



NEW MANGALORE PORT AUTHORITY
MEDICAL DEPARTMENT
PANAMBUR, MANGALORE – 575 010
Tele : 0824 – 2407948/2407413
Extension: 0824-2887294

RFQ No: CMO-29-01/22-23/Ayur

Dated: 12.01.2023

Last Date & Time for Submission: 27.01.2023

On or Before: 3:30 PM

Date of opening : 27.01.2023

Time of opening : 4:00 PM

Subject: NMPA Medical Division: “Procurement of Ayurvedic Medicines” to Port Authority Hospital through single cover system - Quotation Requested-Reg.

Sealed Competitive quotations are invited from Ayurvedic Medicine Manufacturers / Dealers /Distributors/ Retailers (here in after referred as “firm”) addressed to the Chief Medical Officer, Port Authority 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 RFQ No. CMO-29-01/22-23/Ayur dated 12.01.2023 through Post /Courier or shall be dropped in the Tender Box, kept at Port Authority Hospital, New Mangalore Port Authority, Panambur, Mangalore- 575 010 on or before the due date on 27.01.2023 at 3.30PM. **Online quotations are not acceptable**

Minimum Qualification Criteria of Firm:

The firm shall compulsorily submit the following documents along with the quotation:

1. **Annexure –I** All columns shall be compulsorily filled in Item wise.
2. Undertaking as per **Annexure- II**
3. Authorization certificate if applicable as per **Annexure-III**.
4. Copy of the Trade License/ Drug License, PAN & GST certificate of the firm.
5. Bank details should be furnished as per the **Annexure –IV**.

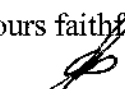
General Terms & Condition:

1. The Price quoted shall be valid till 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 Ayurvedic 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. Pack size of each item should be clearly required to be mentioned in Annexure –I (BOQ). If more than one bidder becomes LI for the same medicine the order quantity will be equally distributed among them.

4. As per the terms and conditions, the supplier has to supply the ordered quantity within 15 days from the receipt of the order. The Ayurvedic Medicines supplied are essential to have the latest manufacturing date and the items supplied should have more than 75% of the expiry period on the date of delivery to NMPA. The payments in this regard shall be made to the firm within 15 days after receipt of the items. GST shall be shown separately in the tax invoice, which shall be paid on actual.
5. **Payments:** The bills of the cost in triplicate with advance stamped receipt may also be handed over CMO Port Hospital Panambur for arranging payments. Full payment towards the bill value will be paid within 15 days after receipt of bills along with medicines GST shall be shown separately in the tax invoice, which shall be paid on actual. .
Note: - If the supplier fails to deliver the goods on or before the stipulated date, then a penalty at the rate of 0.5% per week or part thereof on unfulfilled portion of the supply order value shall be levied subject to maximum of 2% of the total order value.
6. **Mode of delivery:** All the Ayurvedic Medicines ordered shall be delivered within 15 days from the date of issuing purchase order. All the aspects of safe delivery Ayurvedic Medicines shall be the responsibility of the supplier only.
7. In case the quality of Ayurvedic Medicines supplied are not in accordance with description / specifications or the supplies are found defective, at any stage these Ayurvedic 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 Ayurvedic 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.
8. **Liquidated Damage:** The Ayurvedic Medicines shall be supplied within the stipulated period mentioned in the purchase order to avoid any penalty for the delivery. If the Ayurvedic Medicines are not supplied within the delivery period, 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 2% of the total tax invoice value of the item unless extension is obtained in writing from the office on valid ground before expiry of delivery period.
9. Quotation will be opened on **27.01.2023** at 4.00 p.m. in the office of the Chief Medical Officer, in the Port Authority Hospital Panambur, Mangalore in presence of firm or their representatives who may wish to be present.
10. Firm should submit an undertaking enclosed in the form of Annexure-II. Including confirmation of validity of Rate for one time procurement from Opening of the Bid.

