

NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES
SRI AUROBINDO MARG, NEW DELHI – 30

TENDER NOTICE

Ref. No. NITRD/Ten. /2024-25/4

Sealed tenders in two separate bids **a) Technical bid, b) Financial bid** are invited from reputed Manufacturers/ authorized dealers/ firms/ Agency etc. for the following items/ services*. **The Tender document would be available from cashier on payment of Rs.500/- (non-refundable) in cash** for each item from **07.03.2025 to 27.03.2025** between **10.00 am to 3.00 pm** on all working days and **upto 12.00 noon on Saturdays**. Downloaded tender documents are accepted subject to payment of cost of tender document i.e. Rs.500.00 (non-refundable). **The bidder may pay the cost of downloaded tender document by way of RTGS/NEFT at Punjab National Bank A/C No. 0636010100257320, IFSC CODE – PUNB0498000, Lado Sarai Branch Delhi-110030**, or by Crossed Demand Draft or by cash at the counter in the Accounts Section and proof of payment (receipt) to be enclosed with the tender document at the time of submission of the bids. The tender should be deposited in the Procurement Cell **by 10.30 am on 28.03.2025** along with requisite **EMD** as mentioned in tender document. The tenders will be **opened at 11.00 a.m. on 28.03.2025 in Room No. 215 of OPD Building**. One representative of the bidder in possession of admit card as in tender can attend the tender opening.

| Sr. No. | Name of Item/ services* |
|----------------|--|
| 1. | Various Medicines for 2025-2026 i) MT-1 Antibiotics ii) MT-2 Bronchodilators iii) MT-3 Analgesics iv) MT-4 Steroids v) MT-5 G.I.T vi) MT-6 Miscellaneous Medicines vii) MT-7 Anti-Tussive viii) MT-8 Vitamin & Minerals ix) MT-11 Hemostatic x) MT-13 Antiseptics xi) MT-15 I/V Fluids xii) MT-16 Anesthetics xiii) MT-17 Iodine Based Intravenous Contrast Media |
| 2. | Supply of EGGS |

The Information regarding this Tender Notice is also available on Institute's Web-site <http://www.nitrd.nic.in>.

(Director)

NOTE: This tender document contains 11 pages, including tender notice.

2025-26

MT-16 ANESTHETICS

| S. No. | Name of Items | Qty. | EMD |
|--------|--|------|-----------------|
| 1. | Atracurium 25mg/2.5ml Ampule Inj. | 150 | 20,000/- |
| 2. | Bupivacaine 0.25% Preservative free 5mg/1ml 20ml Vial Inj. | 150 | |
| 3. | Glycopyrolate 0.2mg/ml Ampule Inj. | 400 | |
| 4. | Haloperidol 0.5mg Tab. | 100 | |
| 5. | Ketamine 500mg/10ml Via Inj. | 10 | |
| 6. | Lignocaine HCL 2% 30ml Via Inj. | 3200 | |
| 7. | Lignocaine HCL 2% With Adrenaline 30ml Vial Inj. | 250 | |
| 8. | Lignocaine HCL 21.3mg/1ml 50ml Inj. | 100 | |
| 9. | Lignocaine HCL 4%(Topical)30ml Inj. | 500 | |
| 10. | Lignocaine HCL Jelly 2% | 1500 | |
| 11. | Lignocaine Spray 10% | 200 | |
| 12. | Medazolam 1mg/ml (10ml)Via Inj. | 2000 | |
| 13. | Naloxone (400Mcg/ml) Inj. | 200 | |
| 14. | Neostigmine 0.5 mg/ml (1ml Ampule) Inj. | 10 | |
| 15. | Neostigmine 2.5 mg/5ml (5ml Ampule) Inj. | 50 | |
| 16. | Pancuronium Bromide 2mg/ml Amp. Inj. | 2400 | |
| 17. | Propofol 1% (20ml Vial) Inj. | 200 | |
| 18. | Rocuronium 10mg/ml 5ml Vial Inj. | 700 | |
| 19. | Succinyl Choline 500mg/10ml Vial Inj. | 10 | |
| 20. | Thiopentone Sodium 0.5gm Vial Inj. | 10 | |
| 21. | Vecuronium Bromide (Lyophilized Powered form) 4mg | 10 | |
| 22. | Vecuronium Bromide (Lyophilized Powered form) 10mg | 10 | |
| 23. | Sugammadex Sodium 100mg/ml-2ml Inj. | 200 | |
| 24. | Sevoflurane 250ml Solution | 50 | |
| 25. | Desflurane (240ml) 100% V/V Inhalation Vapour Liquid | 10 | |

NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES

SRI AUROBINDO MARG, NEW DELHI 30.

