority reserves all rights to reject the Medicines if the same are not found in accordance with the required description / specifications and liquidated damages shall be charged as per clause No.8.
9. **Liquidated Damage:** The Medicines shall be supplied within the stipulated period mentioned in the purchase order to avoid any penalty for the delivery. Compensation of loss on account of late delivery (actually incurred as well as notional) where loss is genuine/pre-estimated and mutually agreed to is termed as the Liquidated damage (LD).

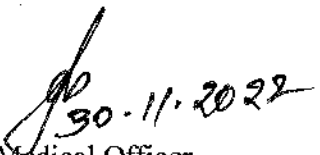
If the materials are not supplied within the delivery period, then Liquidated Damage will be levied on the undelivered portion at the rate of 0.5% of the value of the material per week or part thereof subject to a maximum of 10% of the delayed goods value.

10. Expiry & Unutilized Medicines:

In case of any of the supplied Medicines for which the consumption has been reduced and if it is not possible to utilize the drug within the period, letter will be sent to the suppliers and request them to replace the quantity with the fresh batch having longer shelf life at free of cost. After 15 days of the letter for replacement of the stock, if the stocks are not replaced by the supplier and lying in the Main medical store and allowed them till the date of expiry of medicines. In case of the supplier fails to replacc with fresh batch, he has to pay the value of returned medicines to NMPA Bank account. If the supplier fails to the above, the value of the quantity of stock expired will be recovered from their future bills and the firm will not be considered for future procurement of Medicines to NMPA.

11. Quotation will be opened on 15.12.2022 at 4.00 p.m. in the office of the Chief Medical Officer, in the Port Authority Hospital Panambur, Mangalore in presence of representative from finance department of NMPA along with the representatives of the participated bidders, who may wish to be present.
12. Firm should submit an undertaking enclosed in the form of Annexure-II, including confirmation of validity of Rate for 30 days after Opening of the Bid till supply of 100 % of the approved quantity.
13. Dispute Clause: The contract shall be governed by the laws and procedures established by Govt. of India. Any dispute relating to the enquiry shall be subject to the jurisdiction of the court at Mangalore only.
14. Quotation should be free from corrections/Erasers. In case there is any unavoidable corrections it should be properly attested, if not quotation will not be considered for evaluation.
15. Quotations should be strictly as per the format mentioned in tender without any deviation. Conditional offers will not be accepted / entertained.
16. Quotation written in pencil will not be considered.

Yours faithfully,


Dy. Chief Medical Officer,
Port Hospital, NMPA ✓

Annexure-1
SINGLE SOURCE MEDICINE

SL NO	Name of the Medicines	Brand Name	Name of the Manufacturer	UOM	Required Qty	MRP per Unit/ tab in Rs.	Rate per Unit/ tab (Excl. of GST)	GST in %	Rate per Unit/ tab (Incl. of GST) (10=8+9)	Total Amount (Incl. of GST) (11=6*10)
1	2	3	4	5	6	7	8	9	10	11
1	CILINDIPINE 10 MG TAB	CILACAR 10 MG TAB	JB CHEMICALS	Nos	5000					
2	CILINDIPINE 5 MG TAB	CILACAR 5 MG TAB	JB CHEMICALS	Nos	3000					
3	CILINDIPINE 20 MG TAB	CILACAR 20 MG TAB	JB CHEMICALS	Nos	2000					
4	CILINDIPINE 10 MG + TELMISARTAN 40 MG TAB	CILACAR T 40 MG TAB	JB CHEMICALS	Nos	1400					
5	Vitamin B1 (Thiamine mononitrate), Vitamin B2 (Riboflavin), Vitamin B3 (Niacinamide), Vitamin B5 (Calcium Pantothenate), Vitamin B6 (Pyridoxine), and Vitamin B12 (Cyanocobalamin)	NEUROBION FORTE TAB	P&G	Nos	6000					
6	ISOSORBIDE DINITRATE 5MG TAB	SORBITRATE 5MG TAB	ABBOTT	Nos	2500					
7	ISOSORBIDE DINITRATE 10 MG TAB	SORBITRATE 10 MG TAB	ABBOTT	Nos	2500					
8	ETOPHYLLIN 115MG +THEOPHYLLIN 35 MG TAB	DERIPHYLLIN RETARD 150 MG TAB	ZYDUS	Nos	6000					
9	ASPRIN 75 MG TAB	ECOSPRIN 75 MG TAB	USV	Nos	3500					
10	ASPRIN 150MG TAB	ECOSPRIN 150 MG TAB	USV	Nos	1400					
11	ATORUV/ASTATIN 10 MG+ASPRIN 75 MG TAB	ECOSPRIN AV 75/10 TAB	USV	Nos	3000					

