



No. 838 /NVBDCP,SNG

Date. 16/06/2020 /

To

Dy. Director (Advertisement) - cum- Secretary to Govt.  
I & PR Deptt., Odisha  
Bhubaneswar

Sub:- Advertisement of Tender call notice .

Sir,

Please publish the following advertisement using minimum space as per Govt. norms in one Odia & English newspaper for one day & single edition only. The bill will be submitted to the Chief District Medical & Public Health Officer, Sundargarh for payment.

Yours Faithfully

*[Signature]*  
16/6/2020  
Chief District Medical & Public Health Officer  
Sundargarh

**TENDER CALL NOTICE**

**(ଉପକରଣ କ୍ରୟ ବିଜ୍ଞପ୍ତି)**

Sealed Tenders are invited from Registered Manufacturers/Authorized Distributors /Suppliers through *Speed Post / Register Post / Courier* for supply of **"FOGGING MACHINE/ KNAPSACK SPRAYER/ TEMEPHOS 50% & PYRETHRUM EXTRACT 2% FOR NVBDCP SUNDARGARH"** for the year'2020-21. The willing reputed supplier/whole sellers/manufacturers are requested to submit their sealed Tenders to the office of the undersigned on or before 13.07.2020 till 5.00 PM. The Technical bid and Price bid will be opened on date 14.07.2020 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.sundargarh.nic.in](http://www.sundargarh.nic.in).

S/d Chief District Medical & Public Health Officer, Sundargarh

Memo No. 839 / CDM&PHO/SNG

Dt. 16/06/20/

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.

*[Signature]*  
Chief District Medical & Public Health Officer, Sundargarh.

Memo No. 840 / CDM&PHO/SNG

Dt. 16/06/20/

Copy to Office Notice Board for publication.

*[Signature]*  
Chief District Medical & Public Health Officer, Sundargarh



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


ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀଙ୍କ କାର୍ଯ୍ୟାଳୟ, ସୁନ୍ଦରଗଡ଼.  
ଜାତୀୟ ଭେକ୍ସିନ ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_/NVBDCP,SNG Date. \_\_\_\_\_/

## TERMS & CONDITIONS

### ELIGIBILITY CRITERIA

1. Valid manufacturing license should be submitted if the supplier is manufacturer.
2. If the supplier will be Whole sellers / Authorized Distributor they have to furnish the authorization from the manufacturer.
3. The supplier should submit the Valid CE , product approval certificate of the manufacturer.
4. The supplier should submit the Valid ISO certificate of the manufacturer.
5. Renderer should have proof of supply of ten (05) 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 5 years.
6. Proof of Average annual turnover of the manufacturers/Distributors should be submitted, at least Rs.30 Lakhs or more in last three (3) financial years i.e (2016-17, 2017-18 & 2018-19).
7. The supplier should submit IT returns of last three years (2016-17, 2017-18 & 2018-19).
8. Copy of valid GST registration certificate should be attached with the bid document.
9. Copy of valid PAN should be attached with the bid document.
10. The goods should be supplied to the FOR destination and no charge for freight should be claimed.
11. The Tender will not be entertained after due date & time fixed for.
12. If any information or documents furnished are found to be incorrect or misleading at any stage the tender will be rejected.
13. All the documents should be self attested.
14. The approved rate will be valid for one year from the date of finalisation of the tender.
15. The Technical bid and the Price bid should be in separate envelope subscribed with Tender call notice for **“FOGGING MACHINE/KNAPSACK SPRAYER/TEMEPHOS 50% & PYRETHRUM EXTRACT 2% FOR NVBDCP SUNDARGARH”** for the year 2020-21.
16. 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.



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

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No. \_\_\_\_\_

/NVBDCP,SNG

Date. \_\_\_\_\_



### TENDER FEE

Tender document fee of Rs.1120/- (**Non refundable**) in shape of Demand Draft in favour of ZSS NVBDCP, Sundargarh from any Nationalised / Scheduled Bank payable at Sundargarh.