EMD CHECK LIST & DECLARATION FORM

MANDATORY

| S. No. | Description | Eligibility Criteria | Remarks if any |
|--------|-------------|----------------------|----------------|
|--------|-------------|----------------------|----------------|

| | | | |
|----|---|--|----------------------------|
| 1. | EMD Submitted | 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> | |
| 2. | If EMD Submitted please provide details of EMD | 1. FDR/BG/D.D No..... 2. Name of the Bank..... 3. Amount..... | If FDR, validity of FDR is |
| 3. | Bidder is manufacturer of all quoted items | 1. Yes <input type="checkbox"/> 2. No <input type="checkbox"/> | |
| 4. | Is bidder is manufacturer or dealer of quoted items | 1. Manufacturer <input type="checkbox"/> 2. Dealer <input type="checkbox"/> | |

*** No EMD Exemption will be given to MSME dealers. EMD exemption is available to only MSME manufacturers. EMD exemption will also be not applicable, if manufacturing firm authorizes any other agency for supply & raising of bills).*

NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES
SRI AUROBINDO MARG, NEW DELHI 30.

ESSENTIAL CHECK LIST

(To be enclosed with the Technical bid for tender for the year 2025– 2026)

Address of Company/ Tenderer:

Mobile No of contact person for any communication –

E-mail of contact person for any communication –

(All the communications regarding tender, including supply order will be sent through E-mail only, so provide valid E-mail, no representation will be accepted for not receiving communications, if wrong Email is provided).

| S. No. | Particular | Yes/No | Remarks |
|--------|---|--------|---------------------|
| 1. | Proof of Purchase of Tender Form | | |
| 2. | GST Registration Number | | |
| 3. | Copy of valid license to sale by bidder and copy of valid license to manufacture by manufacturer of all quoted items | | Date of Validity is |
| 4. | If tender is by an authorized dealer, original copy of authorization with date of validity from manufacturer of all quoted items. | | |
| 5. | Notarized Affidavit on Rs. 100/- stamp paper by manufacturer & bidder that firms have not been blacklisted by any govt. organization for quoting and supplying the medicines in last 3 years (To be submitted in original, (As per Annexure –III). | | |
| 6. | Valid WHO-GMP/ISO series certificate / another equivalent certificate of manufacturer. | | |
| 7. | Bidder manufacturer firm must be manufacturing the quoted item regularly in last 3 years. Proof of experience of supply of quoted item must be submitted in form of copy of supply orders & satisfactory Performance Certificate from the hospitals / Institutions from minimum two hospitals / Institutions. | | |
| 8. | <i>Acceptance of all terms and conditions of tender on letterhead by manufacturer & dealer with proper signature & stamp.</i> | | |
| 9. | Rates must be valid till 31.03.2026 (please submit acceptance). | | |
| 10. | Lowest rate certificate from Dealer/Manufacturer | | |
| 11. | Filled Proforma for information of quoted item as per Performa (Annexure –I) | | |
| 12. | Bidders are required to give the Bank details for payment through NEFT/ RTGS, (please submit copy of cancelled Cheque). | | |

Authorized Signature
Name with rubber stamp

NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES
SRI AUROBINDO MARG, NEW DELHI 30.

