

DATA REQUIRED FOR HOSTING – MM SYSTEMS

DETAIL	INFORMATION
Contact Person/address	Name: R.D. Gaupiy Sunder Address: DGM/Stores & Admin. BHEL Main Hospital, Trichy – 620 014
Approved BY	Name & Design, of approval authority Dr.S S.Kumar Medical Superintendent
E - mail	dgopi@bheltry.co.in , medpur@bheltry.co.in , medstores@bheltry.co.in , medsurstores1@bheltry.co.in
Telephone	0431- 2574272, 2573905, 2571958 & 2553348
Notification (Reference) No.	MED: STR: DRUGS:SPOT / LP- 2016 – 2017, Dt. 24.10.2016
Tender Title	Procurement of Spot / Lp Medicines for BHEL MAIN HOSPITAL & RSK Dispensary - Trichy for the year 2016 – 17
Tender Type	Open Tender
Brief Description	Procurement of Spot / Lp Medicine for BHELMAIN HOSPITAL & RSK Dispensary – Trichy for the year 2016 – 17
Published in Newspaper	As per approved Note enclosed
Single / Two Part	Single Part
Published on	To be Published
Tender Value in Rs.	Rs. 75 Lakhs (approx.)
EMD Value in Rs.	NA
Document Cost in Rs.	NA
Date of issue of Notification – DD/MM/YY	26/10/16
Date for Closure of Sale of Forms – DD/MM/YY	
Completed Forms to be submitted by DD/MM/YY	19/11/16 - 12.00 Hrs.
Date of Opening of Bids – DD/MM/YY	19/11/16 - 14.00 Hrs.

Press Advertisement :

**BHARAT HEAVY ELECTRICALS LIMITED
UNIT: TIRUCHIRAPPALLI
PROCUREMENT OF SPOT/LP MEDICINES FOR BHEL MAIN
HOSPITAL & RSK DISPENSARY -TRICHY**

BHEL/TRICHY hospital is planning to procure medicines through SPOT/LOCAL PURCHASE from eligible vendors on daily basis. Contract period will be **1 year (2016-2017)**. The total contract value will be **75 lakhs/year** (approx.). Vendors those who are interested shall quote. For full details please refer to **NIT-_____** on BHEL's website <http://www.bhel.com> (Tender NotificationS DICINpage) or from the Govt. Tender website <http://tenders.gov.in> (Public sector units "Bharat Heavy Electricals Limited" Page).

All corrigenda/addenda/amendments/time extensions/clarifications, etc. to the tender will be hosted on above website(s) only and will not be published in any other media. Bidders should regularly visit above website(s) to keep themselves updated.

DGM / MEDICAL, BHEL, Tiruchirappalli – 620 014(TN), India.
Ph.:0431-2574272, 0431-2573905, e-mail: dgopi@bheltry.co.in

QUALIFYING CRITERIA

1. The Vendor should supply only specific **BRAND MEDICINES** having Minimum 1 year expiry against BHEL requirements and shall be based on " DOOR DELIVERY " basis to our Stores.
2. The vendor should submit valid copy of certificate of renewal of license to sell, stock or Exhibit for sales of distribute drugs (form 21-c) from authorized license authority.
3. The supply point should be located within **25 KM.** radius from BHEL MAIN HOSPITAL – Trichy – 620 014.

**BHARAT HEAVY ELECTRICALS LIMITED
TIRUCHIRAPALLI 620 014
MEDICAL DEPARTMENT**

Annexure-II

PHONE: 0431 2573905, 2574272, 2553348 FAX: 91 0431 2576831
E-mail medstores@bheltry.co.in, medpur@bheltry.co.in, dgopi@bheltry.co.in
Medsurstores1@bheltry.co.in

BHEL/MED/STR/SPOT/LP/2016-2017

DATE: 24/10/2016

Procurement of SPOT/LOCAL PURCHASE MEDICINES-Required for our Main Hospital & RSK Dispensary- Trichy for the year 2016-2017

Terms & Conditions

This rate contract is for one year with a view to arrange procurement of medicines Required for diseases like cardiac, diabetic, hypertension ophthalmology, dermatology, Anesthesia, psychiatric, pediatric, antibiotics etc. for our pharmacy / stores BHEL HOSPITAL, Trichy.

Consolidated list of medicine prescriptions / requirements are to be collected from Pharmacy / stores BHEL Hospital /kaillasapuram & pharmacy BHEL RSK Dispensary / Trichy and handover these items to the concerned on day to day basis along with the bill (to be submitted in triplicate) indicating the following.

