

**Central University of Tamil Nadu**

Neelakudi Campus

Thiruvavur - 610 005

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**EMPANELMENT OF SUPPLIERS FOR SUPPLY OF VARIOUS  
MEDICINES AND OTHER MEDICAL CONSUMABLES AT HEALTH  
CENTRE, CUTN**

**Tender No. : 2024-25/02**

**Date of Issue: 25.06.2024**

**Date of closing: 16.07.2024 at 3.00PM**

**Date of Bid Opening: 16.07.2024 at 3.30PM**

**The Application can be downloaded from the University Website**

**[www.cutn.ac.in](http://www.cutn.ac.in)**



तमिलनाडु केन्द्रीय विश्वविद्यालय  
(संसद द्वारा पारित अधिनियम 2009 के अंतर्गत स्थापित)  
**CENTRAL UNIVERSITY OF TAMIL NADU**  
(Established by an Act of Parliament, 2009)

नीलक्कुडी परिसर/Neelakudi Campus, कंगलान्चेरी/Kangalancherry, तिरुवारूर/Thiruvarur- 610 005.  
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Tender No.2024-25/02

25.06.2024

**EMPANELMENT OF SUPPLIERS FOR SUPPLY OF VARIOUS MEDICINES AND OTHER MEDICAL CONSUMABLES AT HEALTH CENTRE, CUTN**

Central University of Tamil Nadu, Thiruvarur is interested to empanel the suppliers for supply of Medicines and other Medical Consumables for a period of one year, further extendable on yearly basis, with the reputed pharmaceutical companies/ authorized distributors and stockiest nominated by the pharmaceutical companies. The empanelment may be extended by one more year, if the performance of the supplier is satisfactory. Decision of the University authorities will be final and binding in this regard. Interested pharmaceutical companies/ distributors and stockists are, requested to submit their application as per **Annexure A-1** along with percentage of discount on MRP/PTR for the medicines under for supply of Generic Medicine/ Branded or Non-Generic Medicine, Proprietary Drugs/ Consumables/ Vaccines/ Proprietary items under DPCO manufactured by the companies as per **Annexure A-2**. Application for empanelment can be downloaded from our University website [www.cutn.ac.in](http://www.cutn.ac.in).

**ELIGIBILITY CRETERIA FOR EMAPNEMENT:**

1. The Chemist / Firm must hold **valid drug License** as on date.
2. The Bidding firm should be in existence for minimum period of 3 years (Enclose Certificate of Incorporation/ Registration of pharmacy/chemist/firm).
3. Copy of the **PAN Card** of the firm. The firm should submit the attested copies of Sales Tax / GST Registration/PAN/TAN No/**GST No.**
4. 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-3.**

5. The Chemist / Firm should accept the Terms & Conditions• **Annexure A-4.**
6. The Chemist/ Firm's Average Annual Business Turnover for last Three financial years ie. 2020-21, 2021-22 and 2022-23 should not be less than Rs. 10 Lakhs Per annum. (Enclose copy of Audited Profit & Loss Statement Certified by Chartered Accountant).
7. The Chemist / Firm should have submitted filed ITR for last Three years i.e. A.Y. 2021-22, 2022-23 and 2023-24.

#### **SUBMISSION OF OFFER:**

1. The application will be rejected if any one of the above documents is not furnished.
2. The application must be enclosed in sealed cover superscribing “**Application for Empanelment of Suppliers for Supply of various Medicines and Other Medical Consumables at Health Centre, CUTN** and should reach to the Registrar, Central University of Tamil Nadu, Thiruvavur. If the quotation cover is not sealed, it will be rejected. In case due date happens to be holiday the application will be accepted and opened on the next working day.

#### **BID OPENING & EVALUATION PROCESS:**

1. The applications received will be scrutinized and shortlisted for empanelment by the Committee or on the decision of the Competent Authority. The short-listed vendors will be informed by email and/or by post for further procedure, as required.
2. The short-listed vendor(s)/distributor(s)/supplier(s) for empanelment are required to agree to supply as per the Institute’s “Terms & Conditions for **Empanelment of Suppliers for Supply of various Medicines and Other Medical Consumables at Health Centre, CUTN** as stipulated hereunder.
  - a. Price bids/quotations shall be invited from all the empanelled suppliers. Order will be issued to the vendor who have provide the
3. 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.

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

#### **SCOPE OF WORK:**

The empanelled 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, Thiruvavur Health centre of the University.

