

OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER,
SUB-STORE, DHH, SUNDARGARH,

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସୁନ୍ଦରଗଡ଼

E-mail- storedhhsng@gmail.com, Phone No. 06622-273134

Notice No 1050 /CDM&PHO/SNG

Dt. 20.2.19 /

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

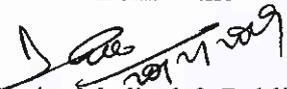
Notice No- 1050

Date- 20.2.19

TENDER CALL NOTICE

(ନବଜାତ ଶିଶୁର ଗୃହ ପରିଦର୍ଶନ କିଟ ପାଇଁ ଟେଣ୍ଡର ବିଜ୍ଞାପନ)

Sealed Tenders are invited from Registered Manufacturers/Authorized Distributors /Suppliers through *Speed Post / Register Post / Courier* for supply of "HBNC kit for newly selected ASHAs and replenished of defunct items" for the year 2018-19. The willing reputed supplier/whole sellers/manufacturers are requested to submit their sealed Tenders to the office of the undersigned on or before 13.03.19 till 5.00 PM. The Technical bid and Price bid will be opened on date 14.03.19 at 11.00 AM and the bidders or their representatives are requested to remain present in the scheduled date and time. Separate tender documents can be downloaded from the website www.sundergarh.nic.in.


Chief District Medical & Public
Health Officer, Sundargarh

Memo No. 1051 /CDM&PHO/SNG

Dt. 20.2.19 /

Copy forwarded to the Deputy Director (Advertisement)-Cum-Secretary to Govt. I & PR Department, Odisha, Bhubaneswar for information and necessary action. He is requested to publish with single edition in one Odia news paper and one national English news paper, the above advertisement as mentioned on the table.


Chief District Medical & Public,
Health Officer, Sundargarh.

Memo No. 1052 /CDM&PHO/SNG

Dt. 20.2.19 /

Copy to the District Informatics Officer, NIC, Sundargarh for information. He is requested to upload the details information & publish the same in the district website.

Copy forwarded to the DI & PRO, Sundargarh for information and necessary action.


Chief District Medical & Public,
Health Officer, Sundargarh.

Memo No. 1053 /CDM&PHO/SNG

Dt. 20.2.19 /

Copy to Office Notice Board for publication.


Chief District Medical & Public,
Health Officer, Sundargarh

TERMS & CONDITIONS

ELIGIBILITY CRITERIA

1. Valid manufacturing license / Import License. Distributer/Whole sellers have to furnish the authorization from the manufacturer.
2. Valid ISO 9001/ ISO 14001 certificate.
3. Product must be BIFMA/BIS 18001/CE / US FDA/BS OHSAS etc Certified
4. Renderer should have proof of supply of ten (10) or more of the item (s) mentioned in the schedule of requirement to any Govt. organization / Corporate Hospitals / PSU Hospitals / UN Agencies and certificate in support of that from the user in last 2 years.
5. Proof of Average annual turnover of the manufacturers/Distributers should be submitted, at least Rs.5 Lakhs or more in last three (3) financial years i.e (2015-16, 2016-17 and 2017-18).
6. Copy of valid GST registration certificate should be attached with the bid document.
7. Copy of valid PAN should be attached with the bid document.
8. Leaflets/Technical Brochures of each item must be submitted with the Tender bid.
9. **The rate of Clinical Digital Thermometer and Baby weighing Scale Sling type should be quoted separately in price bid format (Annexure-VII) by the bidder.**
10. **The rate of HBNC kit (Clinical Digital Thermometer, Baby weighing Scale Sling type, Digital stop watch and HBNC Kit Bag) should be quoted separately in price bid format (Annexure-VII) by the bidder.**
11. The goods should be supplied to the FOR destination and no charge for freight should be claimed.
12. The Tender will not be entertained after due date & time fixed for.
13. If any information or documents furnished are found to be incorrect or misleading at any stage the tender will be rejected.
14. All the documents should be attested by notary.
15. The approved rate will be valid for one year from the date of finalisation of the tender.
16. The Technical bid and the Price bid should be in separate envelope subscribed with Tender call notice **for "supply of "HBNC kit for newly selected ASHAs and replenished of defunct items"**.
17. Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting.