### EMD

Earnest Money Deposit of Rs. 10000/- (**Refundable**) in shape of Demand Draft in favour of ZSS NVBDCP, 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 NVBDCP, 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 NVBDCP account of Sundargarh and which will be refunded after completion of supply.

### ACCEPTANCE OF TENDER:

- 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.

### SUPPLY AND DELIVERY:-

- The supply should be completed within 30 days from the date of issue of purchase order unless otherwise specified. If no supply is received even after 30 days or 45 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 L<sub>2</sub> or L<sub>3</sub> tenderer if they match the L<sub>1</sub> 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.
- The items will be delivered to the office of the consignee i.e. CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

Email ID - [dmosng@rediffmail.com](mailto:dmosng@rediffmail.com)

Phone No. - 06622-272386/ Fax- 272201



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

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ଜାତୀୟ ଭେକ୍ସର ବାହିଷ୍ଟ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_/NVBDCP,SNG

Date. \_\_\_\_\_/

**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. 45 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.
- Payment will be made after successful supply of the items by the supplying firm.
- 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.



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

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ଜାତୀୟ ଭେକ୍ସିନ ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_ /NVBDCP, SNG Date. \_\_\_\_\_ /

LIST OF ITEMS

Sl.No.	Name of the items	Technical Specification	
1	Fogging Machine	Type	Thermal aerosol pulse jet fogging machine
		Starting Mechanism	Electronic circuit with 6 volts battery
		Air Compressor	Compact type D C motor for auto starting
		Hand pump	Additional optional facility for manual starting
		Carburetor	Diaphragm type with petal valve
		Fuel Consumption	1.5 ltr/ hr
		Chemical Consumption	25-30 ltr/hr
		Chemical Tank	4.6 ltr-HDPE
		Fuel Tank	1.3 ltr -Aluminum
		L x W x H (in mm)	1180 x 275 x 360
		Weight	8.5 k.g. (empty) approximate
2	Knapsack sprayer	Tank	H D P E
		Tank Capacity	16 Ltr
		Pressure Chamber	Brass
		Lance Pipe	Brass
		Normal Working Pressure	3 bar (3 Kg/cm <sup>2</sup> )
		L x W x H (in mm)	350 x 170 x 460
		Weight	6 k.g. approximate
3	Temephos 50%	<ul style="list-style-type: none"> <li>• Molecular Weight - 466.5</li> <li>• Appearance - Brown color liquid</li> <li>• Solubility - Emulsifies in water</li> </ul>	
4	Pyrethrum Extract 2%	Pyrethrum Extract 2% is an oil based concentrate containing 2% m/m pyrethrins to be diluted in diesel/ kerosene/ petroleum	



No. \_\_\_\_\_/NVBDCP,SNG

Date. \_\_\_\_\_/

ANNEXURE -I**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="text"/>	No <input type="text"/>
2. Tender document Fee	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
3. Earnest Money Deposit	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
4. Details of Manufacturing Unit / contract person Liaisoning agent (Annexure III)	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
5. Declaration form (Annexure -IV) signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
6. Manufacturer's Authorization Format (Annexure – V)	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
7. Proof of avg. Annual turnover of Rs. 50 lakhs in last three preceding years(2016-17,2017-18 & 2018-19)	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
8. Copies of IT Returns of last three preceding years(2016-17,2017-18 & 2018-19)	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
9. Copies of Purchase order at least 10 nos or more in last above three financial year.	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
10. Copy of Manufacturing License	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
11. Copy of Valid ISO certificate	Yes <input type="text"/> No <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
12. Attested Photocopy of CE (GMS) Product Certificate (As per technical specification)	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
13. Photocopy of valid PAN	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
14. Photocopy of GST registration certificate	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>
15. Copy of original Tender and schedules, duly signed by the Tenderer	Page No. <input type="text"/>	Yes <input type="text"/>	No <input type="text"/>





