



EASTERN RAILWAY/MALDA DIVISION
MEDICAL DEPARTMENT

Notice No. **H/Registration-Medical Firm/MLDT /01/2017, Dtd-28.08.2017**

EOI (EXPRESSION OF INTEREST)

Sub: Inviting EOI (Expression of Interest) for enlistment of authorized Medical agencies as approved Supplier for supply of Medicines & Medicinal Items at Divisional Rly. Hospital, Eastern Railway, Malda through Local Purchase and Bulk Purchase against placing orders for a period of (03)three years from the date of registration.

Chief Medical Superintendent (CMS), Divisional Railway Hospital/E. Rly./Malda invites "Expression of Interest (EOI)" **as per given proforma** from all the willing authorized Medical agencies for their enlistment as approved supplier for supply of Medicines & Medicinal Items to Divisional Rly. Hospital, Eastern , Malda through Local Purchase and Bulk Purchase as the case may be for a period of (03)three years from the date of registration .

The terms & conditions and proforma to submit EOI is available at the Eastern Railway Official Website www.er.indianrailways.gov.in (See Eastern Railway>>Division>>Malda>>Department>>Medical) and in the office Notice Board of CMS, Divisional Rly. Hospital, Eastern Railway, Malda, .

Duly filled in EOI with all relevant documents to be sent through Registered/Speed post in sealed cover addressed to Chief Medical Superintendent/Divl. Rly. Hospital/Eastern Railway, PO- Jhaljhalia, Dist-Malda, Pin-732102(WB) so as to reach within **15.09.2017** positively.

*For Chief Medical Superintendent
Eastern Railway/Malda Town*

TERMS AND CONDITIONS

I	The Supplier should possess updated all licenses etc as required for operating supply of medicines and medicinal items as per guide line prevailing in the State.
II	The firm should have Permanent Account Number (PAN) in the name of the Firm.
III	The firm should have valid GST No.
IV	The firm should possess valid Trade License, Drug and Cosmetic License etc as applicable.
V	The firm should submit statement of IT return of last consecutive three years.
VI	The firm should submit Bankers Solvency Certificate.
VII	Undertaking by the firm that order placed for medicines and medicinal items shall be fully complied within 24 hrs.
VIII	Declaration to be given by the firm that " No punitive action taken against the firm by any Zonal Railway/Central Government/State Government
IX	Firms who will be eligible for registration on fulfilling of requisite eligibility criteria followed by physical verification of Firm's premises by Railway Authority shall have to deposit registration fees of Rs. 5000/- to Eastern Railway Account for a period of three(03) years.
1X	Payment shall be made on monthly basis through NEFT/RTGS on submission of bill in triplicate with challan.
XI	Any unsatisfactory performance on the part of the agency during the tenure of registration , the Rly. Administration at Malda Rly. Hospital shall be at the liberty to cancel the registration straightway and registration fee shall not be refunded.

FIRM TO SUBMIT:-

1. Photocopy of PAN duly self attested.
2. Photocopy of all licenses duly self attested.
3. Photocopy of GST document duly self y attested.
4. Declaration at Sl. No. 7 & 8 as mentioned above.
5. Photocopy of partnership deed (if any) duly self attested by all the partners.

*For Chief Medical Superintendent
Eastern Railway/Malda Town*

PROFORMA FOR SUBMISSION OF EOI (Expression of Interest)

Ref:- Notice No.Dt.....



D/sir

I/We..... being agreed to the terms and conditions for supply of medicine and medicinal items to Chief Medical Superintendent, Divl. Rly. Hospital, Eastern Railway, PO-Jhaljhalia, Dist-Malda-732102, do hereby submit my/our EOI as per given proforma along with self attested documents as asked for. The submitted documents are genuine and true to the best of my/our knowledge. On being found any of the submitted documents false will lead to forfeiture of our registration fee followed by legal action against my/our Firm by Railways.

1. Full Name of the Agency/Firm:-
2. Full Names/s of the Proprietor :-
3. Full address with pin code & contact No. :-
4. PAN of the Agency/Firm:-
(with self attested photocopy)
5. GST No. of the Firm:-
(with self attested photocopy)
6. Cosmetics & Drug License:-
(with self attested photocopy)
7. Trade License:-
(with self attested photocopy)
8. Age of Agency/Firm:-
9. Credential if any:-
10. Declaration:- (As per Sl. No. VII & VIII of Terms & Conditions)
a)
b)

Enclosures:-

- i. Photocopy of PAN
- ii. Photocopy of GST
- iii. Photocopy of Drug license
- iv. Photocopy of Trade license
- v. Photocopy of Credential if any

Signature/s of Proprietor/Partner/s

Name in full-----

Postal Address-----

Office Seal