CHIEF-DISTRICT MEDICAL &
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SUNDARGARH

TENDER FEE

Tender document fee of Rs.1, 000/- (**Non refundable**) in shape of Demand Draft in favour of ZSS (NRHM) Additionality, Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.

EMD

Earnest Money Deposit of Rs. 7500/- (**Refundable**) in shape of Demand Draft in favour of ZSS (NRHM) Additionality, Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.

SECURITY DEPOSIT (Performance Security)

The performance Security should be submitted in shape of Bank Draft from a Nationalised Bank in favour of ZSS (NRHM) Additionality, Sundargarh (payable at Sundargarh) equal to the amount of 10% of the purchase order value of the item within 21 days of issue of the purchase order, which will be deposited in the ZSS account of Sundargarh and which will be refunded after completion of supply.

ACCEPTANCE OF TENDER AND SUPPLY CONDITIONS:

- The C.D.M & P.H.O, Sundargarh, Odisha reserves the right to reject the tenders or to accept the tenders for the supply of the item tendered without assigning any reason thereof.
- The C.D.M & P.H.O, Sundargarh, Odisha will be at liberty to terminate the contract either wholly or in part without assigning any reasons thereof. The tenderers will not be entitled to any compensation whatsoever for such termination.
- The supply should be completed within 45 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 45 days or 60 days with liquidated damage from the date of issue of the purchase orders from the C.D.M & P.H.O, Sundargarh, Odisha, such orders will stand cancelled automatically without further notice. Penalties shall also thereafter be applied to the tenderer.
- If the approved supplier fails to execute the supply within the stipulated time, the C.D.M & P.H.O, Sundargarh, Odisha is empowered to purchase the same items from L₂ or L₃ tenderer if they match the L₁ rate.
- The C.D.M & P.H.O, Sundargarh, Odisha or his authorised representative (s) has the right to inspect the factory of those company who have quoted for the tender, before accepting the rate quoted by them or before releasing any purchase order (s) or at any point of time during the validity period of tender and has also the right to reject the tender or terminate / cancel the orders issued or not to reorder based on the facts brought out during such inspections.

DELIVERY:-

The items will be delivered to the office of the consignee i.e. CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH


CHIEF DISTRICT MEDICAL &
PUBLIC HEALTH OFFICER
SUNDARGARH

LOGOGRAMS AND LABELLING:

- Tenderer for the supply of medical equipments shall give an undertaking in his tender that he will print “Govt. of Orissa Supply - Not For Sale” in bold letters in indelible ink on the equipment.
- The HBNC kit bag will must be embossed with “HBNC KIT BAG”.

LIQUIDATED DAMAGE :

- The C.D.M & P.H.O, Sundargarh may allow extension for a maximum period of 2 (two) weeks (14 days), after the stipulated date of supply (i.e. 45 days) with a penalty of 0.5% which will be deducted from the purchase order value as “Liquidated Damage”, for each week (7 days) upto a maximum 2% on the value of the goods.
- If the supplier fails to complete the supply within the extended period, i.e. 60 days after being allowed by the C.D.M & PHO, no further purchase order will be placed to the firm for the said item and the concerned firm will be blacklisted for two (2) years from the date of issue of letter for the said item.
- The approved firm shall also suffer forfeiture of the EMD and Security Deposit for non supply of the items.

TERMS OF PAYMENT :

- No advance payments towards cost of medical equipments will be made to the tenderer.
- 100% payment will be made after successful supply of the items to the supplying firm.
- Payment will only be made after handing over the Agreement, undertaking, of the tender items to the consignee and a letter to this effect should be submitted to the payment authority from the consignee.
- No claims shall be made against the **C.D.M & P.H.O, Sundargarh** in respect of interest on earnest money deposit or security deposit or any delayed payment or any other deposit.
- Payments in shape of Draft / Pay Order will preferably be dispatched to the supplier by Registered post with A.D or e-payment / on-line transfer or may be handed over to the authorized person of the supplier.


