

Medical Department/Eastern Railway , Liluah

NOTICE

ELIGIBILITY CRITERIA FOR EMPANELMENT OF SUPPLIERS

Eastern Railway Hospital, Liluah, intends to prepare a panel of suppliers for day to day Local Purchase of Medicines, Surgical items and consumables. Validity of the panel shall be of two years or more. The estimated value for LP is about Rs. 58 lakh per year. The interested suppliers should fulfill the following criteria for empanelment.

Techno-commercial details:

Complete techno-commercial requirements/details from Railway side and information required from vendors should be provided in the tender. Important requirements are listed below-

a. Service levels:

1. Service should be available 24x7.
2. Items shall be supplied on the same day preferably before the closure of OPD, if the indent has been placed at least 4 hours before closure of OPD timing.
3. In cases of life saving emergencies, vendor should be able to supply the item on a short notice preferably within one/two hours of being intimated on phone / Whatsapp/ message, etc.
4. Different time limits can be set for different medicines, surgical items or consumables as per local requirement.

b. Facilities:

1. Supplier should have their shop/establishment within the proximity of 10 kms (approx) to the hospital.
2. Supplier should follow statutory laws as laid down by central/state government authority for running the facility.
3. Requirement of proper storage, maintenance of stocks, cold chain etc.

c. Legal/ statutory requirements:

1. Valid drug license, trade license, pharmacy registration certificate, and current IT returns etc. as well as manpower.
2. It should have the valid documents as laid down by local, government agencies or bodies from time to time.
3. GST registration details.
4. Any other statutory/legal requirements.

d . Financial capabilities:

1. Average annual turnover of the vendor for the last three completed financial year prior to date of opening of tender should be equal to or more than three times the average annual value of retail local purchase procurement made by that Railway hospital in the last three completed financial years or three times the estimated annual value of purchase, whichever is higher.
2. Vendor should show profits in at least two out of the last three financial years. Balance sheet/profit – loss account certified by CA should be called for this purpose.
3. Details of registration with any Government/Private/corporate Hospital and past experience of supply to Government/Private/corporate hospital for establishing the performance/Capacity of the vendor. Documents related to registration and contract copies along with satisfactory working in these organizations should be called.

e. Others

1. Termination of Rate Contract- Railway reserves the right to terminate the rate contract any time without assigning any reason to vendor.
2. The purchaser shall have the right to ask the vendor to show the purchase bill for the medicines/ other items to ensure genuineness of the items being supplied.



3. Railway reserves the right to send the drugs etc. supplied in L.P. to be tested by Govt. and other approved testing laboratories and if required, to inform Drug Controller for suitable action.
4. The offer of given discount on MRP will be valid for the entire period of validity of rate contract including the extended period if any.
5. Vendor shall indemnify the Railway administration for any loss or liabilities arising due to defective/sub-standard supplies by the vendor.
6. Packaging and Delivery requirements: standard packaging norms based upon the Medicines, Surgical items and consumables requirements shall be followed as per extant practice. Delivery shall be made by the supplier in accordance with the local requirements.
7. Poor performance of the defaulting vendor shall be recorded. Any extra expenditure incurred in arranging the required items due to default of the vendor in supply shall be recovered from the defaulting vendor.
8. Payment will be made through internet banking.
9. The supplier will be empanelled after inspection of premises by component Authority.
10. Regarding empanelment of supplier, decision of Hospital authority will be final and binding to everyone.

Format for submission of EOI (Expression of interest):-

The proposal may please be submitted in the format and schedule annexed to this document as Annexure-A, along with supporting documents for the information provided. EOI document with format and schedule is available for free download at Eastern railways official website <http://www.er.indianrailways.gov.in>

Last date of submission:

The EOI from interested service provider will be received in sealed envelopes upto **13.00 hrs of 09/11/2023**. in the office of Medical Store, Liluah. The offer will be opened on or after 09/11/2023.

Contact Details:

For clarification required if any, may contact DMO(IC)/MEDL.STORE/E Railway Hospital, Liluah-711204 (Rly no. 9002029661)

CMS/E.R. Hospital/LLH

To
The Chief Medical Superintendent
Eastern Railway Hospital
Liluah

Sub: Empanelment of suppliers for local purchase of medicines, Surgical items and Consumables.

ANNEXURE 'A'
FORMAT FOR EOI

NAMES OF CENTRE
ADDRESS

SL. NO.	DISCRIPTION OF CRITERIA	INFORMATION TO BE PROVIDED BY THE VENDOR	SUPPORTING DOCUMENTS ATTACHED (Yes\No)
	ESSENTIAL		
1	COPY OF VALID GST REGISTRATION CERTIFICATE		
2	COPY OF CURRENT VALID TRADE LICENCE		
3	COPY OF LICENSES ISSUED BY THE DRUG CONTROLLER AUTHORITY OF THE STATE UNDER THE PROVISION OF DRUGS AND COSMETICS ACT, 1940		
4	AN UNDERTAKING THAT THE VENDOR HAS NOT BEEN CONVICTED BY THE STATE DRUG AUTHORITY AND NO CASE IS PENDING UNDER THE DRUGS AND COSMETICS ACT AND RULES		
5	COPY OF ANNUAL TURNOVER OF THE BIDDER IN THE PREVIOUS THREE FINANCIAL YEAR. CERTIFICATE FROM CA AND\OR FORM 26AS TO BE ATTACHED		
6	PRESENCE OF PROPER STORAGE AND COLD CHAIN SUPPLY SYSTEM IN VENDORS ESTABLISHMENT		
7	A COPY OF PAN ALLOTTED TO THE FIRM		
8	DISTANCE FROM ER. HOSPITAL\ LILUAH		
	DESIRABLE		
1	PERFORMANCE CERTIFICATE FROM OTHER INTITUTIONS		
2	WHETHER REGISTERED AT IREPS		
3	NAME OF THE EXISTING EMPANELLED ORGANIZAION\INSTITUTIONS IF ANY		

Declaration:

I\WE SOLEMNLY DECLARE THAT TO THE BEST OF MY\OUR KNOWLEDGE AND BELIEF, THE INFORMATION AND THE STATEMENT ACCOMPANYING IT ARE CORRECT, COMPLETE AND TRUE.

SIGNATURE AND NAME OF AUTHORIZED SIGNATORY;
SEAL :

DATE :
TELEPHONE/MOB. NO. :