12	ATORUVASTATIN 10 MG+ASPRIN 75 MG+CLOPIDOGREL 75 MG TAB	ECOSPRIN GOLD 10 CAP	USV	Nos	900					
13	ATORUVASTATIN 20 MG+ASPRIN 75 MG+CLOPIDOGREL 75 MG TAB	ECOSPRIN GOLD 20 CAP	USV	Nos	900					
14	HYDROXYCHLOROQUINE SULPHATE 200 MG TAB	HCQS 200 MG TAB	IPCA	Nos	1500					
15	METHOTREXATE 15 MG TAB	FOLITRAX 15 MG TAB	IPCA	Nos	500					
16	DAPAGLIFAZONE 10 MG+ METFORMIN 500 MG TAB	OXRA MET XR 10/500 TAB	SUN	Nos	1500					
17	INSULIN NEEDLE 32 G ULTRAFINE	ULTRFINE BD NEEDLES	BD	Nos	1000					
18	TIMOLOL MAEATE 0.5% E/D	TIMOLET E/D	SUN	Nos	25					
19	GLIBLENCAMIDE 5MG+ METFORMIN 500 MG TAB	GLUCORED FORTE TAB	SUN	Nos	10000					
20	CLOBETASOL PROPIONATE 0.05%+ FUSIDIC ACID 2% 10 GM OINT	CLONATE F CREAM 10 GM	H&H	Nos	30					
21	CLONIDONE 100 MCG TAB	ARKAMIN TAB	TORRENT	Nos	6000					
22	FEBUXOSTAT 40 MG TAB	FEBUGET/FEBUTAZ 40 MG TAB	SUN	Nos	1500					
23	CABADOPA 10 MG+LEVODOPA 100 MG TAB	SYNDOPA 110 TAB	SUN	Nos	900					
24	CABADOPA 25 MG+LEVODOPA 100 MG TAB	SYNDOPA PLUS TAB	SUN	Nos	900					
25	GLIPIZIDE 5MG+ METFORMIN 500 MG TAB	GLYNASE MF TAB	USV	Nos	3000					
26	FRUSEMIDE 40 MG TAB	LASIX 40 MG TAB	SANOPI	Nos	900					
27	PROPRANOLOL 40 MG LA TAB	CIPLAR LA40 MG TAB	CIPLA	Nos	1500					
28	PROPRANOLOL 40 MG TAB	INDERAL 40 MG TAB	IPCA	Nos	1500					
29	NIFEEDOPINE RETARD 20MG TAB	NICARDIA RETARD	JB CHEMICALS	Nos	1500					

MULTIPLE SOURCE ITEMS										
SL NO	Name of the Medicines	Brand Name	Name of the Manufacturer	UOM	Required Qty	MRP per Unit/ tab in Rs.	Rate per Unit/ tab (Excl. of GST)	GST in %	Rate per Unit/ tab (Incl. of GST) (10=8+9)	Total Amount (Incl. of GST) (11=6*10)
30	AMBROXYL 30MG+ GUIAPHENESIN	ASCORIL LS S/F SYP 100M	GLENMARK	Bottle	120					
31	AMBROXY 15 MG+GUIAPHENISIN 50MG+LEVOSALBUTAMOL 1MG SYP	BROZEEF LS SYP SOVENTUS LS SYP DILLO LS SYP GRILICTUS LS SYP	ALEMIBIC ZUVENTUS CORONA FRANCO INDIAN	Bottle	120					
32	ATORUVASTATIN 10 MG+CLOPIDOGREL 75 MG TAB	CLOPITORVA 75/10 MG TAB ATORLIP CV TAB 10/75 ATOCOR CV TAB10/75 AZTOLET 10 TAB	ZYDUS CIPLA DR REDDYS SUN	Nos	1500					
33	FLUPRITINE 100 MG TAB	REFENSEC 100MG TB LUPRITIN 100 MG TAB LUPRITIN 100 MG TAB FLUPITOR 100 MG TAB ALEX S/F SYP 100 ML DELETUS D SYP	SUN LUPIN LIFECARE GLENMARK ABBOTT	Nos	1000					
34	CHLORPHENERAMINE MALEATE 2 MG+ DEXTROMETHORPHAN 10 MG+PHENYLEPHRINE 5MG 100ML SUGAR FREE SYP	ALKOF SYP	SUN ALKEM	Bottle	120					

