



कर्मचारी राज्य बीमा निगम अस्पताल,  
EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL  
PARIPPALLY, KOLLAM, KERALA -691574  
Ph: 0474-2575070, 2572052, 2575058, 2575059 Fax: 0474-2575050  
Email: [ms-ppy.ker@esic.nic.in](mailto:ms-ppy.ker@esic.nic.in) & [esihparippally@gmail.com](mailto:esihparippally@gmail.com)  
Website: [www.esic.nic.in](http://www.esic.nic.in).



File No. 544/U/16/27/2/EHP/10/ pharm

28<sup>th</sup> March 2011

**TENDER NOTICE FOR SUPPLY OF SURGICAL CONSUMABLES,  
CHEMICALS, IMPLANTS ETC**

Sealed Tenders are invited from reputed/registered suppliers/vendors for supply of following items to the Hospital

Sl.No	Description of Items
1	ORTHOPAEDIC IMPLANTS
2	ORTHOTICS & APPLIANCES
3	SURGICAL CONSUMABLES/DISPOSABLES
4	SUTURE MATERIALS
5	DENTAL CONSUMABLES
6	LAB REAGENTS / LAB CHEMICALS
7	X-RAY FILMS & CHEMICALS

Tender documents can be obtained from the Hospital office **from 01/04/2011 to 20/04/2011 during 10-AM to 3-30 PM** on all working days or can be downloaded from our web-site [www.esic.nic.in](http://www.esic.nic.in).

**Last date for receipt of completed Tender documents : 27/04/2011, up to 3.00-PM.**

Full details can be had from our web site as given above

Sd/-  
**Medical Superintendent**



कर्मचारी राज्य बीमा निगम अस्पताल,  
**EMPLOYEES' STATE INSURANCE CORPORATION HOSPITAL  
PARIPPALLY, KOLLAM, KERALA –691574**

Ph: 0474–2572052 Fax: 0474-2575050 Website: [www.esic.nic.in](http://www.esic.nic.in).

Email: [ms-ppy.ker@esic.nic.in](mailto:ms-ppy.ker@esic.nic.in) & [esihparippally@gmail.com](mailto:esihparippally@gmail.com)

No. 544/U/16/27/2/EHP/10 /pharm

Date : 28/03/2011

**:: TENDER NOTIFICATION::**

**Sub:- SURGICAL CONSUMABLES, LAB REAGENTS & CHEMICALS, SUTURE MATERIALS, DENTAL MATERIALS& ORTHOPEDIC IMPLANTS.**

Sealed and super scribed group wise tenders in single and two bid system (as per specifications) on prescribed form are invited from manufactures, authorized dealers for the supply of **below mentioned group of items** for the use of ESIC Hospital , Parippally, Kollam.

SI No	Description	EMD
1	ORTHOPAEDIC IMPLANTS	Rs. 4000/-
2	ORTHOTICS& APPLIANCES	Rs.4000/-
3	SURGICAL CONSUMABLES / DISPOSABLE	Rs. 5000/-
4	SUTURE MATERIALS	Rs. 7000/-
5	DENTAL CONSUMABLES	Rs. 1000
6	LAB REAGENTS/ LAB CHEMICALS	Rs. 2000/-
7	X-RAY FILMS& CHEMICALS	Rs.2000

- Detailed specification and other information, terms and conditions are given in the tender document. The brand name indicated in the specifications column of each tender document are not exhaustive (only illustrative) and the tenderer can quote rates for other brands by indicating name & price of each item. However, Medical Superintendent reserves the right to finalize the tender based on the brand of choice/requirement.
- Application forms and other details of the Tender can be obtained in person from General branch of the office of the Medical Superintendent by giving a request letter on letter head stating the group for which they want to quote along with crossed DD/ Banker's Cheque for Rs. 200/- per each group (Rupees Two hundred only) non refundable, in favour of ESIC Fund A/C No.1, payable at Parippally. The tender documents can also be down loaded from the web site [www.esic.nic.in](http://www.esic.nic.in) . DD/Bankers Cheque for Rs. 200/- (Rupees Two Hundred only) non refundable, in favour of ESIC Fund A/c No. 1, payable at Parippally, should accompany with every group of Tenders in addition to the DD/Banker's Cheque towards EMD as per rates quoted above which shall be refunded on completion of

tender process. The successful tenderer in each category will be required to pay performance security as per the rules.

