

Ref. No.: F.02(303)/RMSCL/PROCUREMENT/DRUG/SINGLE SOURCE /NIB-26/2020/1779
DATED:-29.09.2020

RAJASTHAN MEDICAL SERVICES CORPORATION
LTD.

(A Govt. of Rajasthan Undertaking)

Gandhi Block, Swasthya Bhawan, Tilak Marg, Jaipur – 302005,
India

Tel No: 0141-2228066, 2228064, E-mail: edprmsec@nic.in

SINGLE SOURCE PROCUREMENT OF DRUGS AND
MEDICINES FROM CIPLA LTD.



!! सर्वे सन्तु निरामयाः!!

LAST DATE OF SUBMISSION OF ONLINE BIDS	05.10.2020 & 11.00 AM
DATE AND TIME OF OPENING OF ONLINE TECHNICAL BIDS	05.10.2020 & 11.30 AM

Ministry of Health & Family Welfare
Government of Rajasthan
RMSCL

“Mukhyamantri Nishulak DavaYojana”

Gandhi Block, Swasthya Bhawan, Tilak Marg, Jaipur – 302005, India

Phone No: 0141-2228066 , 2228064 Fax No. 0141-2228065 Website:

<http://rmhc.health.rajasthan.gov.in>

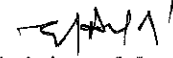
CIN:U24232RJ2011SGC035067 E_mail : edprmc@nic.in, and rmhc.health.rajasthan.gov.in

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Notice Inviting Bid

Bid are invited upto 11.00 AM 05.10.2020 on single source basis as per RTPP Act 2012 section 31(1) (a) and RTPP Rules 2013 17(2) from Cipla Limited authorized distributor of F.Hoffmann-La Roche Ltd. Grenzacherstrasse 124, CH-4070, Basel, Switzerland in India.



(Shrinivas Meena)

Executive Director, (Procurement)

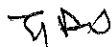
RMSCL

Detail specification:-

S.N.	Item code	Name of Item with specification	Packing unit	Minimum labelled Shelf Life (In Months)	Estimated Bid Qty. (No. of tabs, caps, ampoules, bottles, injections etc.)
1.	NE38	Tocilizumab 400mg	1 Inj. (Vial)	6	10000

Conditions

1. Above mentioned Qty. is for 6 months. Purchase order will be issued every month as per requirement. The supplier shall supply the entire ordered quantity before the end of 15 days from the date of issue of purchase order at the destination mentioned in the purchase order.
2. If any issue/complaint regarding quality RMSCL has right to test supplied quantity from competent laboratory. If the samples drawn from supplies do not conform to statutory standards, the supplier will be liable for relevant action under the existing laws and the entire stock in such batch should be taken back by the supplier within a period of 30 days from the issue of letter from ordering authority the information of which may be communicated by e- mail. The stock shall be taken back at the expense of the supplier. Ordering authority has the right to destroy such NOT OF STANDARD QUALITY drugs if the supplier does not take back the goods within the stipulated time. Ordering authority will arrange to destroy the NOT OF STANDARD QUALITY drugs within 90 days after the expiry of 30 days mentioned above, without further notice, and shall also collect demurrage charge calculated @ 2% per week on the value of the drugs rejected till such destruction.
3. The Supplier shall replace the stock of NOSQ goods with fresh goods upon intimation to do so by the ordering authority.
4. On receipt of the prescribed consolidated invoice duly stamped and signed by authorized signatory the payment would be made in 30 days positively. GST as applicable will be charge extra
5. Bidder is requested to submit price in sealed envelope before last date of bid submission.


(Shrinivas Meena)
Executive Director, (Procurement)
RMSCL

Supplier Consolidated Invoice

Name of Supplier:
 Complete Address:
 E-mail ID:

DL NO.:	<u>GST No.:</u>	<u>HSN Code</u>	Invoice No.:
			Date:

Purchaser: Managing Director Address: Rajasthan Medical Services Corporation Ltd, Gandhi-Block, Swasthaya Bhawan, Tilak Marg, C-Scheme, Jaipur Phone No. 0141- 2228066 RMSCL GSTIN.08AAFCR2824M1Z3	Purchase Order No.: Date:
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Name of Item/Description : Drug Code (RMSCL) :

S.No	Name of DDW	Ordered Qty.	Invoice/Challan no.	Date	Packing Size	Batch No.	Mfg. Date	Exp. Date	Quantity Supplied in No. (Batch wise)	Basic Rate (without GST)	Basic Amount (without GST)
1	2	3	4	5	6	7	8	9	10	11	12

Remarks:	Total Basic Amount	
	<u>Rate of (%) GST(CGST)</u>	
	<u>Rate of (%) GST(SGST)</u>	
	<u>Rate of (%) GST(IGST)</u>	
	<u>Total GST Amount(CGST+SGST+IGST)</u>	
	<u>Grand Total (Basic Amount+ GST Amount)</u>	

Authorised Signatory

Analytical Report Regarding Quality

Name of Supplier:-						
Address:-						
PO No:-			Date:-			
Drug Name:-						
Details of in house test report:-						
S. No.	Name of Lab.	Test report No.	Date	Batch No.	Qty. Supplied	Result

Authorised
Signatory

