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UNIVERSITY COLLEGE OF MEDICAL SCIENCES

(UNIVERSITY OF DELHI)

DILSHAD GARDEN DELHI-110 095

F. No.(24)(24)/UCMS/CS/LTE/MEDICINES/C.M./2015-16

Date: 28.12.2015

Speed Post

M/s.....

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Sub: - Rate contract for the supply of Medicines

Sir,

Quotations are hereby invited towards "**Rate contract for the supply of Medicines**" as per list attached at Annexure-I and must be sent in wax sealed envelope:-

1. Quotation must be marked "**Rate contract for the supply of Medicines**" addressed & submitted to the Asstt. Registrar (Central Store), Room No. 11 (Ground Floor), University College of Medical Sciences, Dilshad Garden, Delhi-110095 so as to reach **on or before 19.01.2016 upto 10:00 a.m.** failing which the bids will be treated as late and rejected.
2. The bid submitted by telex/telegram/Fax/E-mail etc. shall not be considered.
3. The bid not submitted in the prescribed formats or incomplete in detail is liable for rejection. The UCMS is not responsible for non receipt of bids within the specified date and time due to any reason including postal delays or holidays.
4. The rates approved shall be valid for one year initially, which can be extended (if required) by the College on the mutual agreement.
5. The approximate quantity of the medicines has been given in "Annexure-I" and the quantity may also be varied (as per our actual need) at the time of issuance of purchase order.
6. The supply will be made at University College of Medical Sciences, Dilshad Garden, Delhi-110095.
7. The College reserves all rights to accept/reject/ cancel the proposal at any stage without assigning any reason.
8. The firms must quote the rates in figure as well as in words for all the medicines. In case of any deviation, the rates quoted in words will be considered. The rates should be quoted clearly without any overwriting/ cutting.
9. The offer must be valid for a period of 120 days from the opening date of the bid. Any offer falling short of the validity period is liable for rejection.
10. Quotation letter is non-transferable and should be submitted as per our prescribed format on company's letter head duly signed by the competent signatory.
11. **EMD/Security Money of Rs. 16,000/- (Rupees Sixteen Thousand Only)** in the form of DD/Bank Guarantee in favour of "**The Principal, University College of Medical Sciences**", payable at Delhi shall be submitted along with the quotation, failing which the bid will be rejected. EMD of successful bidders shall be retained with College as Security Money for the period of Rate Contract. The EMD will be returned to the unsuccessful Bidder as early as possible after finalization of contract.

12. The bids will be opened on **19.01.2016 at 02:30 p.m.** in the College in presence of the representative(s) (if any) of the firm(s). In case, any unscheduled holidays occurs on prescribed closing/opening date, next working day shall be prescribed date of closing/opening. If any further amendment/ changes made by the College, the same will be uploaded on the College website only.
13. University College of Medical Sciences will award the rate contract(s) to the eligible bidder(s) on lowest price basis for further procurement.

Special terms & Conditions:-

- Bidder must be a registered firm in India under the applicable law.
- Bidder must have a valid Drug License (copy of the license must be enclosed).
- The Bidder must be ISO certified (copy of the certificate must be enclosed).
- Bidder should have reputed background & experience at least for three years in the trade.
- The bidder must enclose the copy of the purchase order worth Rs.2 Lacs, which should have been issued by any Govt. Hospital/ Medical College etc. during the year of 2015. Satisfactory delivery report of the same must also be enclosed herewith.
- Bidder must enclosed Non-Blacklisting Certificate as per format given at annexure –II.
- PAN No. (copy of the PAN card must be enclosed).
- CST/VAT Registration No. (copy of the certificate must be enclosed).
- Service Tax Registration No. (copy of the certificate must be enclosed, if applicable).
- Test report of any/all medicines may be asked, if required.

