

Rajasthan Medical Services Corporation Limited

Gandhi Block, SwasthyaBhawan, Tilak Marg, C-Scheme, Jaipur-302005 (Raj.)

Phone No: 0141-2228066 ,2228064

Website: <http://rmsc.health.rajasthan.gov.in>

CIN:U24232RJ2011SGC035067

E_mail :edprmsc@rajasthan.gov.in

Ref. No.:- F.02(388)/RMSCL/PROCUREMENT/DRUG/NIPQ-06/2023/ 2088

Dated:- 08.11.2023

Corrigendum – II

Subject:- Amendment in bid.

Ref.:- NIB No. F.02(388)/RMSCL/PROCUREMENT/DRUG/NIPQ-06/2023/2008 Dated:-06.10.2023

S. No	Amendments
1	<p>SECTION-I Instruction to Bidders (ITB) and SECTION II Bid Data Sheet 6.11.5 and 3.9.1 Financial Proposals received from the empanelment firm will be valid for a period of Two months</p>
2	<p>SECTION-III PRE-QUALIFICATION/ ELIGIBILITY CRITERIA 6. ELIGIBILITY CRITERIA All bidders are required to submit all relevant documents as per clarifications mentioned in bid as following. Note:- 1. Bidders are again advised to fill the Annexure-VII very carefully as after bid opening any amendment in Annexure-VII would not be allowed in any case. Bidders should ensure that self certified copies of all relevant documents i.e. Product Permission, WHO-GMP certificate, Market standing certificate etc. should be in accordance with the licenc no. / Product Permission mentioned in the Annexure VII. Bids Submitted without dully filled Annexure-VII would be declared Non-Responsive. 2. Bidders who fail to submit copies of documents as under, would summerly declared as non-responsive:- (a) In case copies of Product Permission either not submitted or not as per tender conditions/specifications of the item; If Product Permission is as per specifications of item mentioned in the tender but it's for export purpose, the Product Permission for domestic manufacturing would be accepted only when asked through clarification and provided that such Product Permission for domestic manufacturing has been issued on or before the last date of bid submission. (b) If copies of WHO-GMP certificate and/or Non-Conviction certificate and/or Market Standing Certificate have not been submitted in main bid or not as per tender condition/item specifications. It has also been observed that in certain cases, licensing authority takes time in issuance / renewal of aforesaid certificates, in such cases bidders have to invariably enclose expired documents/certificates along with copy of acknowledgment of application for renewal of such documents filed with licensing authority. In such cases bidders would be allowed to submit renewed documents at the time of clarification sought by the RMSCL, provided that the renewed documents should have been issued on or before the date of submission of clarifications as sought by the RMSCL.</p>
3	<p>SECTION-III PRE-QUALIFICATION/ ELIGIBILITY CRITERIA 2. Financial: Turnover For item code 57 (Phenytoin Injection BP 50mg/ml) and 349 (Diazepam Inj IP 10mg/2ml (1M/IV use)):- Average Annual turnover (for drugs and medicines including Surgical and sutures Business) in the last three financial years 2019-20, 2020-2021 & 2021-22 or 2020-21, 2021-22 & 2022-23 should not be less than Rs. 15 Crores for manufacturers and importers other than MSME unit of Rajasthan.</p>