Pharmacy / stores at the time of receipt of above items will ensure the above Requirements including MRP.

Our tentative value of the above 2 categories of purchase (Spot/Local purchase) is Expected to be Rs.75 lakhs per annum approximately. The value may vary as per actual Requirements.

Considering the above vendors shall submit most competitive offer through open tender Indicating maximum % of discount on MRP of above required medicines .Rate contract Will be finalized with one / more competitive supplier who can offer maximum % of Discount on MRP and ensure regular supply to BHEL HOSPITAL TRICHY for a period of One year.

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Quotation must comply with the terms and condition listed below.

1. The offer shall indicate % of discount on MRP Only.
2. The offer should only be for **Branded Products** having with minimum 1 year expiry against our requirements and shall be based on " DOOR DELIVERY " basis to our MEDICAL STORES/ PHARMACY of BHEL MAIN HOSPITAL, Kailasapuram , RSK Dispensary / Trichy.
3. In case vendor is not having any item, he has to procure from other sources and Supply to us as per terms and conditions.
4. Offer quoted shall be "FIRM" during the tenure of rate contract and no change shall be Allowed. Bids to be quoted shall be valid "FIRM "inclusive of all duties freight ,CST/VAT & ED as applicable.
5. The vendor shall quote Name of the supplier / contact address , Telephone no ,Mobile no and % of discount on **MRP** as per **Annexure III**
6. Please identify a person in your company with full correspondence Address, Telephone No, Mobile No, Fax No and Email Id for daily collection ,supply of medicines ,any clarification and correspondence as per enclosed **Annexure IV**.
7. Please indicate your respective local supply point's full correspond dence address with Contact person name ,Telephone no,Moblie no,Fax no,Mail Id, who are responsible for Supply, billing, execution and receipt of payment for BHEL Hospital Trichy as per **Annexure V**.
8. The vendor shall submit valid copy of Certificate of renewal of license to sell ,stock or Exhibit for sales of distribute drugs (from 21-c) from authorized license authority.
9. The supply point should be located within **25 KM**. radius from authorized license Authority.
10. BHEL will send the daily requirements of medicines through mail .Vendors should Intimate the status of the availability and MRP of the items through reply Mail based On our daily requirements.
11. One Original and two copies of Invoices / Bills are to be sent along with the Consignment while dispatching the materials. Supply without invoice will not be Accounted and payment processing will not be done.
12. 100% payment shall be made within 60 days after receipt at BHEL'S Stores / Pharmacy Trichy and acceptance of medicines.
13. In case of discontinuation of the contract BHEL/Vendor shall intimate in writing Before one month.
14. In case of any dispute arises out of this contract, the decision of Medical Superintendent BHEL /Trichy shall be final and binding on all the parties.
15. BHEL reserves the right to negotiate or refloat the vendor opened, if max % discount On MRP is not the best acceptable discount to them inter-alia other reasons.

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16. Proper packing is to be ensured and MRP shall be visibly shown.
17. No "C" or "D" form declaration can be furnished by BHEL.
18. BHEL reserves the right to negotiate or refloat the tender opened, if max % discount on MRP is not the best acceptable discount to them inter –alia other reasons.
19. Once Rate contract is finalized, for any failure to supply the items against orders Placed under Rate contract appropriate action will be taken. In emergency cases the Medicines if not supplied by the vendor will be procured from other sources and the Difference in cost will be deducted from the pending bills of the vendor.
20. ANY CHANGES TO SUPPLIER'S QUOTATION IF INTIMATED AFTER OPENING WILL NOT BE CONSIDERED.
21. Your offer should be addressed to:

DY.GENERAL MANGER / MEDICAL
(STORES & ADMINISTRATION)
BHEL MAIN HOSPITAL
KAILASAPURAM
TRICHY – 620 014 (Tamil Nadu)

Yours faithfully
For BHARAT HEAVY ELECTRICALS LTD

(R.D.GAUPIY SUNDER)
DGM / MEDICAL (Stores & Admin)
BHEL Main Hospital / Trichy -620 014

ANNEXURE IV

CONTACT PERSON'S DETAILS OF SUPPLIER

Name of the Supplier:-
Full Correspondence Address:-
Contact person :
E mail ID :
Fax No :
Phone No :
Mobile No :

ANNEXURE V

LOCAL SUPPLY POINT FOR BHEL HOSPITAL / TRICHY 620 014

Name of the Supplier :
Address:
Contact person :
E mail ID :
Fax No :
Phone No :
Mobile No :

