

## **GOVERNMENT OF KARNATAKA** KARNATAKA STATE MEDICAL SUPPLIES CORPORATION LIMITED

No.1, Dr. Siddaiah Puranik Road, KHB Colony, Magadi Road, Bangalore - 560079 Phone: +91-80-23283218, Email: md.ksmscl@gmail.com, Website:http://www.ksmscl.in

No:KSMSCL/DRUGS/OUOTATION-108/183/2023-24

Date: 22.12.2023

### INVITATION OF QUOTATIONS FOR SUPPLY OF DRUGS

To,				
M/s				
11111				
505.55				
*(*(*(*)*				

Dated: 16-11-2023.

Sub: Invitation of quotation for supply of Drugs/Miscellaneous.

1. 2022-23 Annaual Indent: Govt Order No: HFW 141 FPR/2022 BENGALURU.

Ref:

DATE: 19.12.2022 2. 2022-23 Annaual Indent Govt Unofficial Note No: FD 698 EXP-5/2022, DATE:

10.01.2023. 3. Quotation Notification No: KSMSCL/DRUGS/QUOTATION-66/139/2023-24,

Schedule of Requirement					
SI.	Drug Code	Drug Name	No of Quantity		
1	27.1.52	Vitamin D3 Oral Solution 400IU/0.5ml(Nano	20200		

Schedule of Requirement				
SI.	Drug Code	Drug Name	No of Quantity	
1	27.1.53	Vitamin D3 Oral Solution 400IU/0.5ml(Nano Droplet Form) NA	39209	

#### **Terms and Conditions**

#### 1. Eligible Bidders:

- a. Januashadhi registered / Januashadhi empanelled vendors / Authorized dealers can participate in the quotation.
- b. Januashadhi registered / Januashadhi empanelled vendors shall submit the Authorization certificate issued by the Janaushadhi for the drugs quoted.
- c. Authorized dealers shall submit the License issued by the Drug Control Department
- d. First preference will be given to Januashadhi registered / Januashadhi empanelled vendors

## 2. Last date and time of receipt of quotations:

- a. Convert Your KSMSCL Quotation document to Password Protected PDF file as follow:
  - Upload your Final Quotation PDF Document in the below link https://smallpdf.com/protect-pdf
  - Choose file ( for uploading documents)
  - Type your Password & Retype your Password
  - Click Encrypt file.
  - Download your Password Protected PDF.
  - Send your quotations to e-mail id
  - drugsquotationksmscl@yahoo.com

# \*Note: Quotations submitted on any other email id will not be considered

- b. Share your password after the due date and time for submission of Quotation via email to the same email id.
- c. Last date & time for Submission of quotation: Dt: 05.01.2024 17:00 Hrs.
- a. The quotation shall be submitted in the name of Managing Director, KSMSCL, No.1,
   Dr. Siddaiah Puranik Road, KHB Colony, Magadi Road, Bangalore 560079
- d. Quotation processing fee of Rs.1000 + 18% GST (Non refundable) in the form of Demand Draft drawn in favor of the Managing Director, Karnataka State Medical Supplies Corporation Limited, Payable at Bangalore along with Declaration (as per annexure-1) should be submitted on the last date and time specified for the submission of Quotation.

#### 3. Quoted Price:

- a. All duties, taxes, transportation taxes and other levies payable by the bidders (including GST) shall be included in the item rate.
- b. The rates quoted for each item shall be fixed for the duration of the contract and shall not be subject to any adjustment.
- c. Cable or Facsimile quotations are not acceptable.
- d. The rates quoted shall be inclusive of supply of the drugs to KSMSCL, Bengaluru and shall remain valid during the period of contract.

#### 4. Validity of quotations:

The quotations shall remain valid for a period not less than 30 days after the deadline fixed for submission of quotations.

#### 5. Validity of the Contract:

The contract shall remain valid for 1 year from the date of award of contract.

#### 6. Documents Establishing bidder's Eligibility and Qualifications

- a. Januashadhi registered / Januashadhi empanelled vendors shall submit the Authorization certificate issued by Januashadhi.
- b. Authorized dealers shall submit the License issued by the Drug Control Department
- c. GST Registration of the Firm.
- d. Declaration as per Annexure-1.
- e. Details of the Bidder as per Annexure-2.
- f. Commercial bid format as per Annexure-3.