- Venue, date & time for issue of tenders / documents: from **01/04/2011 to 20/04/2011 during 10.00.a.m. To 3.30 p.m.** from office of ESIC Hospital, Parippally, Kollam, on all working days or can be downloaded from our web site. [www.esic.nic.in](http://www.esic.nic.in)
- Last date for receipt of completed tender documents: **27/04/2011** up to **3.00 p.m.**, or if it happens to be holiday on next working day.
- Date of opening the tender
  - a) Orthopedic Implants - **28/04/2011** at 11 a.m
  - b) Orthotics & Appliances- **28/04/2011** at 12 noon
  - c) Surgical Consumables - **28/04/2011** at 2 p.m
  - d) Suture Materials **28/04/2011** at 3 pm
  - e) Dental Consumables - **29/04/2011** at 2 p.m
  - f) Lab reagents/Lab Chemicals- **29/04/2011** at 2.30 pm
  - g) X-ray Films & Chemicals - **29/04/2011** at 3 pm

In the chamber of the Medical Superintendent, first floor of the Hospital, or on next working day same time if any of the above dates happens to be a holyday.

- The undersigned reserves the right to postpone the date of opening or to accept or reject any or all the bids with out assigning any reason at any stage.

Sd/-

**Medical Superintendent**

**ESIC HOSPITAL ,PARIPPALLY, KOLLAM**

No. 544/U/16/27/2/EHP/10/pharm

Date: 29/03/2011

**APPLICATION FORM**

1	Name and registered address of the Company / Establishment	
2	Contact Telephone No / Mobile No./ e- mail ID	
3	Name and designation of the authorized person / owner	
4	Registration No. Under the Shops and Establishment Act	
5	Sales Tax Registration No./ KST No./ Service Tax No. / CST No.	
6	EMD Details: DD No. Amount	
7	Proof Of Turn Over:	
8	Wholesaler/Retailer	
9	PAN/TAN/GIR No.	
10	Any other Information /Experience /Empanelment	

Signature & Seal of  
Applicant/Establishment



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No. 544/U/16/27/2/EHP/10/pharm

Date: 29/03/2011

**Subject: *Invitation of tender and instructions to Tenders – Supply of Orthopedic implants.***

Note: The Sealed Super scribed envelope containing the tender as well as subsequent communications should be addressed and delivered to: the Medical Superintendent, ESIC Hospital, Parippally, Kollam. All Communications must be addressed to the officer named above by title only and not by name.

**From,**

**The Medical Superintendent  
ESIC Hospital  
Parippally  
Kollam. 691574.**

**To,**

.....  
.....  
.....  
.....  
.....

Sir,

Medical Superintendent ESIC Hospital, Parippally, Kollam, have invited for sealed super scribed tender on their letter head with Annexure and Declaration for the supply of a good quality of Orthopedic implants for the use of this hospital on following terms and conditions and specifications. (Specification Enclosed)

**UNDER TAKING**

**ANNEXURE-1**

Date of opening:-

Item No :-

Name of the Items:-

To,

**The Medical Superintendent,  
ESIC Hospital,  
Parippally, Kollam-691574.**

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 w.e.f.....to.....
2. It is certified that rate quoted are the lowest quoted for any institution/ Hospital in India.
3. Earnest Money deposited by me/ us viz Rs\_\_\_\_\_ in the form Demand Draft/ Banker's cheque in favour of ESIC fund Account No.1, Parippally, Kollam. is attached herewith and shall remain in custody of the Medical Superintendent , ESICH Parippally, Kollam, till the successful completion of the warranty period.
4. I/ We give the rights to Medical Superintendent, to forfeit the earnest money deposited by me/ us any delay occur on my/ agent's part or failed to supply the article at the appointed place and time of the items of the desired quantity.
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 with in the stipulated period.
8. I under take to provide guarantee/ warranty for a minimum period of one year or as mentioned in specifications from the date of satisfactory supply and inspection. I also undertake that I will maintain the equipment during this period and replace the defected parts at free of cost, if necessary.
9. I understand that The Medical Superintendent has the right to accept or reject any or all the tenders without assigning any reason(s) thereof.