Annexure-I

Proforma for information for quoted Items

| S. No. | Name of the Item | Quoted product Yes/No | Offered Pack Size | Specific action/Strength | Valid DL Exact Page No. in technical Bid | WHO/GMP Certificate Exact Page No. in technical Bid | 3 years' Experience Exact page No. in Technical Bid |
|--------|---|-----------------------|-------------------|--------------------------|--|---|---|
| 1. | Atracurium 25mg/2.5mlAmpule Inj. | | | | | | |
| 2. | Bupivacaine 0.25% Preservative free 5mg/1ml20ml Vial Inj. | | | | | | |
| 3. | Glycopyrolate 0.2mg/mlAmpule Inj. | | | | | | |
| 4. | Haloperidol 0.5mg Tab. | | | | | | |
| 5. | Ketamine 500mg/10ml Via Inj. | | | | | | |
| 6. | Lignocaine HCL 2% 30ml Via Inj. | | | | | | |
| 7. | Lignocaine HCL 2% With Adrenaline 30ml Vial Inj. | | | | | | |
| 8. | Lignocaine HCL 21.3mg/ml50ml Inj. | | | | | | |
| 9. | Lignocaine HCL 4%(Topical)30ml Inj. | | | | | | |
| 10. | Lignocaine HCL Jelly 2% | | | | | | |
| 11. | Lignocaine Spray 10% | | | | | | |
| 12. | Medazolam 1mg/ml (10ml)Via Inj. | | | | | | |
| 13. | Naloxone (400Mcg/ml) Inj. | | | | | | |
| 14. | Neostigmine 0.5 mg/ml (1ml Ampule) Inj. | | | | | | |
| 15. | Neostigmine 2.5 mg/5ml (5ml Ampule) Inj. | | | | | | |
| 16. | Pancuronium Bromide2mg/ml Amp. Inj. | | | | | | |
| 17. | Propofol 1% (20ml Vial) Inj. | | | | | | |
| 18. | Rocuronium 10mg/ml 5ml Vial Inj. | | | | | | |
| 19. | Succinyl Choline 500mg/10mlVial Inj. | | | | | | |
| 20. | Thiopentone Sodium 0.5gmVial Inj. | | | | | | |
| 21. | Vecuronium Bromide (Lyophilized Powered form) 4mg | | | | | | |
| 22. | Vecuronium Bromide (Lyophilized Powered form) 10mg | | | | | | |
| 23. | Sugammadex Sodium 100mg/ml-2ml Inj. | | | | | | |
| 24. | Sevoflurane 250ml Solution | | | | | | |
| 25. | Desflurane (240ml) 100% V/V Inhalation Vapour Liquid | | | | | | |

Note: - Tender may be rejected if the above information sheet is not submitted or incomplete information is submitted.

Signature, Name of Authorized Person of the Bidder with seal

Date: _____ **Place:** _____

Contact Cell No.: _____

Email Id: _____

National Institute of Tuberculosis and Respiratory Diseases
(Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)
Sri Aurobindo Marg, (Near Qutub Minar) New Delhi – 110 030.

INSTRUCTIONS TO TENDERERS REGARDING MODE OF BID AND EMD

1. **Bidders submitting tenders would be considered to have considered and accepted all the terms and conditions in the tender document. Any conditions given by the bidder would be taken as null and void.**
2. The tender will be on a **two bid system** comprising of: -
 - i. **Technical Bid** containing all the technical specifications and other tender requirement as per tender document **except** the Proforma Invoice/Price.
 - ii. **Financial bid** containing the Proforma Invoice and the other details of financial needs only.
 - iii. **EMD** amount of Rs 20,000/- should be enclosed for the tender to be considered for evaluation. EMD should be in the form of Account Payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank Guarantee from any of the Commercial Banks or payment online in an acceptable form. Tender without EMD would be rejected. EMD already lying with the National Institute of any previous tender/ quotation etc. will not be considered for this tender. EMD to be drawn in favor of **DIRECTOR NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES. Any EMD previously deposited with the institute cannot be considered for this tender.**
 - iv. **EMD will be forfeited: -**
 - a. In case of non-supply after placing of the order.
 - b. In case of willful suppression/ submission of wrong information.
 - v. **EMD, if submitted with validity of one year would have to be revalidated as required for the bidder to be considered for the tender.**
3. Please ensure that the E.M.D., Technical Bid, Financial Bid is submitted in three different envelopes and these should be put in an outer envelope super scribed with quotation no., Date of opening and item name. If exemption of E.M.D is claimed as per Govt. rules proof may give clearly.
4. Bidder must write the name of item quoted for and the tender number / date on the bid envelope without which the tender will be rejected. All clarification will be asked by email and bidder should respond on pc.nitrd@outlook.com.
5. **Bidder to provide E-mail address in case of any clarification is required as the normal response time in these cases would be of Five Days.**
6. **If any of the information is found to be incorrect at any stage, the contract/ tender may be cancelled with forfeiture of EMD and Penalty as decided by the Competent Authority.**
7. This tender is open to the manufacturers or their authorized dealers of the items in the schedule attached as per the terms and conditions given below.

