

ALL INDIA INSTITUTE OF MEDICAL SCIENCES, BATHINDA

Mandi Dabwali Road, Bathinda – 151001

No. AIIMS Bathinda/Tender/EOI/

29 Sep 2020

Sub: Invitation of Expression of Interest (EOI) for Vendor Registration for Supply of Stationary, Drugs, Medical Consumables & Miscellaneous Items to AIIMS Bathinda.

1. Online bids are hereby invited for seeking "Expression of Interest" from the eligible suppliers for empanelment in the Vendor Data Base for the procurement of Stationary, Drugs, Medical Consumables & Miscellaneous Items during the Financial Year 2020-21 under existing GFR rules.
2. A registration fee of Rs. 500/- (Rupees Five Hundred only) in shape of Banker Cheque/DD in favour of Director AIIMS Bathinda be submitted in the office of Director, AIIMS Bathinda.
3. The selection and shortlisting criteria are as follows:
 - (a) Firm must have an Average Annual Turnover of Rs. 10.00 Lakhs in the last three years (Copy of the audited balance sheet to be provided) in case of Stationary and Rs. 50.00 Lakhs in case of Drugs and Medical Consumables.
 - (b) Your firm (as well as any parent, subsidiary or affiliate firms) is not currently removed or suspended by the Govt. of India (GOI) or any other Govt. organisation (including the State Government).
 - (c) Your firm (as well as any parent, subsidiary or affiliate firm) is not under formal investigation, nor have been sanctioned within the preceding three (03) years, by any national authority for engaging or having engaged in proscribed practices, including but not limited to corruption, fraud, coercion, collusion, obstruction, or any other unethical practice.
 - (d) Your firm has not declared bankruptcy, are not involved in bankruptcy or receivership proceedings, and there is no judgment or pending legal action against your company that could impair your firm's operations in the foreseeable future.
 - (e) Your firm undertakes not to engage in proscribed practices (including but not limited to corruption, fraud, coercion, collusion, obstruction or any other unethical practice) with the Gol or any other party and to conduct business in a manner that averts any financial, operational, reputational or other undue risk to the Gol.
4. The selection of firm for empanelment will be made as per the procurement guidelines of AIIMS Bathinda. The information to qualifying criteria must be furnished in the prescribed tabular format – Appendix-B and the associated Annexures-I to IV which may be downloaded from <http://aiimsbathinda.edu.in/>


5. The interested firm should register on e-procurement platform for submitting the EOI online. The detailed instructions to the bidders are also attached.
6. The last date of submission of EOI online is 20 days after the publication of this notice in the newspaper.
7. Shortlisted firms will be asked to conclude the agreement as well as deposit the Performance Bank Guarantee (PBG) @10% of the Contracted Amount. This will be valid for the Financial Year 2020-21 and an additional six months. Interested firms may obtain any further information from the office during 10:00 AM to 01:00 PM on working days.
8. This EOI is being issued with no financial commitment and buyer reserves the right to change or vary any part at any later stage. Buyer also reserves the right to withdraw the EOI, should it become necessary at any stage.


(Dr. D.K. Singh)
Executive Director & CEO
AIIMS Bathinda

Copy to:-

1. Deputy Director (Admin.), AIIMS Bathinda
2. Financial Advisor, AIIMS Bathinda/PGIMER Chandigarh

File Custodian


Dinesh Mittal S.A.G

TENDER CONDITIONS ACCEPTANCE LETTER

(To be given on Company Head)

To

The Director,
AIIMS Bathinda.

Sub: Acceptance of Terms & Conditions of EOI.

1. Refer letter No. AIIMS Bathinda/Tender/ dated Sep 2020.
2. I/We have downloaded/obtained the tender document(s) for the above mentioned 'Tender Work' from the website namely: _____ as per your advertisement, given in the above mentioned website(s).
3. I/We hereby certify that I/We have read entire terms and conditions of the tender documents from Page No. 1 to 2 (including all documents like annexure(s), schedule(s), etc.) which form the part of the agreement and I/We shall terms/conditions/clauses contained therein.
4. The corrigendum(s) issued from time to time by your department/organization too has also been taken into consideration, while submitting the acceptance letter.
5. I/We hereby unconditionally accept the tender conditions of above mentioned tender document(s)/corrigendum(s) in it's totality/entirely.
6. The Cover Documents and its enclosures as submitted in physical form as mentioned in Part-I Para (b) of EOI is the true copy of the documents uploaded on the AIIMS Bathinda website (<https://aiimsbathinda@edu.in>).
7. In case any provision of the tender are found violated, your department/organization shall be at liberty to reject this tender.
8. GSTIN _____ and valid till _____.

