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/394</th>
<th>Tender Closing Date &amp; time</th>
<th>03-09-2018 at 16.00hrs</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Our Code / Composition of Medicine</th>
<th>Approved Companies</th>
<th>Quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>H20570010 Tab Levo Carnitine 500mcg + Methylcobalamin 1500mcg + Folic Acid 1.5 mg</td>
<td>Macleods/Wallace/Mankind</td>
<td>10,000 No's.</td>
</tr>
</tbody>
</table>

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 Alternately, 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
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 @ 1% per week. Max 10% of the basic value of tender. 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

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

<table>
<thead>
<tr>
<th>Enquiry No: MD/Stores/</th>
<th>Due on:</th>
<th>at 16:00 hrs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Composition of the Medicine quoted / Description of Material quoted</td>
<td>Name of Company</td>
<td>Brand Name</td>
</tr>
</tbody>
</table>

The Delivery Period Offered:
(PI 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