

**Central University of Tamil Nadu**  
Neelakudi Campus  
Thiruvarur-610 005



**EXPRESSION OF INTEREST**

Selection of pharmacy firms for supply of medicines to Central University of Thiruvarur, Health Centre

**Tender No** : 01/2019-20  
**Tender Date** : 06.05.2019  
**Last Date of submission** : 29.05.2019 (3.00 PM)  
**Tender Opening Date** : 29.05.2019 (4.00 PM)

**DISCLAIMER**

All information contained in this EOI provided / clarified are in good interest and faith. The information contained in this Expression of Interest document or subsequently provided to Applicant(s), whether verbally or in documentary or any other form, by or on behalf of CUTN Thiruvarur , is provided on the terms and conditions set out in this EOI and such other terms and conditions subject to which such information is provided.

The purpose of this EOI is to provide interested parties with information that may be useful to them in the formulation of their application for qualification and subsequent selection pursuant to this EOI. This EOI is not an offer by CUTN, Thiruvarur to the prospective Applicant(s) or any other person. This EOI is neither intended nor shall it be construed as creating or requiring any ongoing or continuing relationship or commitment with any party or person. This is not an offer or invitation to enter into an agreement of any kind with any party.

Though adequate care has been taken in the preparation of this EOI document, the interested firms shall satisfy itself that the document is complete in all respects. The information is not intended to be exhaustive. Interested Agencies are required to make their own enquiries and assumptions wherever required. Intimation of discrepancy, if any, should be given to the specified office immediately. If no intimation is received by this office by the date mentioned in the document, it shall be deemed that the EOI document is complete and firms submitting their interest are satisfied with the EOI Document in all respects

## ELIGIBILITY CRITERIA

1. The Chemist / Firm must hold **valid drug License** as on date of Bid opening.
2. The Chemist / Firm bidding should have established the Pharmacy for **at least five consecutive years** at Thiruvarur or nearby place (Nearest place means delivery of item on the same day of requisition). (Enclose Certificate of Incorporation/ Registration of pharmacy/chemist/firm).
3. The Chemist / Firm should have the experience for **at least Five years** in similar field as stated in the "Scope of Work". The Supplier shall have atleast 02 Supply order to Govt Organisation / Hospital/ Educational Institution.
4. Enclose copy of **PAN CARD** of the firm.
5. Enclose Chemist / Firm's Information as per **Annexure A-1**.
6. The Chemist / Firm should not have been convicted by any Drugs Control Authority and no case should be pending under the Drugs and Cosmetics Act and Rules. The Chemist / Firm must not be blacklisted/Suspended or any service related dispute with any Govt. Organisation/Semi- Govt. Organisations/ PSU/Private institutions/ various Banks in India or outside India. **Annexure A-2**.
7. The Chemist / Firm should accept RFP Terms & Conditions- **Annexure A-3**.
8. The Chemist/ Firm's Annual Business Turnover for last Three financial years ie. 2015-16 2016-17 & 2017-18 should not be less than Rs. 50 Lakhs Per annum. (Enclose copy of Audited Profit & Loss Statement Certified by Chartered Accountant).
9. The Chemist / Firm should have submitted filed ITR for last Three years i.e. A.Y. 2015-16 A.Y. 2016-17 & A.Y. 2017-18.
10. Enclose copy of valid **GST Registration certificate**.

## SUBMISSION OF OFFER:

1. The Quotation **MUST BE ENCLOSED IN SEALED COVER** superscribing Tender number / due date & should reach the Registrar, Central University of Tamil Nadu on or before due date mentioned in the tender notice. If the quotation cover is not sealed, it will be rejected. In case due date happens to be holiday the tender will be accepted and opened on the next working day.
2. The tender documents are to be in two parts as Technical Bid and Financial Bid. The two parts of the Bid should be placed in separate sealed envelope clearly marked "Technical Bid" & "Financial Bid". The EMD should be placed in the third envelope marked as "EMD for Tender". All the three envelopes must be enclosed in one bigger envelope duly sealed and superscribed with tender number, name of the item and tender due/Last date, must be forwarded to the Registrar , Central University of Tamil Nadu, so as to reach on or before the due/Last date

3. The bid can be submitted in person or through post/courier so as to reach on or before the due date and time. CUTN, Thiruvarur shall not be responsible for any postal delays or any other reason for not submitting the bid in the specified time and resulting in disqualification / rejection of any bid
4. The medicines should be supplied as per mentioned & approved brands by CUTN, Thiruvarur Health Centre authorities.

#### **BID OPENING PROCESS:**

The Technical Bid will be opened in the first instance in the presence of representatives of the bidders at CUTN, Thiruvarur.

