NOTICE INVITING LIMITED TENDER

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

<table>
<thead>
<tr>
<th>Tender No.</th>
<th>MD/Stores/637</th>
<th>Tender Closing Date &amp; time</th>
<th>24-08-2020 at 16.00 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Code /Composition of Medicine</td>
<td>Approved Companies</td>
<td>Quantity</td>
<td></td>
</tr>
<tr>
<td>H2057054 Alphacalcidiol(0.25mg) with Calcium 500mg Caps / Tabs or Calcium (150mg)+Calcitriol 0.25mg with or without Zinc.</td>
<td>USV / Leeford / Glenmark / Systopic / Mankind</td>
<td>80,000 No.'s. +/-20%</td>
<td></td>
</tr>
</tbody>
</table>

(Terms & Conditions as per Annexure ‘A’ attached.)

Note: All the bidders should compulsorily indicate the HSN Code of the medicine in their offer.

Delivery Period: Within 2-4 weeks from the date of receipt of Purchase order.

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 the envelope with tender number and opening date and should reach to the office of Chief Medical officer OR Alternatively, the offer can also be deposited personally in the Tender Box located in the office of undersigned on or before the closing date/time. The tenders received on or before the closing date & time will be opened on the next working day at 10.00 hrs. in the cabin of undersigned.

The terms & conditions applicable are given overleaf. The bidders should accept all the tender terms & conditions and adhere to our delivery period. 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,

[Signature]

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

<table>
<thead>
<tr>
<th>Composition of Medicine quoted / Description of Material quoted</th>
<th>Name of Company</th>
<th>Brand Name</th>
<th>Packing size</th>
<th>Quantity /Unit</th>
<th>MRP Rate</th>
<th>Rate Offered without GST (Basic)</th>
<th>GST in %</th>
<th>Final unit Rate with GST in Rs.</th>
</tr>
</thead>
</table>

The Delivery Period Offered:
(Pl indicate the earliest delivery period offered)

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.

Date

Signature of Bidder with Office seal

Name of Tenderer / Contact mobile number & Complete Office Address of Bidder
TERMS AND CONDITIONS

1. **PRICES:** The bidders should quote **FIRM** prices and should be on **F.O.R.** destination basis to be supplied to our stores at MPT Hospital on door delivery basis.

2. We being Govt entity, the bidders shall quote prices applicable to Govt. Hospitals/Institutions. The bidders should indicate the prevailing MRP rates.

3. **DELIVERY PERIOD:** Within **2-4 weeks** from the date of receipt of purchase order.

4. **The Bidders should submit valid Authorised dealership Certificate for the Company quoted by them else the offer will not be considered.**

5. **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.

6. **PAYMENT:** Our payment terms will be 100% within 30 days on receipt of materials/bills whichever is later only through **EFT**.

7. **LIQUIDATED DAMAGES:** In the event of delay in supply, liquidated damages at 1% of the total basic value of the undelivered quantity will be levied per week or part thereof of delay. The total liquidated damages shall however not exceed 10% of the total basic value of purchase Order. The total basic value here means the total value of the Order exclusive of GST, etc. The date of receipt of the item in our Stores will be considered as date of delivery for the purpose of liquidated damages.

8. **FORCE MAJEURE & EXTENSION IN DELIVERY PERIOD:** In case of failure to deliver the material/medicine in time which shall have arisen from war, insurrection, restraint imposed by the Govt., Act or legislation or other authority, accident, strike, riot, lockout or unforeseen events beyond human control directly or indirectly interfering with the supplies of stores or from any cause which the purchaser may admit as reasonable ground for an extension of time, the purchaser will allow such additional time he considers reasonable provided that the contractors/suppliers shall report immediately to the purchaser on the occurrence of any such cause as aforesaid which will or might affect the performance of the contract. Request for extension received after expiry of the delivery schedule will not be entertained.

9. The offer once quoted shall be valid for 60 days from the date of opening.

[Signature]

Chief Medical Officer
FORMAT TO FURNISH AUTHORIZATION LETTER

1. This letter shall be typed on the Pharmaceutical companies' letterhead, who is issuing the authorization letter.

2. The authorization letter shall be signed only by the authorized Official of company clearly indicating the name & designation of issuing official.

3. The authorization letter shall be signed only by the official having the signing authority from the companies

4. Format of authorization letter given below

To:
The Chief Medical officer
Mormugao port Trust Hospital
Headland, Sada

Sub: Authorization letter for supply of Medicines to MPT, Goa

I the undersigned Mr. ___________________________ Contact cell no: ___________________________ is the authorized Official to issue this letter on behalf of the company.

M/s ___________________________ from ___________________________ is our authorized dealer/distributor /stockiest/authorized firm to supply our product in Goa Region under Institutional Rates.

As such, on behalf of the company, hereby authorize M/s ___________________________ contact person Mr. ___________________________ Cell No. ___________________________ to quote for our companies product against the subject Rate contract tender.

We hereby undertake the responsibility to supply the medicines for two year duration Rate Contract as per the terms & condition stipulated in the tender documentation.

Signature of authorized Official of company with office seal

Date of issue of this letter:

23 | Bidder Signature with company Bidders seal and date