Yours faithfully,

(Signature of the Bidder,
with Official Seal)

CHECK LIST FOR VENDOR REGISTRATION

Name of Firm _____

Name of Proprieter _____

Sr.	Details of documents	To be entered by applicant	To be entered by BOO	Remarks
(a)	Application Form for registration to include name of proprietor/partners (Copy of valid partnership deed duly notarized to be attached).			Annexure I
(b)	Valid Drug License issued by State Drug Controller (Notarized Copy) (Not applicable for Hearing Aid & Med Gases Supply)			
(c)	GST No (photocopy attested by notary)			
(e)	GST Registration Certificate of the state of the dealer (photocopy attested by notary)			
(f)	GST clearance certificate from State Authority/IT Department.			
(g)	No Objection Certificate from local Excise and Taxation Department in case of out of state dealer.			
(h)	PAN card of the Firm (photocopy attested by notary).			
(i)	Income Tax Returns for the last three years (photocopy attested by notary)			
(j)	Annual Turnover certificate from CA for last three years (photocopy attested by notary)			
(k)	Shop License Certificate (photocopy attested by notary).			
(l)	License Fee Certificate from Municipal Corporation (photocopy attested by notary) (Not applicable for hearing Aid & Med Gases Supply)			
(m)	Blue Print/ Map of Shop/Establishment duly certified by Municipal Corporation/local authority in which premises is located (photocopy attested by notary)			
(n)	Minimum three photos of the premises showing interior, exterior and cold storage facility to be			

	attached duly notarized.			
(o)	Certificate for adequate storage facility on Firm's letter head			Annexure II
(p)	Certificate of undertaking of security information			Annexure III
(q)	Self certificate that the firm is not black listed at any Hospital/Institute			
(r)	Vender Registration Certificate from other Govt. Hospitals for FY 2019-20 (Proof of supply to Govt Hospital)			
(s)	Satisfactory Performance Certificate from other Govt. Hospitals/Reputed Pvt institution (if any)			
(t)	Certificate of Sister Concern			Annexure IV
(u)	<p><u>For Manufacturing firms/ODM (Original drug manufacturer):-</u> (attach proof/attested photocopy)</p> <p>(i) Manufacturing License No issued by Drug Licensing Authority. (ii) GMP certificate issued by State/Central authority/Certificate of original inventor of molecule. (iii) Self certification regarding quality assurance protocol followed in manufacturing item, as applicable. (iv) ISO/BIS/CE Certificate as applicable</p>			

Note: Tick (✓) for Yes and (X) for No in respective space.

Signature of applicant

APPLICATION FORM FOR REGISTRATION VENDOR

1. (a) Name of the firm:
(b) Address with PIN Code:
(c) Contact No.:
(d) Email Id:
2. Name of the Proprietors:
3. Shop License No.:
4. (a) Wholesale Drug License No.:
(b) Validity period: From _____ to _____
5. License for manufacturing of Medicines/Stationary
6. GSTIN No.:
7. PAN No. of the Firm/Proprietor:
8. Banker's Details: (Bank account no., branch & address, IFSC code, MICR No)
9. Whether your firm has been black listed earlier by any hospital/institution Yes/No
10. I/We certify that enclosures as per check list have been enclosed.
11. I/We wish to be supply the following (Tick appropriate box/boxes)
 Stationary
 Drugs
 Medical Consumables & Miscellaneous items

Date:

(Signature of Proprietor)



CERTIFICATE FOR STORAGE FACILITY

(On Firms letter Head)

Certified that M/S _____ have adequate Storage Facilities as per laid down Govt Norms of Medicine. I/we will ensure sanctity and maintenance of cold chain for items requiring storage in cold/cool temperatures.

Date:

(Signature of Proprietor)



CERTIFICATE OF UNDERTAKING OF SECURITY INFORMATION

(Note : Notarized with stamp for Rs. 50/- on firm's letter head)

1. We undertake that we as a firm and as individuals will not divulge any official information to any unauthorized persons or to media (print/electronic) or post the information on open domain of various social networking sites/e-mail providers or internet per se; which we will come across while conducting business with your Institute to ensure security of information which may cause any defamation/loss to any individual.

2. We understand that we are liable for prosecution under Official Secret Act 1926 as amended or any other law of the land as applicable, whether this undertaking is signed or not, for any breach of information.

Date:

(Signature of Proprietor)



CERTIFICATE OF SISTER CONCERN

(Notarized with stamp of Rs. 50/- on firm's letter head)

1. I/We _____ of _____ (name of firm) undertake that I/We as a firm or as individuals are applying for registration as a vendor for AIIMS Bathinda, are certify the following:

(a) I/our firm is not associated directly as an owner or partner with any other firm applying for the said registration nor is any relative of mine in his individual capacity or is owner or partner of a firm which is applying for this registration.

OR

I/our firm is associated directly as an owner or partner with the following firms or my relative in his individual capacity or a firm in which he/she is owner/partner is applying for the said registration

Sr.	Name of Vendor	Name of Proprietor	Relationship
(a)			
(b)			

2. I understood that in case the information being submitted by me/us is found to be incorrect at a later date, my/our firm will be liable to lose registration on grounds of unfair practice.

Date:

(Signature of Proprietor)