Yours faithfully,

**sd/-
(S. K. Dogra)
Deputy Registrar**

Encl: As above

Annexure-I

S. No.	Name of the Medicine	Total Qty. reqd. in Rate Contract Period (Approx.)	Quoted Brand	Name of the Manufacturer	Packing required in	Unit price (in Rs.) in FIGURE (all inclusive) Per Strip/ Per Tube/Per Bottle/Per Jar etc.	Unit price (in Rs.) in WORDS (all inclusive) Per Strip/ Per Tube/Per Bottle/Per Jar etc.
01.	TAB. B. COMPLEX	24,650 Tab.			STRIP		
02.	TAB. VIT. C - 500 MG	5,000 Tab.			STRIP		
03.	TAB. COTRIMOXAZOLE DS	8,000 Tab.			STRIP		
04.	CAP. AMOXYCILLIN 500 MG	15,000 Cap.			STRIP		
05.	TAB. IBBRUFEN (400)	34,600 Tab.			STRIP		
06.	TAB. PARACETAMOL	70,000 Tab.			STRIP		
07.	TAB. ALBENDAZOLE (400 MG)	2,300 Tab.			STRIP		
08.	TAB. ANTACID	14,500 Tab.			STRIP		
09.	TAB. CALCIUM	77,800 Tab.			STRIP		
10.	TAB. RANITIDINE (150 MG)	45,300 Tab.			STRIP		
11.	TAB. CITRIZINE	34,300 Tab.			STRIP		
12.	TAB. METRONIDAZOLE (400 MG)	14,500 Tab.			STRIP		
13.	TAB. FLUCONAZOLE (150 MG)	1,460 Tab.			STRIP		
14.	CAP. MULTIVITAMIN	14,060 Cap.			STRIP		
15.	TAB. AMLODIPINE (5 MG)	8,330 Tab.			STRIP		
16.	TAB. AMOXYCILLIN DT (125 MG)	6,980 Tab.			STRIP		
17.	TAB. OFLOXACIN + ORNIDAZOLE	2,470 Tab.			STRIP		
18.	TAB. COTRIMOXAZOLE SS	10,780 Tab.			STRIP		
19.	CAP. AMOXYCILLIN + CLAVULINIC ACID 625 MG	2,000 Cap.			STRIP		
20.	TAB. CIPROFLOXACIN (500 MG)	7,600 Tab.			STRIP		
21.	TAB. DICYCLOMINE + PARACETAMOL	5,400 Tab.			STRIP		
22.	CREAM CLOTRIMAZOLE 15gm	1,600 Tube			TUBE		
23.	SYP. AMOXYCILLIN 60ml	1,920 Bottle			BOTTLE		
24.	SYP. PARACETAMOL 60ml	1,500 Bottle			BOTTLE		
25.	SYP. ALBENDAZOLE 10ml	780 Bottle			BOTTLE		
26.	SYP. ZINC 100ml	970 Bottle			BOTTLE		
27.	SYP. ANTACID 170 ML	770 Bottle			BOTTLE		
28.	CREAM SIL. SULPHADIAZINE (15 GM)	800 Tube			TUBE		
29.	CIPROFLOXACIN EYE/EAR DROP 10ml	1,700 Bottle			BOTTLE		
30.	TAB. COTRIMOXAZOLE "PAED"	1,000 Tab.			STRIP		

31.	CREAM PERMETHRIN (30 GM)	200 Tube			TUBE	
32.	POWDER NEOMYCIN POLYMYXIN BESULPHATE AND BACTTRACIN-(10 GM)	700 Bottle			BOTTLE	
33.	SYP. PROMETHAZINE 60ml	1,600 Bottle			BOTTLE	
34.	TAB. METOCLOPRAMIDE – 10 MG	2,500 Tab.			STRIP	
35.	POVIDONE IODINE OINTMENT – 250 GM	10 Jar			JAR	
36.	C M APPLICAP 'EYE' "Chloromycetin"	2,500 Applicap			APPLICAP	
37.	POVIDONE IODINE SOLUTION 5%– 500 ML	10 Bottle			BOTTLE	
38.	TAB. IRON FOLIC ACID ***	1,30,000 Tab.			STRIP	
39.	TAB. FOLIC ACID ***	7,700 Tab.			STRIP	
40.	Tab. MEBENDZOLE ***	9,000 Tab.			STRIP	
41.	Tab. AZITHROMYCIN 1 GM	1,100 Tab.			STRIP	
42.	TAB. DERIPHYLLIN SR – 300 MG	75,000 Tab.			STRIP	
43.	TAB. PANTOPRAZOLE – 40 MG	86,600 Tab.			STRIP	
44.	TAB. IVERMECTIN 6 MG	60 Tab.			STRIP	
45.	TAB. DICLOFENAC SR 100 MG	22,000 Tab.			STRIP	
46.	TAB. AVIL.	1,000 Tab.			STRIP	
47.	TAB. CLOTIMAZOLE VAGINAL PESSAGE	600 Tab.			STRIP	
48.	TAB. CIPROFLOXACIN + TINIDAZOLE	3,400 Tab.			STRIP	
49.	SYP. OFLOXACIN + ORNIDAZOLE 60 ML	380 Bottle			BOTTLE	
50.	OINTMENT DICLOFENAC GEL 30 GM	450 Tube			TUBE	
51.	OINTMENT CLIN. DAMYCIN GEL 15 GM	150 Tube			TUBE	
52.	OINTMENT BENZOYL PEROXIDE GEL 20 MG	150 Tube			TUBE	
53.	OINTMENT BETNOVAT N 15G	300 Tube			TUBE	
54.	HAND SANITIZER (500 ML)	70 Bottle			BOTTLE	

To,

The Principal,
University College of Medical Sciences,
Dilshad Garden,
Delhi – 110095

Subject :- Non-blacklisting certificate

Dear Sir,

This is to certified that M/s _____ has not been blacklisted and no criminal case is pending in any Government Organization, Non–Government or Public Sector organization in India before submission of this bid document.

Yours faithfully,

(Signature)
(Name & Designation)
(Company Seal)

Date:
Place: