



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/QUOTATION-34/107/2023-24

Date: 16.11.2023

INVITATION OF QUOTATIONS FOR SUPPLY OF DRUGS

To,

M/s

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

- Ref:**
1. Quotation Enquiry No: KSMSCL/DRUGS/QUOTATION-34/107/2023-24, Dt: 16.11.2023
 2. 2022-23 Annual Indent : Govt Order No: HFW 141 FPR/2022 BENGALURU, DATE: 19.12.2022
 3. 2022-23 Annual Indent Govt Unofficial Note No: FD 698 EXP-5/2022, DATE: 10.01.2023.
 4. Tender Notification No: KSMSCL/DRUGS/RETND/2022-23AI/PACKAGE-2/49/2023-24, Dated: 02.08.2023 (IND-0025).(NO BIDDER)

| Schedule of Requirement | | | | |
|-------------------------|-----------|--------------------------|-----------|----------------|
| Sl. | Drug Code | Drug Name | Unit Pack | No of Quantity |
| 1 | 10.2.1 | Dextran-40 Injection 10% | 1x500ml | 1407 |

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 Januashadhi for the drugs quoted.
- c. Authorized dealers shall submit the Authorization letter 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: 23.11.2023 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 Janaushadhi.
- b. Authorized dealers shall submit the Authorization certificate 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:

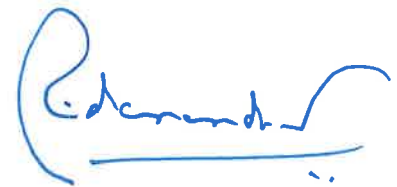
- a. The bidder has to supply awarded quantity within 30 days from the date of award of contract.
- b. If the supplier fails to supply within the stipulated period of time the purchase order will be cancelled.
- c. All drugs supplied must indicate the Date of Manufacture and Date of Expiry and must arrive 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

9. Quality Testing

- a. Purchaser shall test samples of supplies drawn randomly from each batch or batches of the consignment received either at the time of receiving the goods or at any time during the shelf life period of the product for test and analysis at any empaneled laboratories of KSMSCL or approved under the Drugs and Cosmetic Act and Rules., apart from the routine sampling that may be carried out by the Drugs Control and Regulatory authorities. But the charges for testing the samples of supplies will be borne by KSMSCL.
- b. If a batch / batches of Drug are declared as NOT OF STANDARD QUALITY after being tested at empaneled laboratories of KSMSCL or approved under the Drugs and Cosmetic Act and Rules, the bidder shall supply fresh stocks of standard quality of Drug equivalent to the entire quantity of the batch supplied earlier irrespective of the quantity available in the stock within 07 days from the date of receipt of the communication. If the Bidder fails to replace with fresh stocks, then the total value of the NSQ drugs will be recovered from the Bidder.

10. Payment

- a. Payment will be made within 30 days after receipt of original invoice, standard test reports with certification for goods received in good condition from the consignee mentioned in the purchase order subject to passing the samples of supplies in quality tests at the empanelled laboratories of KSMSCL or Labs approved by the Drug Controller. But the charges for testing the samples of supplies will be borne by KSMSCL.
- b. Payment will be made only after 100% supply.
- c. GSTN of the KSMSCL is **29AAICK3944Q1ZO** and invoices should be raised against the same.



**Managing Director,
KSMSCL, Bengaluru**

**Annexure - 1
DECLARATION**

(On Non judicial Stamp Paper)

I/We M/s. represented by its Proprietor/Managing Partner /Managing Director having its registered office at hereby declare as under:-

(1) As per the schedule of requirement, we are submitting the bid for the following item.

| Sl. No | Drug Code | Description of Drug | Unit Size | Authoization issued by | Authorization Certificate No. | Date of Issue | Validity of Authorization Certificate. |
|--------|-----------|---------------------|-----------|------------------------|-------------------------------|---------------|--|
| | | | | | | | |

(2) That I/we have carefully read all the terms and conditions of quotation enquiry noDt. Including Amendment(s) to quotation document (if any) issued by KSMSCSCL and accept unconditionally all terms and condition of the quotation including Amendment(s) (if any).

(3) That I/We are holding and have uploaded

a) valid authorization or empanelment certificate issued by Januashadhi for quoted drugs,

OR

b) valid authorization certificate issued by Drug Control Department.

c) All other relevant documents towards eligibility criteria and other terms and conditions of the quotation.

(4) We agree to supply the drugs with minimum shelf life period 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: / /

Witness:-

Authorized Person's Signature
Name & Designation with Seal

(1).....

(2).....

Annexure -2

Details of the Bidder

| | | |
|---|---|---|
| a | Name of the firm | |
| | Office Address | |
| | Telephone and E-mail ID | |
| b | Works Address | |
| | Telephone and E-mail ID | |
| c | 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 -3
COMMERCIAL BID FORMAT

| Sl. | Drug Code and Drug Name | Quantity | Unit Price in Rs. (incl of all Taxes) | Total Price |
|-----|-------------------------|----------|--|-------------|
| 1 | | | | |
| 2 | | | | |
| 3 | | | | |
| | Total= | | | |

Date:

Seal & Signature of the
Authorized Signatory of the Firm