Signature and address of the  
Tenderer with Rubber stamp.

**AUTHORISATION CERTIFICATE**

To  
**The Medical Superintendent,  
ESIC Hospital,  
Parippally,  
Kollam-691574.**

ANNEXURE – II

Dear Sir,

**Authority Letter Against**

Tender No .....Due on.....  
Item\ s quoted.....  
.....

We \_\_\_\_\_ who are established and reputed manufactures of \_\_\_\_\_ having factory at \_\_\_\_\_ and hereby authorize M/S \_\_\_\_\_

(name address of agent) to bid, negotiate and conclude the contract with you against above tender No. for the above goods manufactured by us.

We company or firm or individual other than M/S \_\_\_\_\_ are authorized to bid, negotiate and conclude the contact in regard to this business against this specific tender as also for all business in the entire territory of India.

We also confirm that the spares and any other miscellaneous items (as applicable) of the equipment quoted will be freely available for at least five years after expiry of warranty/ guarantee period.

**Our other responsibilities include:**

1. Information regarding the name of new agent, in case of change of agent.
2. \_\_\_\_\_

(Here specify in detail manufacturer’s responsibilities)

The services to be rendered by M/S \_\_\_\_\_

Are as under:

1. \_\_\_\_\_
2. \_\_\_\_\_

(Here specify the services to be rendered by the agent)

Yours faithfully  
(Name of Manufacturer)

For and on behalf of M/S \_\_\_\_\_ ( Name of Manufacture’s)

**NOTE:** This letter of authorization should be on the letter head of the manufacturing concern and should be signed by a person competent and having the power of attorney to bind the manufacturer.

## DECLARATION FORM

TENDERERS MUST GIVE SPECIFIC ANSWERES AGAINST EACH OF THE FOLLOWING QUISTION.

1. (i) Brand  
  
(ii) Name and address of manufacturer  
  
(iii) Station of manufacturer
2. Guarantee date by which delivery can be completed.
3. Whether sample submitted.
4. **Stock in hand at the present time consists of:**
  - (a) Held by us.....
  - (b) Held by M/S .....  
over which we have secured an option.
5. Here state specifically whether the price tendered by you is to the best of your knowledge and belief not more than the price which is permissible for you to charge as private purchaser for the same class and description of goods under the provision of any law for the time being in force, if not, state the reasons and the margin profit included.
6. Business name and constitution of tendering firm:  
  
Is the firm registered under?
  1. The India Companied Act 1913
  2. The India Partnership Act 1932
  3. Any Act, if not, Who are owners  
(Please give full names)

Dated the .....

**Signature**

## OPEN TENDER FOR RTATE CONTRACT

### TERMS AND CONDITIONS:

1. Only manufacturer or authorized distributor can participate in the tender.
2. **Tenderer should submit authorization letter by the manufacturer if he is an authorized distributor.**
3. Only the basic price should be quoted. Local taxes as applicable should be quoted separately. Form D shall not be provided by the hospital.
4. The rate should be the lowest quoted hospital rate as for any other institution and should be specified in the quotation.
5. **Name of the manufacturer along with specifications should be indicated.**
6. **Items not quoted for should be mentioned as 'Not quoted'. No items should be deleted from the list.**
7. **The soft copy (on a CD) for the Price Bid should be enclosed along with a hard copy in the following format in an Excel sheet:**