CHIEF DISTRICT MEDICAL &
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CHECK LIST

(To be submitted in Cover A Technical Bid)

Note : The documents has to be arranged serially as per the order mentioned in the check list

Please put in the respective box

COVER – A (TECHNICAL BID)

DOCUMENTS : SUBMITTED OR NOT

1.	List of Item (s) – Annexure II	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
2.	Tender document Fee	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
3.	Earnest Money Deposit	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
4.	Details of Manufacturing Unit / contract person Liaisoning agent / servicing centre (Annexure III)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
5.	Declaration form (Annexure -IV) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
6.	Manufacturer's Authorization Format (Annexure – V)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
7.	Proof of avg. Annual turnover of Rs. 5 lakhs for preceding 3 financial years (Annexure - VI) (2015-16,2016-17,2017-18)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
8.	Copies of Purchase order at least 10 nos or more in last above three financial year.	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
9.	Leaflets/Technical Brocheures of the Products offered (Item wise)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
10.	Copy of Manufacturing License / import license	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
11.	Copy of Valid ISO 9001/ ISO 14001 certificate	Yes <input type="checkbox"/> No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
12.	Attested Photocopy of Up-to-date BIFMA/BIS 18001/CE / US FDA/BS OHSAS (As per technical specification)	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
13.	Photocopy of valid PAN	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
14.	Photocopy of GST resistration cerificate	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
15.	Copy of original Tender and schedules, duly signed by the Tenderer	Page No. <input type="text"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>


**CHIEF DISTRICT MEDICAL &
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LIST OF ITEMS(HBNC KIT) FOR ASHA

SL.N O.	NAME OF THE ITEM	SPECIFICATION	REQUIRED QUANTITY	PLACE OF SUPPLY (CONSIGNEE)	DELIVERY PERIOD
1	Baby Weighing Scale with sling	As per tender specification	1076	CDM&PHO, Sundargarh	45 days from the date of issue of purchase order
2	Clinical Digital Thermometer		1076		
3	Digital Stop Watch		104		
4	HBNC Kit Bag		104		


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TECHNICAL SPECIFICATION

Sl. No.	Name of the item	Specification
01	Baby Weighing Scale with Sling	<ul style="list-style-type: none">• Should have Tough Nylon Plastic (Black) body with demonstration photos in white color.• Capacity : maximum load capacity should be 5 KG.• Each Product should be stamped by Weight & Measurement Department.• Should have color coded reading scale.• Should have zero adjustment.• Should have inbuilt overload protection.• Minimum gradation should not be less than 100gms.• Scale should be fitted with an aprox 3" rod handle with non corrosive metallic ring on top and S shaped hook at the bottom for suspending the sling bag.• Spring used in the scale should be made of heavy duty steel spring, non-corrosive grade II.• Sling bag should be made of double stitched tough and tear resistant 100% polyester to weigh the baby (with load carrying capacity of at least 7 Kgs.). Sling bag width at the middle of the bag : 24 " Two nos. sling bag should be provided in each baby weighing scale.
02	Clinical Digital Thermometer	<ul style="list-style-type: none">• Digital thermometer with Fahrenheit scale.• Safe to use, automatic, no glass, no mercury• Measurement range : 90.0 ° F to 109° F• Measurement accuracy : +/- 0.2 °F between 98.0 °F to 102.0 °F. +/- 0.3 °F between 96.4 °F to 98.0 °F. +/- 0.3 °F between 102.0 °F to 106.0 °F. (Type Testing certificate from lab relating to measurement accuracy need to be furnished in technical bid.• Should have auto shut off facility.• Display should be LCD Type.• Beeper alarm of approx, 10-second sound signal when peak temperature reached.• Average measurement time: Oral :30 Sec, Rectal:30Sec, Auxiliary : 60 Sec.• Battery operated.• Should have more than 200 hrs of battery life.• Warranty: 1 year.
03	Digital Stop Watch	<ul style="list-style-type: none">• Should have plastic body.• Should be battery operated.• Should be supplied with neck cord.• Should have normal time display with hour, minute, second with stop watch function.• Should be water resistant.• Should have illuminator for clear visibility.• Warranty : 1 year
04	HBNC Kit Bag	<ul style="list-style-type: none">• Appropriate size (Made of Rexin/Tetron) to accommodate all the three items.• The bag should have cover opening with Zip facility.• Should have handle to carry• The logo: NHM and the title HBNC Equipment Kit: Govt. of Odisha, Supply not for sale should be printed on the Bag.