42	TELMISERTAN 40 MG + AMLODEPINE 5 MG TAB	TELMA AM TAB	GLENMARK	Nos	1500						
		TELESTA AM TAB	LUPIN								
		TELDAY AM TAB	TORRENT								
		STANIP 145 TAB	SUN								
43	FENOFIBRATE 145 MG TAB	FENOLIP 145 TAB	CIPLA	Nos	1000						
		FENO TG 145 MG TAB	TROKAA								
		CLOPIVAS 75 MG TAB	CIPLA								
		PLAGRINE 75 MG TAB	DR REDDYS								
44	CLOPIDOGREL 75 MG TAB	CLOPILET 75 MG TAB	SUN	Nos	6000						
		CLOPI TAB 75 MG TAB	LUPIN								
		DIPLAT 75 MG TAB	TORRENT								
		CLOPIVAS AP 75/75 TAB	CIPLA								
45	CLOPIDOGREL 75 MG+ASPRIN 75 MG TAB	PLAGRINE A 75 MG TAB	DR REDDYS	Nos	6000						
		CLOPILET A 75 MG TAB	SUN								
		CLOPI TAB A 75 MG TAB	LUPIN								
		DIPLAT A 75 MG TAB	TORRENT								
46	MONTELUKAST 10 MG TAB	MONTEK 10 MG TAB	SUN	Nos	400						
		MONTAIR 10 MG TAB	CIPLA								
		TELEKAST 10 MG TAB	LUPIN								
		ODIMONT 10 MG TAB	ZYDUS								
47	GLIPIZIDE 5 MG+ METFORMIN 500 MG TAB	DIBIZIDE M TAB	MICRO	Nos	2000						
		GLYNASE MF TAB	USV								
		JALRA M 50/500 MG TAAB	USV								
48	VILDAGLIPTINE 50 MG TAB+METFORMIN 500 MG TAB	GALVUS MET 50/500 MG TAB	NOVARTIS	Nos	1500						
		METSTAMLO VX 50/500 MG TAB	DR REDDYS								
		TORGLIP50/500 MG TAB	TORRENT								

49	TOSEMIDE 10 MG TAB	DYTOR 10MG TAB	CIPLA	Nos	1500						
		TIDE 10 MG TAB	TORRENT								
		TORSINEX 10 MG TAB	MICRO								
		TORGET 10 MG TAB	ZYDUS								
50	MUPIROCIN 5 GM OINT	T-BACT CREAM 5GM	GSK	Tube	50						
		MUPICP 5GM OINT	CIPLA								
		MUPIMET 5GM OINT	FOURTS								
		MUPI 5GM OINT	H&H								
		DAPAVEL 5MG TAB	INTAS								
		OXRA 5 MG TAB	SUN								
51	DAPAGLIFAZONE 5 MG TAB	DAPAGLYN 5MG TAB	ZYDUS	Nos	500						
		UDAPA 5MG TAB	USV								
		THYRONORM 150MCG TAB	ABBOTT								
		THYROX 150MCG TAB	MACLOEDS								
52	THYROXIN SODIUM 150 MCG TAB	ELTROXIN 150 MCG TAB	GSK	Nos	5						
		THYRONORM 125MCG TAB	ABBOTT								
		THYROX 125MCG TAB	MACLOEDS								
53	THYROXIN SODIUM 125 MCG TAB	ELTROXIN 125 MCG TAB	GSK	Nos	5						
		THYRONORM 100 MCG TAB	ABBOTT								
		THYROX 100MCG TAB	MACLOEDS								
54	THYROXIN SODIUM 100 MCG TAB	ELTROXIN 100 MCG TAB	GSK	Nos	20						
		THYRONORM 75 MCG TAB	ABBOTT								
		THYROX 75 MCG TAB	MACLOEDS								
55	THYROXIN SODIUM 75 MCG TAB	ELTROXIN 75 MCG TAB	GSK	Nos	10						