CUTN, Thiruvavur 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 Thiruvavur 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:**

- 1) Bidders are requested to offer the discount in the Commercial Bid for supply of medicines, drugs or any other Hospital related items.(Annexure -2)
- 2) The packing, forwarding, freight and transit insurance charges or any other cost/charge, if any must be included in the price and should not be claimed separately.
- 3) Educational discount, if any, should be clearly mentioned.

### **AWARD OF CONTRACT:**

1. The said registration qualifies a particular vendor/supplier/service provider for consideration for inquiries in case of limited tenders for relevant category only for which vendor is registered. However, this will not give any claim to the party for an award of purchase order.
2. Vendors once registered, shall have to promptly reply to all the inquiries, execute order as per the order as & when placed.
3. In case, Registered Supplier is found in breach of any terms & condition(s) or supply order, at any stage during the course of supply, suitable legal action as per rules/laws, shall be initiated against the vendor besides debarring and blacklisting the vendor concerned for at least three years for further dealings & forfeiture of performance Security.
4. **Price Variation Clause** During the validity of the registration period including the extended period, if the vendor sells any item to any other department/Organization at a price lower than the price at which sold to CUTN, the vendor must voluntarily pass on the price difference to CUTN. On the body of the Voucher, the supplier will have to certify that, "The items being supplied through this voucher have not been supplied to any other organization at lower rates than this.
5. The University may empanel more than one Agency at its discretion.
6. 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.
7. The empanelled pharmacy will be abided by all the Terms & Conditions of the Tender Document.
8. The empanelment of pharmacies is initially for the period of one year and may be extended further for two years, if their performance found satisfactory.
9. The services of the empanelled pharmacy will be reviewed by committee during contract period and CUTN, Thiruvarur reserve right to add or delete bidders in the empanelment based on performance if necessary without intimation.
10. 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.
11. The medicines should be supplied as per mentioned & approved brands by CUTN, Thiruvarur Health Centre authorities.

### **TERMS OF PAYMENT:**

The selected empaneled 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.

**SECURITY DEPOSIT:**

All the bidders should submit Security Deposit amounting to Rs. 10,000/- (Rs. Ten Thousand only) in the form of Demand Draft from a scheduled bank in India drawn in favour of “Central University of Tamil Nadu” payable at Thiruvarur along with the application form.

Security Deposit will be returned to the empaneled vendor/s without any interest, whatsoever, after completion of empanelment period.

**LOSS, DAMAGE & SHORTAGE:**

CUTN shall not be responsible for any loss, damage and shortage during transit. Payment shall be made for materials received full and in GOOD CONDITION only.

The supplier has to take back the expiry medicines. Supplied medicines should have expiry period preferably one year but not less than six months

**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.**

**APPLICATION FORM FOR EMPANLEMNT OF SUPPLIERS FOR  
SUPPLY OF VARIOUS MEDICINES AND OTHER MEDICAL  
CONSUMABLES AT HEALTH CENTRE, CUTN**

<b>Details of the Bidders</b>		
<b>1</b>	Name of the Bidder with designation	
<b>2</b>	Name of the Firm/Agency	
<b>3</b>	Address of the Bidder	
<b>4</b>	Status of the Chemist/Pharmacy	
<b>5</b>	Details of incorporation of the Chemist/Pharmacy  Date of Incorporation  Ref. of the incorporation Document (Enclose Copy)	
<b>6</b>	Valid GST No.	
<b>7</b>	Permanent Account No.	
<b>8</b>	Details of Annual Turnover of the firm as evident from the Audited Statement	
	FY 2020 -21-	
	FY 2021 - 22 -	
	FY 2022 - 23 -	
<b>9</b>	Name & Designation of the Contact person to whom all references shall be made regarding this tender	
<b>10</b>	Telephone No. (with STD Code)	
<b>11</b>	Mobile No. of contact person	
<b>12</b>	Email ID of the Firm/Agency/Authorised person	
<b>13</b>	Fax No. (If Any)	
<b>14</b>	Provide similar references of already registered/empanelled with Central/State Government organization, Institutions etc.,	Attach documentary proof
<b>15</b>	Security Deposit of Rs.10,000/- to be enclosed in the form of Demand Draft in	

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

**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 shallbe:

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

**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,

The Registrar  
CUTN,  
ThiruvarurSir,

Date:

I/we carefully gone through the Terms & Conditions as mentioned above. I/we declare that all the provisions of this empanelment 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