Sl.No	Items	Brand	Rate/ Unit	Tax

8. Rate quoted should be valid for one year from the date of first supply order. Repeat orders shall be given at same rate and terms and conditions.
9. Tender should be on the firm's letter head and submitted in a sealed envelope super scribed with Tender notification No. and item name. Separate envelopes for Orthopedic Implants, Orthotics Appliances, Surgical consumables/Disposables, Dental Consumables , Lab chemicals and X-Ray Films & Chemicals should be used.
10. For Two Bid tender for THR/ TKR implants, separate envelopes for Technical Bid and Financial Bid should be submitted and enclosed in a bigger envelope. E.M.D. should be included along with the Technical Bid.
11. Full postal address; phone No., Mobile No., fax No. and E mail ID should be mentioned.
12. CST, KST, TAN, PAN, Service Tax No. to be mentioned.
13. Tenderer should be ready to demonstrate / provide samples of the items in presence of a committee at his own cost at the hospital premises.
14. Packing, insurance, transport and any other incidental expenditure involved in the supply, installation and commissioning of the items shall be borne by the tenderer.
15. **Delivery should be made with in 3 weeks of date of dispatch of supply order for lab chemicals and Surgical Consumables.**
16. **Rate Contract for Orthopedic implants is a running rate contract and items have to be supplied immediately upon receiving supply order within 24 hours.**
17. **Items should not have passed more than half of its shelf life at the time of supply.**
18. Settlement of bill shall be made after complete supply of items. No payment shall be made on part supply. No advance payment shall be made.
19. If the successful tenderer fails to execute the supply order with in stipulated period of 3 weeks, penalty of 5% per week after a grace period

of 1 week i.e.5% per week after 4 weeks shall be levied on the value of supply order. After total period of 6 weeks, the supply order shall stand cancelled. Item shall be procured from the next higher approved bidder and the difference shall be recovered from subsequent bills/ E.M.D/ Security deposit of the firm.

- 20.E.M.D. : Tenderer should enclose E.M.D. by way of Demand Draft/ Banker's Cheque payable at State bank of India, Parippally, in favour of "E.S.I.C A/C.No.1" as detailed in the tender document which shall be refunded without interest after finalization of tender or within 6 months whichever is earlier.
- 21.E.M.D. of the successful tenderers shall be retained as non- interest bearing Security Deposit and shall be refunded on completion of contract period.
- 22.E.M.D. amount is mentioned in the tender application form.
- 23.Application forms can be taken from the general Branch of the hospital on working days before 10.00 am to 3.30 pm.
- 24.Application and Documentation fee of **Rs. 200/-** non- refundable payable in person by Demand Draft/ Banker's Chque in favour of ESIC A/C No.1, payable at Parippally, is to be submitted for collection of application form for each group of item separately.
- 25.Application Form may also be downloaded from the website [www.esic.nic.in](http://www.esic.nic.in). and the application fee to be enclosed by Demand Draft along with the tender.
- 26.**Date of issue of tender documents:- 01/04/2011 to 20/04/2011**
- 27.**Last date of receipt of completed tender documents:- 27/04/2011 3 pm**
- 28.**Tender shall be opened in the presence of the representatives on:**
  - (1) **Orthopaedic Implants Tender on 28/04/2011at 11 am**
  - (2) **Orthotics &Appliances Tender on 28/04/2011 at 12 noon**
  - (3) **Surgical Consumables Tender on 28/04/2011 at 2 pm**
  - (4) **Suture materials Tender on 28/04/2011 at 3 pm**
  - (5) **Dental Consumables Tender on 29/04/2011 at 2 pm**
  - (6) **Lab reagents/ Lab Chemicals Tender on 29/04/2011 at 2.30 pm**
  - (7) **X- Ray Films & Chemicals Tender on 29/04/2011 at 3 pm**

in the chamber of the Medical Superintendent of the hospital. If any of the dates happens to be declared a holiday, the last day of submitting documents and opening of tenders shall be postponed to the next working day at the same time.
- 29.Any previous Rate Contract for the same items shall stand cancelled upon finalization of this tender.
- 30.Breach of any terms and conditions attracts penalty by way of forfeiture of EMD or Security Deposit.
- 31.Medical Superintendent of ESIC Hospital Parippally reserves the right to accept or reject any or all tenders without assigning any reason what so ever.
- 32.Disputes, if any, shall be subject to the jurisdiction of court at Kollam.

**Medical Superintendent**