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

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No. \_\_\_\_\_/NVBDCP, SNG

Date. \_\_\_\_\_



**Annexure-III**

**DETAILS OF THE TENDERER & LOCAL CONTACT PERSON**

	<b>Corporate Office (The address in which the purchase orders and payment details will be communicated)</b>	<b>Local Contact Person / Branch Office / Zonal Office / Service Centre if any, in Orissa.</b>
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 :**



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

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ଜାତୀୟ ଭେକ୍ଚର ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_/NVBDCP,SNG Date. \_\_\_\_\_

**ANNEXURE – IV**

**DECLARATION FORM**

(On Rs.100/- rupees non judicial stamp paper)

I / We .....having My /  
our .....office  
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 Tender  
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



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

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ଜାତୀୟ ଭେକ୍ସିନ ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_/NVBDCP,SNG Date. \_\_\_\_\_

ANNEXURE -V

MANUFACTURER'S AUTHORISATION FORMAT

To

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

Ref: Tender call No. \_\_\_\_\_ Dated \_\_\_\_\_ for \_\_\_\_\_.

Dear Sir,

We, ----- who are established and reputed manufacturers of -  
----- having factories at -----.

1. Messrs ----- (name and address of the Distributer/agent) is our authorized agent for sale and service of ----- (name of Items and other items)
2. We confirm that Messrs. ----- (name of the above Items) 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.

Email ID - [dmosng@rediffmail.com](mailto:dmosng@rediffmail.com)

Phone No. - 06622-272386/ Fax- 272201



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

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No. \_\_\_\_\_ /NVBDCP,SNG Date. \_\_\_\_\_ /



(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.	2016-17	-
2.	2017-18	-
3.	2018-19	-

**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



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

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ନାଟୀୟ ଭେକ୍ଟର ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ

No. \_\_\_\_\_ /NVBDCP, SNG Date. \_\_\_\_\_ /



**ANNEXURE-VII**

**UNDERTAKING**

(To be submitted with the bid in Company's letterhead)

To

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

Sir,

- 1) The undersigned certify that I have gone through the terms and conditions mentioned in the instruction supplement and undertake to comply with them the rates quoted by me/us are valid and binding on me/us for acceptance for the period from the date of contract order.
- 2) It is certified that rates quoted are the lowest quoted for any institution/Hospital in Odisha.
- 3) Earnest Money Deposited by me is Rs. 10000/- in the form of Demand Draft with No..... dated ..... in favour of ZSS NVBDCP, Sundargarh, is attached herewith.
- 4) I/We give the rights to the CDM & PHO, Sundargarh, to forfeit the EMD by me/us on any breach of the tender terms and conditions.
- 5) There is no vigilance / CBI case or Court case pending against the Firm/Supplier.
- 6) Should the said officer deem it necessary to change any article, if being found not as per supply orders, it shall be replaced by me/us in time to prevent any inconvenience.
- 7) I hereby undertake to supply the items as per directions given in supply order within the stipulated period.
- 8) I undertake to abide by all of the tender terms and conditions without any fail.
- 9) I understand that the CDM & PHO, Sundargarh has right to accept or reject any or all the tenders without assigning any reason thereof.

Signature of the bidder :

Seal

Date :

Name & Address of the Firm:

Email ID - [amosng@rediffmail.com](mailto:amosng@rediffmail.com)

Phone No. - 06622-272386/ Fax- 272201



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

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ଜାତୀୟ ଭେକ୍ସର ବାହିତ ରୋଗ ନିୟନ୍ତ୍ରଣ କାର୍ଯ୍ୟକ୍ରମ



No. \_\_\_\_\_/NVBDCP,SNG Date. \_\_\_\_\_/

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

Name of the Item (s) (Items mentioned in the schedule of requirement) (Manufacturer)	Unit	Unit Price (INCLUDING GST) In Rs.	GST IN %

**Chief District Medical & Public,  
Health Officer, Sundargarh.**

Email ID - [dmosng@rediffmail.com](mailto:dmosng@rediffmail.com)

Phone No. - 06622-272386/ Fax- 272201