Q B 49 20

2/3 ✓

4	<p>SECTION-III PRE-QUALIFICATION/ ELIGIBILITY CRITERIA 6. ELIGIBILITY CRITERIA For item code NRD-324 (Paracetamol infusion 500 mg with both Temper evident caps) WHO-GMP is relaxed to WHO-GMP/GMP</p>
5	<p>SECTION-III PRE-QUALIFICATION/ ELIGIBILITY CRITERIA 5. Other required Conditions 8. Requisite machinery / equipment for manufacturing. Deleted 9. Requisite Professional / technical staff Deleted</p>
6	<p>SECTION-IV: SCHEDULE OF SUPPLY Clause 2.1.2 Amended as following:- The supplier shall supply the entire ordered quantity before the end of 60 days from the date of issue of purchase order at the destinations mentioned in the purchase order, if the above day happened to be a holiday for RMSCL, the supply should be completed by 5.00 p.m. on the next working day. For drug items requiring sterility test and imported ones, the supply period will be 75 days from the date of issue of purchase order or as specified in the purchase order.</p>
7	<p>SECTION-V LOGO AND LOGOGRAMS/ MARKINGS, PACKINGS AND QUALITY TESTING Clause No. LOGOGRAMS / Markings For Imported products exemption of Logo and logogram on inner packing is allowed.</p>
8	<p>SECTION-V LOGO AND LOGOGRAMS/ MARKINGS, PACKINGS AND QUALITY TESTING 3. QUALITY TESTING 4. The supplier shall furnish to the purchaser the evidence of bio-availability and/or bio-equivalence for certain critical drugs when asked for. Deleted</p>
9	<p>Amended Bank Details:- NOTICE INVITING APPLICATIONS FOR EMPANELMENT Bid Document Fee, Empanelment Fee, RISL fee and Empanelment Bid Security Amount:-. These fees are to be paid through separate prescribed challans (format enclosed in Annexure-1) in branch of the Bank of Maharashtra (M.I. Road, Jaipur) Account no. 60460019022 & IFSC Code no. MAHB0000389 throughout country upto last date of submission of bids/applications form or through D.D. / bankers cheque in favour of M.D. RMSCL Section VI Performance Security:- The Successful Bidder shall have to deposit Performance Security Amount @ 5% of the Contract value as and when any purchase order is awarded to him, in addition to the empanelment performance security already deposited with the RMSCL. Performance security will not be taken from undertaking, corporation of Govt & GOR. The performance security shall have an upper limit of Rs 25 Lac to be deposited by a bidder at the time of signing of agreement (For one or many items). However, when the actual purchase orders cross a threshold for requiring additional security, the same will be required to be deposited by the supplier. The performance security should be paid upfront in respect of each contract on or before the due date fixed by Bid inviting authority in the form of Bank Guarantee or electronic bank guarantee (e-BG) (Performa given in Annexure-XIV) in case the amount exceeds Rs. 5.00 Lakh. For amount of upto 5.00 Lakh it should be deposited in the form of demand draft/bankers cheque issued by a scheduled bank or</p>



may be deposited through challan ((**format enclosed in Annexure-I**) in branch of the **Bank of Maharashtra (M.I. Road, Jaipur) Account no. 60460019022 & IFSC Code no. MAHB0000389**)). For the purpose of SFMS for Bank Guarantee or electronic bank guarantee (e-BG), the details for beneficiary's bank would be as under (Details of Bank:- **Bank of Maharashtra (M.I. Road, Jaipur) Account no. 60460019022 & IFSC Code no. MAHB0000389**). Bidder should strictly advice to their banker which is issuing Bank Guarantee or electronic bank guarantee (e-BG) to adhere to SFMS and add beneficiary bank details related to RMSCL only.

**10 SECTION -VII (B)
SPECIAL CONDITIONS OF CONTRACT (SCC)
2 OTHER CONDITIONS**

2. The details of the required drugs & medicines, are shown in Annexure-VIII. The quantity mentioned is only the tentative requirement **for one year** and it may increase or decrease as per the decision of Ordering Authority. Procurement will be done on **one year** demand as specified in the schedule of supply. The rates quoted should not vary with the quantum of the order or the FoR destination. The whole bid quantity to be supplied during contract period should not be less than estimated bid quantity. **As well, the monthly commitment quantity should not be less than 10 % of the bid quantity.** A bidder having manufacturing capacity less than commitment quantity (either monthly or for whole contract period) may be technically disqualified.

5(b). Financial bids would be called as per requirement of drugs, medicines etc. Rates once approved, shall remain valid for **one year** from the date of issuance of letter of acceptance (LOA) **and extendable upto 3 months, if required. Firm shall be bound to accept the extension period of Rate Contract.** Orders will be placed periodically during rate contract period based on the RMSCL's requirement to the firms approved for rate contract as per above clause no. 3. After the conclusion of Price Bid opening, the lowest offer of the Bidder, if required will be considered for negotiations, and rate arrived after negotiations will be L-1 rate and L-1 supplier for an item of drugs/medicines etc. for which the Bid has been invited.

**11 SECTION-VIII BIDDING FORMS
ANNEXURE-IV AGREEMENT**

2(b) This Agreement shall be deemed to have come into force with effect from the date of issuance of letter of acceptance no.and dated.....and it shall remain in force up to **one year and extendable upto 3 months, if required. Firm shall be bound to accept the extension period of Rate Contract.**

**12 SECTION-VIII BIDDING FORMS
Amended Specification (Annexure VIII):-**

Item code	Item Specification
NRD-188	Inj. Cefuroxime Sodium 750mg (each vial contains Cefuroxime Sodium 750mg)
652	Methyl Cobalmine/Mecobalmin Tablet 500mcg
653	Methyl Cobalmine/Mecobalmin Tablet 1500mcg [653]