Terms & Conditions: -

1. **Manufacturing Companies/Firms must have form-fill-seal technology or blow-fill-seal technology (as per Drugs & Cosmetic rules 1945 act as amended up to date). Please submit undertaking for it.**
2. The validity of bid will be **one year** from date of opening and rate will be valid till **31st March, 2026** subject to the term and conditions mentioned below.
3. **Performance Security Deposit:** - The Successful Bidder will be liable to deposit one time 5% amount of estimated yearly bill value of their L-1 Rank. It needs to be submitted in the form of “Irrevocable Performance Guarantee DD/Bank Guarantee/Fixed Deposit/Indemnity Bond” from RBI approved bank within stipulated time of 30 calendar days of bid opening before award of contract. It should be valid for minimum 2 years and 60 days from the date of award of contract. Failing to deposit Performance Security Deposit, the EMD shall be forfeited. Failing to deposit Performance Security Deposit, the EMD shall be forfeited. It should be in favor of **DIRECTOR NATIONAL INSTITUTE OF TB AND RESPIRATORY DISEASES.**
4. As per office order memorandum No. F.1/1/2021-PPD dated 21.04.2022 GOI, Ministry of Finance, Department of Expenditure: If the bidder, whose bid has been found to be the lowest evaluated bid withdraws or whose bid has been accepted, fails to sign the procurement contract as may be required for the performance of the contract or otherwise withdraws from the procurement process. The Procuring Entity shall **re-tender of the that item** and the company will be blacklisted for five years in future all hospital tender.
5. ***Bidder manufacturer firm must be manufacturing the quoted item regularly in last 3 years. Proof of experience of supply of quoted item must be submitted in form of copy of supply orders & satisfactory Performance Certificate from the hospitals / Institutions from minimum two hospitals / Institutions.***
6. **After opening of tenders:**
 - a) No change/alteration on plea of clerical or typographical error in rates or other terms in the tender will be permitted under any circumstances.
 - b) Withdrawal of the completed tender can be allowed but, in such cases, the earnest money deposit shall be forfeited in full.
 - c) Partial withdrawal (in respect of one or more items quoted) will not be allowed under any circumstances.
 - d) Rate-revision: Successful bidders shall not be entitled to any rate-revision of price for any reason except Govt. levies which become applicable after finalization of rate contract.
7. **Financial bid of the item applied should invariably be in the format as per Annexure – II.**
8. Taxes (G.S.T.) applicable, if extra to be charged should be distinctly shown along with the price quoted. Where this is not done, no claim for increase such taxes will be entertained at any later stage in any case.
9. Sample of items/Brochures should be submitted along with tender (wherever applicable) with a list of sample supplied.
10. All supply orders will be sent by Email / speed post. **Supply of items should be maximum within 4 (Four) weeks** from the date of issue of the supply order. Bidders asking for delivery period of more than Four weeks may be summarily rejected. ***Acceptance of this term may be submitted on letterhead of manufacturer & dealer with proper signature & stamp.***

11. **Delivery Terms:**

The date of delivery indicated in the supply order must be adhered to, strictly, otherwise Liquidated damages as below will be imposed.

In case of **non-supplying of the item(s)** after placing the order, the **EMD will be forfeited** and firm may be debarred from further supply to the Institute of the concerned Item(s) for a period of three years.

After lapse of Stipulated time period as per Supply order, Penalty will be imposed @**2%** of order cost per week to a maximum of **10%** till **5 weeks** (part week would be counted as one week i.e. 8-14 days means two weeks; 15-21 days means 3 weeks etc.). **Extension will not be more than 5 weeks.**

In case of failure to supply the item(s) within the extension period, it would be treated as Non-supply and EMD would be forfeited without any further intimation to the supplier.

12. No payment shall be made for rejected Stores. Rejected items must be removed by the bidders within two weeks of the date of rejection at their own cost and replace immediately. In case these are not removed, these will be auctioned at the risk and responsibility of the suppliers without any further notice.
13. **Part supply** may not be accepted. In case, it is accepted by the Institute, Bidder should ensure that the full supply is made as per clause 14 failing which penalty would be enforced as above on the entire supply order.
14. Supply-order will be placed from time to time during the tenure of the contract, as per actual requirement, in which the exact quantities required on each occasion together with the date of delivery shall be specified in the purchase order.
 - a) Supply orders placed against the contract, on or just before last date of the tenure of contract will have to be accepted/honored by the supplier.
 - b) No guarantee can be given as to the minimum quantity which will be demanded against this contract, but the supplier will supply such quantity as may be ordered by the Purchase Officer during the tenure of the contract.
15. Drug Supply should be accompanied with the quality certificate from competent authorities, if applicable. **(Form 39)**. Supply can be subjected to chemical analysis if and whenever required. If found dissatisfactory, all the supply will be rejected. In such a case, the cost of testing along with the loss incurred by the Institute will be recovered from the supplier/manufacturer. Further, the firm may be debarred from supply to the institute for a period as decided by the Director, National Institute of TB & Respiratory Diseases.
 - a) If any store/stores supplied against the contract are found to be not of standard quantity as per specifications on analysis and /or on inspection by competent authority, the Hospitals will destroy the entire consignment against the particular invoice, irrespective of fact that part of the supplied stores may have been consumed. The Hospitals shall not be liable to make any payments in lieu of inferior items.
 - b) If the firm fails to make fresh supplies in lieu of substandard quality of drug, it is liable to be debarred for two years in respect of all the items in the rate-contract of this Institute and EMD/Performance security shall be forfeited.
 - c) In any case of drug reaction, the case would be referred to Adverse Drug reaction Committee for further action.
16. Firm should submit a certificate that it is not supplying the item at a rate lower than what it has quoted in this tender to any other Govt. /Semi Govt. /Autonomous organization. If the firm is found supplying same item at lower rate to any other institution than lower rate will be applicable.