56	THYROXIN SODIUM 50 MCG TAB	THYRONORM 50 MCG TAB	ABBOTT	Nos	10															
		THYROX 50MCG TAB	MACLOEDS			GSK														
		ELTROXIN 50 MCG TAB																		
57	THYROXIN SODIUM 25 MCG TAB	THYRONORM 25 MCG TAB	ABBOTT	Nos	10															
		THYROX 25 MCG TAB	MACLOEDS			GSK														
		ELTROXIN 25 MCG TAB																		
58	THYROXIN SODIUM 12.5 MCG TAB	THYRONORM 12.5 MCG TAB	ABBOTT	Nos	10															
		THYROX 12.5 MCG TAB	MACLOEDS																	
		ELTROXIN 12.5 MCG TAB	GSK																	
		AB FLO 100 MG TAB	LUPIN																	
		AB PHILLINE 100 MG CAP	SUN																	
59	ACEBROPHYLLIN 100 MG CAP	BIGBRO 100 MG CAP	INTAS	Nos	1000															
		BRPHYLL 100 MG CAP	ZUVENTUS																	
		AUGMENTIN DUO 625 MG TAB	GSK																	
		AMOXCLAV 625 MG CAP	ABBOTT																	
		CLAMP 625 MG CAP	DR REDDYS																	
		CLAVUM 625 MG TAB	ALKEM																	
		MOXCLAV 625 MG TAB	SUN																	
60	AMOXYCILLIN 500 MG+CLAVULANIC ACID 125 MG TAB	BACTOCLAV 625 MG TAB	MICRO	Nos	2000															

61	METAPROLOL ER-50 MG TAB	PROLOMET XL 50 MG TAB	SUN	Nos	2000						
		METAPRO XL-50MG TAB	MICRO								
		METOLAR XR 50MG TAB	CIPLA								
		MET-XL 50 MG TAB	AJANTA								
62	METAPROLOL XR 25 MG TAB	PROLOMET XL 25 MG TAB	SUN	Nos	2000						
		METAPRO XL-25 MG TAB	MICRO								
		METOLAR XR 25 MG TAB	CIPLA								
		MET-XL 25 MG TAB	AJANTA								
		CARDIVAS 3.125 MG TAB	SUN								
		CARCA 3.125 MG TAB	INTAS								
63	CARDEVILLOL 3.125 MG TAB	CARLOC 3.125 MG TAB	CIPLA	Nos	500						
		CARDIVAS 6.25 MG TAB	SUN								
		CARCA 6.25 MG TAB	INTAS								
		CARLOC 6.25 MG TAB	CIPLA								
64	CARDEVILLOL 6.25 MG TAB	CARDIVAS CR 10 MG TAB	SUM	Nos	500						
		CARCA CR10 MG TAB	INTAS								
		VOGLISTAR 0.2 MG TAB	MANKIND								
		VOLIBO 0.2MG TAB	SUN								
66	VOGLIBOSE 0.2MG TAB	VOIPHAGE 0.2MG TAB	FRANCO INDIAN	Nos	2000						
		VOGLINORM 0.2MG TAB	MICRO								
		VOBOSE 0.2MG TAB	USV								
		VOGLITOR 0.2 MG TAB	TORRENT								

67	VOGLIBOSE 0.3MG TAB	VOGLISTAR 0.3 MG TAB	MANKIND	Nos	2000					
		VOLIBO 0.3MG TAB	SUN							
		VOLIPHAGE 0.3MG TAB	FRANCO INDIAN							
		VOGLINORM 0.3MG TAB	MICRO							
		VOBOSE 0.3MG TAB	USV							
68	HISTINE 8 MG TAB	VOGLITOR 0.3 MG TAB	TORRENT	Nos	1000					
		BETEVERT 8MG TAB	SUN							
		VERTISTAR 8 MG TAB	MANKIND							
		VERTIN 8 MG TAB	ABBOTT							
69	BETAHISTINE 16 MG TAB	VERTISTAR MD16 MG TAB	MANKIND	Nos	2000					
		VERTIN 16 MG TAB	ABBOTT							
		BETEVERTV 16 MG TAB	SUN							
		ATTVAN 1MG TAB	PFIZER							
		LARPOSE 1 MG TAB	CIPLA							
70	LORAZEPAM 1MG TAB	LOPEZ 1MG TAB	INTAS	Nos	1200					
		ATTVAN 2MG TAB	PFIZER							
		LARPOSE 2 MG TAB	CIPLA							
		LOPEZ 2 MG TAB	INTAS							
		LOSARKIND 25 MG TAB	MANKIND							
71	LORAZEPAM 2 MG TAB	LOSAR 25 MG TAB	TORRENT	Nos	2000					
		DOLO 650 MG TAB	MICRO							
		PARACIP 650 MG TAB	CIPLA							
		CALPOL 650 MG TAB	GSK							
72	LOSARTAN 25 MG TAB	TRYPTOMER 10 MG TAB	WOCKHARDT	Nos	1500					
		AMITONE 10 MG TAB	INTAS							
		TRYPTOMER 25 MG TAB	WOCKHARDT							
73	PARACETAMOL 650 MG TAB	AMITONE 25 MG TAB	INTAS	Nos	900					
		TRYPTOMER 25 MG TAB	WOCKHARDT							
74	AMITRYPTALENE 10 MG TAB	AMITONE 25 MG TAB	INTAS	Nos	900					
		TRYPTOMER 25 MG TAB	WOCKHARDT							
75	AMITRYPTALENE 25 MG TAB	AMITONE 25 MG TAB	INTAS	Nos	900					
		TRYPTOMER 25 MG TAB	WOCKHARDT							