**13 SECTION-VIII BIDDING FORMS
Amendment in Shelf Life (Annexure VIII):-**

S.No	Item Code	Item Name	Amended Shelf life
1.	459	Losartan Potassium and Hydrochlorothiazide Tablets IP(Losartan Potassium 50 mg, Hydrochlorothiazide 12.5 mg)	24 months

**14 SECTION-VIII BIDDING FORMS
Amendment in Packing unit (Annexure VIII):-**

S.No	Item Code	Item Name	Packing
1.	NRD-247	Telmisartan40mg+ Hydrochlorothiazide12.5 mg, IP Each Tablet contain	10x10 Tab Or 10x15 Tab

(Handwritten signature and initials)



		Telmisartan 40mg		
		Hydrochlorothiazide 12.5 mg		
2.	NRD-580	Clarithromycin 250 MG	10x10 or 10x4 (Not more than 100 tablets in a box)	
3.	NRD-581	Clarithromycin 500mg	10x10 or 10x4 (Not more than 100 tablets in a box)	
4.	114A	Fluconazole Tab. IP 150mg	10x10x1 Tab Strip (Perforated) / Blister (Perforated) / 2 tablet strip / blister (Not more than 100 tablets in a box)	
5.	61	Sodium Valproate Gastro resistant Tablets IP 200 mg	10x10 Tab Strip Or 10x15 Tab Strip	
6.	195	Enalapril Maleate Tablets IP 2.5mg	10x10 Tab Strip Or 10x15 Tab Strip	
7.	459	Losartan Potassium and Hydrochlorothiazide Tablets IP (Losartan Potassium 50 mg, Hydrochlorothiazide 12.5 mg)	10x10 Tab Blister Or 10x15 Tab Blister	
8.	653	Methyl Cobalmine Tablet 1500mcg	10x10 Tablet Blister/Strip Or 20 Tablet Blister/Strip (Not more than 200 tablets in a box)	
9.	755	Tab. Carvedilol 3.125 mg	10x10 Tab Or 10x15 Tab	
10.	756	Tab Rosuvastatin IP 20 mg (Each Film Coated Tablet contains Rosuvastatin Calcium IP equivalent to Rosuvastatin 20 mg)	10x10 Tab Or 10x15 Tab	

Note:-

- It may be noted that if any further amendments are issued then a corrigendum will be published and informed.
- Rest of the terms and conditions will remain the same.

Executive Director (Proc.)
RMSCL

(Handwritten signature)



Format of Challan

ACTION : USE "CAMBR" MENU OPTION IN FINACLE INSTEAD OF "TM"

Bank of Maharashtra
BANK OF MAHARASHTRA
DIST. NO. _____

Branch: **M.I. ROAD BRANCH**

Institute Name: **Rajasthan Medical Services Corporation, Jaipur**

Institute ID: **60460019022**

Date of Deposit: DD ____ MM ____ YY ____

Bank Copy

Customer Copy

Annexure - 1

DETAILS OF THE SUPPLIER

Supplier Name: _____

Tender Ref. No.: _____

Type of Deposit: Select any one out of - 'Tender Fees/FMD/SD/Tender Processing Fees/Others' _____

Mobile No.: _____

Cash Deposit:		Cheque Deposit:	
Denomination	Rs	Chq No	Date of Chq
1000 *			
500 *			
100 *			
50 *			
20 *			
10 *			
5 *			
Total			

Total fee payable ₹ _____

Commission _____

Total amount ₹ _____

Amount (in words): ₹ _____

Name of the Depositor: _____

Signature: _____

Address for communication: _____

Acknowledgment: _____

For Bank use only

Cashier/Officer

Bank of Maharashtra
BANK OF MAHARASHTRA
DIST. NO. _____

Branch: **M.I. ROAD BRANCH**

Institute Name: **Rajasthan Medical Services Corporation, Jaipur**

Institute ID: **60460019022**

Date of Deposit: DD ____ MM ____ YY ____

Bank Copy

Customer Copy

Annexure - 1

DETAILS OF THE SUPPLIER

Supplier Name: _____

Tender Ref. No.: _____

Type of Deposit: Select any one out of - 'Tender Fees/FMD/SD/Tender Processing Fees/Others' _____

Mobile No.: _____

Cash Deposit:		Cheque Deposit:	
Denomination	Rs	Chq No	Date of Chq
1000 *			
500 *			
100 *			
50 *			
20 *			
10 *			
5 *			
Total			

Total fee payable ₹ _____

Commission _____

Total amount ₹ _____

Amount (in words): ₹ _____

Name of the Depositor: _____

Signature: _____

Address for communication: _____

Acknowledgment: _____

For Bank use only

Cashier/Officer

Handwritten signature and initials