**CHIEF DISTRICT MEDICAL
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SUNDARGARH**

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Orissa.
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E – Mail		
Date of Inception	Copy of Certificate of incorporation of Manufacturer)	
Manufacturing License Nos. & Date	Copy of manufacturing licence of Manufacturer)	
Name of the issuing authority		
License valid up to		

**Signature of the Tenderer :
with seal**

Date :

Official Seal :


CHIEF DISTRICT MEDICAL &
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DECLARATION FORM

I / Wehaving My /
ouroffice
at.....do declare that I / We have carefully
read all the terms & conditions of quotation of the CDM & PHO, Sundargarh, Odisha for the
supply of medical equipments. The approved rate will remain valid for a period of one year from
the date of approval. I will abide with **all the terms & conditions** set forth in the quotation
Reference no. _____

I/We do hereby declare I/We have not been de-recognised / black listed by any
State Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health
Institutions for supply of Not of Standard Quality (NSQ) items / non-supply.

I/We further declare that I/We possess valid manufacturing license (s) bearing No. (s)
.....Valid upto I / We
..... do hereby declare
that I / we will supply the _____ as per the terms, conditions & specifications of
the quotation document. I / we further declare that I / we have a service centre / will establish
a service centre within one month of installation of the equipment in Odisha.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public


CHIEF DISTRICT MEDICAL &
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ANNEXURE -V

MANUFACTURER'S AUTHORISATION FORMAT

To

The CDM & PHO, Sundargarh
Deptt. of Health & Family Welfare
Govt. of Odisha.

Ref: Quotation call No. _____ Dated _____ for _____.

Dear Sir,

We, _____ who are established and reputed manufacturers of -
_____ (Equipment & Instrument and other items having factories at _____
_____.

1. Messrs _____ (name and address of the Distributer/agent) is our authorized agent for sale and service of _____ (name of Equipment & Instrument and other items)
2. We confirm that Messrs. _____ (name of the above agent) is authorized to submit a quotation, and enter into a contract with for the above goods manufactured by us.
3. We also extend our full guarantee for the items quoted by M/S _____ as per the terms and conditions in your tender under reference above.

Yours faithfully,

(Signature with date, name and designation)

For and on behalf of Messrs _____
(Name & address of the manufacturers)
Seal

Note :

1. This letter should be on the *letterhead* of the *manufacturer* and should be signed by a person having the power of attorney to legally bind the manufacturer.
2. Original letter shall be attached to the technical bid.


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(To be submitted in Cover A -Technical Bid)

ANNEXURE – VI

(To be furnished in the letter head of the Auditor)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for Equipment products of

M/s _____

_____ who is a manufacturing unit for the last _____ years are given below and certified that the statement is true and correct.

Sl.No.	Year	Turnover in Lakhs (Rs.)
1.	2015-2016	-
2.	2016-2017	-
3.	2017-2018	-

Average Annual Turnover (for the above three years) in Lakhs (Rs.) _____

Date:
Place:

Signature of Auditor/
Chartered Accountant
(Name in Capital)

Seal

Membership No.-

Registration No. of Firm


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**Price bid (To be submitted with cover-B)
Annexure-VII**

Name of the Item (s) (Items mentioned in the schedule of requirement) (With Make & Model)	Specification	Unit Price (including all taxes and cost of transportation) In Rs.	Remarks
1	2	3	4
HBNC KIT(Clinical Digital Thermometer, Baby weighing Scale Sling type, Digital stop watch and HBNC Kit Bag)			

Name of the Item (s) (Items mentioned in the schedule of requirement) (With Make & Model)	Specification	Unit Price (including all taxes and cost of transportation) In Rs.	Remarks
Baby weighing Scale Sling type			
Clinical Digital Thermometer			


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