11. 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.
12. The Quotation shall be neatly typed in Letter Head and shall be submitted in closed cover super scribing "Ayurvedic Medicines". The quotations shall be submitted to Chief Medical Officer, Port Hospital, New Mangalore Port Authority Panambur-575010.
13. 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.
14. Quotations should be strictly as per the format mentioned in quotation without any deviation. Conditional offers will not be accepted / entertained.
15. Quotation written in pencil will not be considered.

Yours faithfully,


Dy. Chief Medical Officer,
New Mangalore Port Authority, Panambur
New Mangalore Port Authority
Panambur, Mangalore - 575 010

Annexure-1

Sl. No	Name of the Medicine	Pack size	Required Qty	UOM	MRP per unit/ tab incl. of GST	Rate per unit/ tab (excl. of GST)	GST in %	Rate per unit/ tab Incl. of GST	Total amount (Incl. of GST)
1	2	3	4	5	6	7	8	9	10
1	Amruthothara Kasaya	200ml	20	Bottle					
2	Bala Thaila	200ml	100	Bottle					
3	Balarista	200ml	50	Bottle					
4	Balashwagandha Lakshadi Thaila	200ml	30	Bottle					
5	Banghashil	100's	1000	nos					
6	Bhoonimbadi Kada	200ml	40	Bottle					
7	Bringamalaka Thaila	200ml	50	Bottle					
8	Chandanadi Thaila	200ml	30	Bottle					
9	Dhanwanthara Satapaki	10ml	20	Bottle					
10	Diabecon Tablet	60's	1800	nos					
11	Eladi Choorna	25grm	30	sachet					
12	Fortage	100's	1000	nos					
13	Gandharvastadi Kasaya	200ml	25	Bottle					
14	Geriforte Tablet	100's	1000	nos					
15	Gokshuradi Guggul	40's	1200	nos					
16	Kaishora Guggul	60's	600	nos					
17	Kanchanara Guggul	10's	300	nos					
18	Khadirarista	450ml	20	Bottle					
19	M2 Tone Syp	200ml	20	Bottle					
20	Maha Thikthaka Kasaya	200ml	30	Bottle					
21	Maha Yogaraja Guggul	40's	1200	nos					
22	Narayana Thaila	200ml	100	Bottle					
23	Neelibringadi Thaila	200ml	60	Bottle					
24	Pathyadi Khada	200ml	20	Bottle					
25	Pushkaramoolasava	200ml	20	Bottle					
26	Rasna ernadi Kasaya	200ml	30	Bottle					
27	Rumalaya Liniment	60ml	30	Bottle					
28	Rumalaya Tablet	60's	2400	nos					
29	Sahacharadi Kasaya	200ml	30	Bottle					
30	Sapthasara Kasaya	200ml	20	Bottle					
31	Septilin Syp	200ml	20	Bottle					
32	Septilin Tablet	60's	1200	nos					
33	Simhanada Guggul	60's	600	nos					

34	Six C Ointment	20grm	30	tube					
35	Sooktyn Tablet	100's	700	nos					
36	Triphala Guggula	60's	600	nos					
37	Varnadi Kasaya	200ml	35	Bottle					

Signature of the Authorized Person with seal

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 confirms that the Rates Quoted will be valid for One year from the date of Opening of the Bid.
3. I / we have not supplied the Ayurvedic 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 Ayurvedic Medicines for which the consumption has been reduced and if it is not possible to utilize the Ayurvedic 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 and lying in the Main Medical store till the date of expiry of Ayurvedic Medicines, the value of the stock expired will be deducted from the bills payable.
6. I / we willing to accept the all conditions of the Tender Document.

(Signature of the Authorized Person with seal)

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 Ayurvedic Medicines for quotation

:- Reg

Ref:- Tender No..... dtd.....

I/We _____(Manufacturer) do hereby authorize
_____ (distributor) to quote, 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.

(Signature of the Authorized Person with seal)

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	

(Signature of the Authorized Person with seal)