## 7. Evaluation of quotations & Award of Contract:

The Purchaser will evaluate and compare the quotations determined to be substantially responsive i.e., which are properly signed, and confirm to the terms and conditions and specifications in the following manner:

- a. The evaluation will be done including all taxes. If the bidder has not included the taxes in his quotation for the item rate, and has also not indicated the rate of taxes applicable, the quoted rate will be treated as it is inclusive of taxes and no extra payment for taxes will be made. Provide details as per Annexure-3.
- b. The Drug/Miscellaneous/Item for which no rates have been quoted would be treated as Zero and considered as not bidding for that product.
- c. The Purchaser will award the Contract to the successful bidder who has quoted lowest price.
- d. Notwithstanding the above, the Purchaser reserves the right to accept or reject any quotations and to cancel the quotation process and reject all quotations at any time prior to issuing supply order.

#### 8. Delivery period & Supplies:

- a. The bidder has to supply awarded quantity within 30 days from the date of award of contract.
- b. If the supplier fails to supply within the stipulated period of time the purchase order will be cancelled.
- c. All drugs supplied must indicate the Date of Manufacture and Date of Expiry and must arrive at the Purchaser point with a shelflife of minimum 1 year from the date of Manufacture.
- d. The supply shall be mandatorily accompanied satisfactory NABL/in-house certificate for each drug.
- e. Quantity supplied should be compulsorily entered in the supplier module of Aushada software (User name and password will be given by KSMSCL) the same entries will be considered for quality monitoring and billing.
- f. It shall be the responsibility of the supplier for any shortage/damage at the time of receipt at the designated places

## Annexure - 1

## **DECLARATION**

# (On Non judicial Stamp Paper)

		M/s tor having its registered			_		
	(1)	As per the schedule of	requiren	nent, we are sub	omitting the bid	for the fo	ollowing item.
SI. No	Drug Code	Description of Drug	Unit Size	License issued by	License No.	Date of Issue	Validity of Authorization Certificate.
	(2)	That I/we have carefu any) issued by KSMS quotation including An	Dt CL and	Including A accept uncond	Amendment(s)	to quotati	on document (if
$\sim$	(3)	That I/We are holding a	and have	uploaded			
	a) valid authorization or empanelment certificate issued by Januashadhi for drugs,					adhi for quoted	
				OI	R		
		b) valid authorization	certifica	ite issued by Dr	ug Control Der	oartment.	
		c) All other relevant conditions of the qu			eligibility crite	ria and o	ther terms and
	(4)	We agree to supply the drugs with minimum shelf life period of 1 year and replace the drugs with Not of Standard drugs as per the terms and conditions of the quotation.					
	(5) All the statements, documents, testimonials, certificates, etc., uploaded are genuine and the						
	If our Firm is found contravening this undertaking even after award of contract in our favor, we accept disciplinary action by purchaser including rejection and annulment of our contract, contract						
	*Should be sworn before a Notary						
	Date:	/ /					
	Witne	ess:-		A	Authorized Per	son's Sig	nature
				N	Jame & Desig	nation wi	th Seal
	(1)						
(2)			ı.				

## Annexure -2

# **Details of the Bidder**

a	Name of the firm	9
	Office Address	
	Telephone and E-mail ID	
b	Works Address	
	Telephone and E-mail ID	
С	Name of the Authorized Signatory of the Firm Phone/ Mobile Phone No. Email ID	
d	Name of the Contact person Phone/ Mobile Phone No. Email ID	
e	Registration of the bidding Firm/In Society of Company/Establishment Registration Details	Registration of Firm/Incorporating of Company/Establishment Registration No and Date
f	GST Registration	No

Date:

Seal & Signature of the Authorized Signatory of the Firm

## Annexure -2

# **Details of the Bidder**

a	Name of the firm	2
	Office Address	
	Telephone and E-mail ID	
b	Works Address	
	Telephone and E-mail ID	
С	Name of the Authorized Signatory of the Firm Phone/ Mobile Phone No. Email ID	
d	Name of the Contact person Phone/ Mobile Phone No. Email ID	
е	Registration of the bidding Firm/In Society of Company/Establishment Registration Details	Registration of Firm/Incorporating of Company/Establishment Registration No and Date
f	GST Registration	No

Date:

Seal & Signature of the Authorized Signatory of the Firm

# Annexure -3 COMMERCIAL BID FORMAT

	g Code and Drug Name	Quantity	Unit Price in Rs. (incl of all Taxes)	Total Price
1				
2				
3				
	7	Total=		· · · · · · · · · · · · · · · · · · ·

Date:

Seal & Signature of the Authorized Signatory of the Firm