

Bhagat Phool Singh Govt. Medical College,
Khanpur Kalan, Sonipat

Email: bpsgmc.purchase@gmail.com

**Invitation of quotations for Medicines (Inj. Metronidazole
500mg/100 ml)**

Inquiry No: Purchase/ 4324

Inquiry Issue Date: 31.05.2024

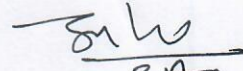
Last Date of Submission: 06.06.2024

Rate quotations in sealed envelope/Password protected E-quotations are hereby invited by the undersigned on behalf of the Director, BPSGMC for Supply of medicines with specification as per Annexure-1 in computerized format as per Annexure-2 as per terms & conditions mentioned below.

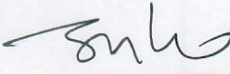

The filled quotations must reach in the office of the undersigned on or before_06.06.2024 at 11:00 am. The Envelope containing the quotation would please be sealed and super scribed as "Quotation For Medicines opened on 06.06.2024"

B) Terms & Conditions:

1. Quotation must be submitted in the office of undersigned on or before deadline of submitting the quotation. The quotations received after this deadline shall not be entertained under any circumstances whatsoever. In case of any delay this Institute will not be responsible.
2. Bidder must quote the product as per specification provided in Annexure 1.
3. Quotations must be in the enclosed prescribed Performa Annexure-2 on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative
4. Rates must be quoted in Indian rupees and as per the format specified, taxes extra if any must be written separately.
5. Rates must be quoted FOR basis (including Freight charges, Insurance, installation etc.)
6. No overwriting or cutting is permitted in the rates. If found, the quotation shall be summarily rejected.
7. The rates quoted must be valid for 90 days minimum from the date of opening of the quotation.
8. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
9. Any conditional quotation shall be rejected summarily.


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10. BPSGMC, Sonapat reserves the right to increase or decrease quantity and / or amount of work. Decision of Quantity of material in the BPSGMC, Sonapat will be final in this regard.
11. BPSGMC, Sonapat reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the BPSGMC, Sonapat will be final in this regard.
12. The supplier may be asked to submit the sample of quoted make for technical evaluation, to the BPSGMC, Sonapat, if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
13. The vendor should also certify that the rates quoted in the quotations are not more than the MRP of the manufactures.
14. **Delivery Period** –As per supply order issued by this office.
15. If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5 % per week of the total order value shall be levied.
16. Payment will be made on billing system only after satisfactorily complete supply of medicine and after inspection by Inspection Committee.
17. Inspection committee of this institute will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product then BPSGMC, Sonapat has the right to reject the supply and cancel the order. The firm shall be asked twice to lift back rejected medicines. If firm fails to lift back rejected medicine & rejected medicine expires, than expired medicines shall be disposed off and no claim for payment in this regard will be entertained.
18. The supply goods should be with stamp of 'Haryana Govt. Supply Not For Sale/ Hospital Supply Not For Sale'.
19. If any quantity remains unconsumed due to some unforeseen circumstances, the firm should replace unused expired stock with fresh stock.


31/5/24
Sr. Accounts Officer


Encl.: Annexure 1 (Demand with Specification of Medicines)

Annexure 2 (Format of Price Bid)

ANNEXURE "1"

Sr. No.	Name of Medicine	Qty.
1.	Inj. Metronidazole 500mg/100 ml	15000 bottles

ANNEXURE "2"

[On the letterhead of firm]

PRICE BIDFORM

To
The Director,
BPSGMC for Women,
KhanpurKalan, Sonipat

Sub: Rate Quotations for Medicines.

1. I/We hereby submit the quotation for supply of medicines against Enquiry No. _____ due on date _____ at 11.00 am at BPSGMC, KhanpurKalan, Sonipat.
2. I/We thoroughly examined, understood and accepted terms & conditions given in the enquiry document, failing which my quotation will be rejected out rightly.
3. I/We hereby certified that the rates quoted in the quotations are not more than the MRP of the manufactures.
4. I/We hereby offer to supply medicines at the following rates.

Sr. No	Name of Medicines	Quantity	Quoted Make If any	Price per unit Exclusive of Tax (INR)	GST/CST/ST
1.					
2.					

Date _____

Place _____

(Signature of Authorized Person) _____

(Name) _____

Phone no. _____