17. **Shelf life of Drugs, I/v, surgical disposables etc., should be minimum 3/4 months of total expiry at the time of delivery to stores.**
18. No request for change of manufacturer/company for the item will be accepted for an item once it has been finalized.
19. Goods supplied by courier/transport will be accepted only in the presence of the supplier's representative.
20. The quantity mentioned in tender document is an estimated requirement and it cannot be guaranteed that the same will be ordered. The Institute reserves the right to increase or decrease the ordered quantity mentioned in tender document.
21. Bidder must write the name of item quoted for and the tender number/date on the bid envelope without which the tender will be rejected.
22. The Director reserves the right to accept, reject the offer or change the tender condition in part or in to without assigning any reason.
23. No enquiries, verbal or written, shall be entertained in respect of acceptance or rejection of the tender.
24. **Supply timing to drugs items to Medical Store of NITRD Hospital: -**
Suppliers Agency expected to give prior intimation to the hospital Medical Store (Officer Incharge) preferred timing for supplies: -
Timing 09:30 AM to 03:00 PM (on each working day from Monday to Friday) & Timing: 10:00 AM to 12:30 PM (on Saturday).
25. **EMD of the successful bidder will be released only after submission of Performance security.**
26. **Supply Orders for complete quantity can be placed in any number of schedules over the financial year. No representation regarding change of quantity in supply order schedule will not be entertained. Required quantity also may increase/decrease by 25%**
27. All the firms should preferably give their **local address, Mobile number and E-mail Address** for correspondence.
28. All Medicine Strip /Vial should be labeled '**HOSPITAL SUPPLY NOT FOR SALE**'.
29. All Medicines and Surgical Items should be **BAR CODED** giving the following information batch no. and date of expiry.

(DIRECTOR)

National Institute of Tuberculosis and Respiratory Diseases
(Autonomous Institute under the Ministry of Health and Family Welfare, Govt. of India)
Sri Aurobindo Marg, (Near Qutub Minar) New Delhi – 110 030.

Annexure – ‘II’

As per Tender Clause (9)

1. Bidder firm will quote Basis rates + GST Extra (actual GST% should be mentioned) & expenditure up to F.O.R to Medical Store, National Institute of Tuberculosis and respiratory Diseases (NITRD), Hospital, New Delhi-110030 basis. Quoted Price means that all such expenses have been taken in account by the Bidder and are inclusive in the Quoted offered Price. Price bid will be opened of only those bidders whose technical bid is found qualified in technical evaluation.
2. L-1 will be decided on each Item wise unit rate basis.

FORMAT OF PRICE BID

| S.No. | Item Description | Item Code/Make | Type of Item | Units | Basic rate Per Unit to be entered by the bidder in Rupees | GST in Percentage (%) | Total Amount without GST | Total Amount with GST | Total Amount in words |
|-------|------------------|----------------|--------------|-------|---|-----------------------|--------------------------|-----------------------|-----------------------|
| | | | | | | | | | |

- (i) Financial bids must be typed and hand written bid will be rejected.
- (ii) Rates must be valid till 31.03.2026.
- (iii) No increase in quoted price and change in quality of product will be allowed during the validity of tender period.
- (iv) No item should be quoted with price more than the M.R.P. The prices should be quoted strictly in accordance with unit/quantity mentioned in the price bid format.

Signature, Name of Authorized Person of the Bidder with seal

Date: _____ **Place:** _____

Contact Cell No.: _____

Email Id: _____

As per Essential Check List Point No. 5

Copy of Affidavit

I _____ S/o _____ Resident
_____ District _____ Contractor/Partner or Sole
Proprietor (Strike off word which is not Applicable) of the firm M/s
_____ Do hereby
solemnly affirm and declare that my / our firm/Company, any partner or shareholder or any
person directly or indirectly connected with my /our firm or having any subsisting interest in
business of my / our firm as mentioned above, is not black-listed by the Union or any State
Govt. or UT Govt in last 3 years.

DEPONENT