76	ACEBROPHYLLINE 100 MG +N ACETYLCYSTEINE 600 MG TAB	AB WAYS	MANKIND	Nos	300						
		MUCINAC AB TAB	CIP-A								
		BROPHYLE N TAB	ZUVENTUS								
		PULMOCLEAR TAB	FOURTS								
		EFFENAC AB TAB	MACLOEDS								
77	CEFIXIME 200 MG TAB	TAXIM O TAB	ALKEM	Nos	2000						
		ZIP1 200 MG TAB	FDC								
		CEFIX 200 MG TAB	CIPLA								
		GRAMOCEF DT 200MG TAB	MICRO								
78	UTERAL 10 MG+ MONTELUKAST 10 MG TAB	MONTEK PLUS TAB	SUN	Nos	200						
		MONTAIR PLUS TAB	CIPLA								

Seal & Signature of the Bidder

Annexure- II

UNDERTAKING

To,

The Chief Medical Officer,
Port Authority Port Hospital,
New Mangalore Port Authority,
Panambur -575010

1. I/We _____ do hereby confirm that , the rates quoted in the Annexure I at “specified column (Excluding GST)” and also undertake that , if at all the rates quoted by me at “specified column (Excluding GST)” of the BOQ format is including GST, NMPA shall have the right to reject my bid without seeking any clarifications.
2. I / we here by confirm that the Rates Quoted will be valid for 30 days from the date of Opening of the Bid till supply of 100% of the approved quantity.
3. I / we have not supplied the Medicines lesser than this rate to any Government/Semi government/Reputed Private organizations.
4. There is no pending case with the police against the Proprietor/firm/partner or the Company (Agency). I / we have not convicted / blacklisted in the past against the in last 5 Years
5. I / we undertaking that In case of any of the supplied Medicines for which the consumption has been reduced and if it is not possible to utilize the Medicines within the period, we agreed to replace the quantity with the fresh batch having longer shelf life at free of cost, within 30days after receipt of letter/information for replacement of the stock, I/we also agree if the stocks are not replaced by us ,we agree that we will pay the value of the returned medicines to NMPA Bank Account.
6. I / we willing to accept the all conditions of the Tender Document.

Seal & Signature of the Bidder

AUTHORIZATION CERTIFICATE (If Applicable)

To,

The Chief Medical Officer
Port Hospital,
New Mangalore Port Authority
Panambur -575010

Sir / Madam,

Sub : Authorization for Quoting / Supply of Medicines for quotation :- Reg
Ref:- Tender No..... dtd.....

I/We _____ (Manufacturer) do hereby authorize
_____ (distributor) to quote, receive the order, supply &
receive payments on behalf of us in the afore mentioned tender at reference. Further, we
confirm that we will provide all possible back end support to our authorized representative
for timely supply of medicines to Port Hospital.

Contact details of the Authorized firm:-

- 1) Contact person from the authorized firm.
- 2) Designation.
- 3) Address with Pin code
- 4) E-mail details.
- 5) Contact Number
- 6) GST, PAN & Bank Details.

Seal & Signature of the Bidder

Annexure -IV

Bank Information for E-Payment

1	Name and full address of the Bidder	
2	Credit Account No. (Should be full 14 digit)	
3	Account type (SB or CA or OD)	
4	Name of the Bank	
5	Branch (Full address with Telephone No.)	
6	MICR code (should be 9 digit)	
7	Telephone/Mobile /Fax No. of the Bidder	Telephone:
		Mobile:
		Fax:
8	Xerox copy of a cheque should be enclosed	

Seal & Signature of the Bidder