Financial bids of only those bidders, whose bids are found technically qualified, by the Technical Evaluation Committee, will be opened in the presence of the vendor's representatives subsequently at a later date for further evaluation.

One authorized representative of each of the Chemist / Firm would be permitted to be present at the time of aforementioned opening of the bids.

#### **CANCELLATION OF TENDER:**

1. Notwithstanding anything specified in this tender document, Purchaser / CUTN, Thiruvarur in his sole discretion, unconditionally and without having to assigned any reasons, reserves the rights:
  - a) To accept OR reject lowest tender or any other tender or all the tenders.
  - b) To accept any tender in full or in part.
  - c) To reject the tender offer not confirming to the tenders terms.
  - d) To give purchase preference to Public Sector undertakings when applicable as per Govt. Policy/ Guidelines.
2. Conditional Tenders and Unsigned Tenders will also be rejected.

**VALIDITY OF THE OFFER:** 365 Days from the date of opening of the Technical bid.

**TRANSFER AND SUBLETTING:** The seller shall not sublet, transfer, assign or otherwise part with the acceptance to the tender or any part thereof, either directly or indirectly, without the prior written permission of the Purchaser.

#### **EVALUATION OF OFFER:**

The Agency/Firm that would offer the maximum discount on MRP of medicines, drugs, consumables and other hospital items shall be selected and awarded the contract.

#### **AMENDMENT OF BIDDING DOCUMENTS:**

At any time prior to the deadline for submission of bids, CUTN, Thiruvarur may, for any reason, whether on its own initiative or in response to the clarification request by a prospective BIDDER may modify the bid document.

All prospective BIDDER who have downloaded the bidding document may visit CUTN, website for amendments / modifications which will be binding on them.

## **SCOPE OF WORK**

The Outsourced Pharmacy will supply medicines, drugs or any other Hospital related items as prescribed by the University Medical Officers and supply the same at the CUTN, Thiruvarur Health centre of the University.

CUTN, Thiruvarur will not provide any labour/person to outsourced pharmacy. It shall be the responsibility of the Agency to supply the medicines, drugs & Hospital items at CUTN Thiruvarur at its own cost and responsibility. The Agency shall depute its manpower for collecting the requisition on fortnight basis i.e. twice in a month. After receipt of the requisition the medicines, drugs & Hospital items are to be supplied within 3 working days at CUTN, Thiruvarur.

The medicines should be supplied as per mentioned & approved brands by CUTN, authorities.

## **COMMERCIAL BID:**

Bidders are requested to offer the discount in the Commercial Bid for supply of medicines, drugs or any other Hospital related items.

## **AWARD OF CONTRACT:**

1. The University may empanel more than one Agency at its discretion.
2. CUTN, Thiruvarur reserves the right to reject or accept the highest discount offering Bid or any Bid and also reserves the right of accepting the whole or any part of the Bid and Bidder shall execute the scope of work.
3. The Empaneled outsourced pharmacy will be abide by all the Terms & Conditions of the Tender Document.
4. The empaneled outsourced pharmacy will be empaneled initially for the period of one year and may be extended further for two years, if their performance found satisfactory.
5. The services of the empaneled outsourced pharmacy will be reviewed by committee during contract period and CUTN, Thiruvarur reserve right to add or delete bidders in rate contract based on performance if necessary without intimation.
6. The Agency offering highest discount shall be preferred for issuance of orders. If more than one agency offer the same discount then it will be the discretion of the University to issue orders at its own preference.

## **EARNEST MONEY DEPOSIT & SECURITY DEPOSIT:**

While submitting bid, the BIDDER shall deposit an amount mentioned in tender document as Earnest Money, with the CUTN, Thiruvarur. through the following instruments:

1. Earnest Money Deposit (EMD) of Rs. 10,000/- (Rs. Ten thousand only). For successful Agency/agencies EMD will be converted to security Deposit and will be retained with CUTN, Thiruvarur till the expiry / termination of rate contract without interest.
2. In case there is loss or damage to the drugs/medicines or unsatisfactory services provided to CUTN, Thiruvarur by the outsourced pharmacy then such losses will be adjusted from the Security deposit.
3. If the quality of medicines/consumables/pathological kits products and services provided is not found satisfactory, CUTN, Thiruvarur reserves the right to cancel or amend the contract without notice

**TERMS OF PAYMENT:**

The selected Outsourced Pharmacy shall present the consolidated Bill together with requisition on monthly basis duly certified by the University Doctor to the University Administration. Payment shall be made within 10 days of receipt of the Bill.

