

Dispatch No: MD/Stores/  
By: Post/Mail

Date:

TO:

From:

POST  
STAMP

MORMUGAO PORT TRUST  
MEDICAL DEPARTMENT  
MEDICAL PROCUREMENT & STORES  
HEADLAND, SADA, MORMUGAO, GOA-403 804

AMM-I 2594918, 2594924

Stores-2594937

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### NOTICE INVITING LIMITED TENDER

Mormugao Port Trust, Medical Department (MPT Hospital) invites offers for the supply of following Medicine/Materials from the registered vendors.

| Tender No. | MD/Stores/107 | Tender Closing Date & time | 02-03-2022 at 15.00 hrs |
|------------|---------------|----------------------------|-------------------------|
|------------|---------------|----------------------------|-------------------------|

| Our Code/Composition of Medicine                                                     | Approved Companies                                                                                                                                                   | Quantity |
|--------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|
| H 2091151<br>Aamalki Choorna (Pack of 100gms)                                        | AyurvedSevaSangh/<br>AyurvedRashashala/<br>AyurvedArkashala/<br>Dhootpapeshwar/ Sandu/<br>Patanjali Ayurveda/ Sri Sri<br>Tattva / Nagarjuna / Himalaya /<br>Kottakal | 50 Nos.  |
| H 2091016<br>Sahacharadi Taila (Pack of 50-100ml)                                    | AyurvedSevaSangh/<br>AyurvedRashashala/<br>AyurvedArkashala/<br>Dhootpapeshwar/ Sandu/<br>Patanjali Ayurveda/ Sri Sri<br>Tattva / Nagarjuna / Himalaya /<br>Kottakal | 50 Nos.  |
| <b>Delivery Period: Within 2-4 weeks from the date of receipt of Purchase order.</b> | Note: Offers only for the approved companies will be considered.                                                                                                     |          |

The bidder should submit the Tender in the sealed cover and only in the **prescribed format given overleaf**, super-scribing with **tender number and opening date** and should address to the office of **Chief Medical Officer** OR Alternately, the bid envelope can also be deposited in the Tender Box located in Hospital premises on **or before the closing date/time**. Note: The bids received after closing date/time will not be considered. The tenders received on or before the closing date will be opened on the tender closing date at 15.30hrs.

If the bidder desires to furnish their offer by e-mail, then they will have to send the offers **with protected password before the closing due date & time of tender**. The protected password will have to be sent on the closing date **between 15.00-15.30hrs strictly by mail**. If the Password is received thereafter, the tender will not be considered.

The terms & conditions are given overleaf. The bidders should accept all the tender terms & conditions. The Bidders may witness the tender opening if they desire so.

The Administration reserves the right to accept or reject any tender in whole or in part without assigning any reasons thereof.

Thanking You,

भवदीय,

  
Chief Medical Officer



## TENDER TERMS AND CONDITIONS

1. The bidder should quote their prices on FOR destination basis to be supplied to our Stores at Headland Sada on door delivery basis inclusive of freight and clearly indicate the quantum of GST.
2. We being Govt entity, the bidders shall quote prices applicable to Govt. Hospitals/Institutions. The bidders should indicate the prevailing MRP rates.
3. Any delay in supply is subject to LD @ 0.5% per week. Max 10% of the basic value of order. Further, in case of delay in supply beyond delivery date, we may reject the entire supplied quantity or in part thereon.
4. **Expiry of Medicine:** The expiry period of the item shall not be less than 2/3rd of the manufacturing shelf life at the time of supply. In case the item having less than 2/3rd shelf life at the time of supply, expires the successful tenderer shall arrange to replace the same by fresh stock at his own cost. Further, any Medical/Surgical/Pathological item even if having 2/3rd shelf life which remain unused for 3 months prior to date of expiry shall be collected by the supplier immediately upon intimation and the same shall be replaced with fresh stock with longer expiry or credit note for equivalent value of the item shall be issued
5. The Offer once quoted shall be valid for 60 days from the date of opening.
6. **Payment:** Payment will be made within 30 days after the receipt of the bills/materials; whichever is later provided the bill is in order.

Chief Medical officer मुख्यचिकित्साअधिकारी

Tenderers should furnish their offer only in the sample format given below:

| Enquiry No: MD/Stores/                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                      | Due on:    |              | at 15.00 hrs   |          |                                   |          |                                 |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------|------------|--------------|----------------|----------|-----------------------------------|----------|---------------------------------|
| Composition of the Medicine quoted / Description of Material quoted                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Name of Company                      | Brand Name | Packing size | Quantity /Unit | MRP Rate | Rate Offered without GST ( Basic) | GST in % | Final unit Rate with GST in Rs. |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                      |            |              |                |          |                                   |          |                                 |
| <p><b>The Delivery Period Offered:</b><br/>(PI indicate the earliest delivery period offered )</p> <p>We are the authorised dealer/distributor and agree to supply Mormugao Port Trust, the material/medicine specified in the subject tender in accordance with the terms and conditions thereon. We further agree that the acceptance of this tender by the Chief Medical Officer shall constitute a binding contract between us and the Mormugao Port Trust. We will furnish the authorisation letter on demand.</p> |                                      |            |              |                |          |                                   |          |                                 |
| Date                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | Signature of Bidder with Office seal |            |              |                |          |                                   |          |                                 |
| Name of Tenderer / Contact mobile number & Complete Office Address of Bidder                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                      |            |              |                |          |                                   |          |                                 |