**PENALTY:**

In the event of any breach of any of the terms & conditions of the contract or bidder neglects, delays or fails to perform the contract, CUTN, Thiruvarur reserves rights to forfeit the security deposit. The security deposit shall not bear any interest.

**FORCE MAJEURE:** Force Majeure will be accepted on adequate proof thereof.

**In the event of any dispute over this contract, CUTN, Thiruvarur decision shall be final and binding.**

## COMMERCIAL BID

To,  
The Registrar  
CUTN, Thiruvarur

Date:

1. I / We offer to supply branded medicines/drugs, hospital items of certified reputed Companies as prescribed by the Thiruvarur, Medical Officers, CUTN and dispense the same to the CUTN, Health centre on Door to delivery basis at the rates in percentage given below:-

Uniform Discount on the Maximum Retail Price (M.R.P) Offered by me/our Firm shall be:

S.No	Medicines/ Item Descriptions / Category	Discount on MRP in percentage (in figures)	Discount on MRP in percentage ( in figures)
1.	Generic Medicines		
2.	Branded / Non- Generic Medicines		
3.	Hospitals Consumables like syringes, Needles, Cotton, Gauze roll etc.		
4.	Vaccines		

**Note: The Medicine / item description / Category shall be decided by the University.**

2. I/We undertake to keep the above quoted rate of discount on the Printed Maximum Retail Price on all items stocked and dispensed valid till the duration of this contract/extension of contract.
3. I/We also undertake that the medicines/ drugs shall be supplied as per the prescription and as per the contract/extension of contract and no "Substitute Medicines/Drugs" will be stocked/ dispensed.

Place:

GST Registration No:

Date:

Signature:

Name:

Office Address:

Affix Rubber Stamp:

**ANNEXURE A-1****BIDDER'S INFORMATION**  
(On Company / firm's Letterhead)

<b>Details of the Bidders</b>		
1	Name of the Bidder with designation	
2	Name of the Firm/Agency	
3	Address of the Bidder	
4	Status of the Chemist/Pharmacy	
5	Details of incorporation of the Chemist/Pharmacy Date of Incorporation Ref. of the incorporation Document (Enclose Copy)	
6	Valid GST No.	
7	Permanent Account No.	
8	Details of Annual Turnover of the firm as evident from the Audited Statement	
	FY 2015-16 -	
	FY 2016-17 -	
	FY 2017-18 -	
9	Name & Designation of the Contact person to whom all references shall be made regarding this tender	
10	Telephone No. (with STD Code)	
11	Mobile No. of contact person	
12	Email ID of the Firm/Agency/Authorised person	
13	Fax No. (If Any)	

**Enclose Copies of the necessary documents (GST, PAN, INCORPORATION TESTIMONIAL etc.)**

**DECLARATION REGARDING CLEAN TRACK**  
Declaration of Clean Track Record (On Company / firm's Letterhead)

To,

The Registrar  
CUTN, Thiruvarur

Date :

Sir,

I/we carefully gone through the Terms & Conditions contained in the above referred RFP. I/we hereby declare that my company / firm is not currently debarred / black listed/convicted by any Government / Semi Government Organizations / Institutions in India like Drugs Control Authority and no case should be pending under the Drugs and Cosmetics Act and Rules or abroad. I/we further certify that I'm competent officer in my company /firm to make this declaration.

Or

I/we declare the following

No.	Country in which the company is debarred / blacklisted / case is pending	Black listed / debarred by Government / Semi Government Organizations / Institutions	Reason	Since when and for how long

(NOTE: In case the company / firm was blacklisted previously, please provide the details regarding Period for which the company / firm was blacklisted and the reason/s for the same)

Yours faithfully

(Signature of the bidder)

Printed Name

Designation

Seal

Date:

Business Address:



**DECLARATION FOR ACCEPTANCE OF TERMS AND CONDITIONS**

(On Company / firm's Letterhead)

To,

Date:

The Registrar  
CUTN, Thiruvarur  
Sir,

I/we carefully gone through the Terms & Conditions as mentioned in the above referred RFP document. I/we declare that all the provisions of this RFP are acceptable to my company. I /we further certify that I'm an authorized signatory of my company and am, therefore, competent to make this declaration.

Yours faithfully,

(Signature of the bidder)

Printed Name

Designation

Seal

Date :

Business Address :

**MANDATE FORM FOR PAYMENT THROUGH EAT MODULE IN PFMS**

**DETAILS OF ACCOUNT HOLDER:**

Name of the Vendor/Beneficiary	
Name of the Bank	
Account Number	
IFSC Code	
PAN Number	
GST Number (if applicable)	
Address (Including City, Pin code etc.)	
Mobile No./email id	

I hereby declare that the particulars given above are correct and complete.

DATE:

SIGNATURE