

JAWAHAR NAVODAYA VIDYALAYA KANNAPURHATTI MUDGAL DIST.RAICHUR .KARNATAKA



TENDER TERMS AND CONDITIONS FOR SUPPLY OF Medicine -2017-18

To,

Date:

01. Sealed tender for the supply of Medicine are invited from the reputed registered firm/Authorized dealer or sole proprietorship by the undersigned on or before 26-04-2017 before 04:00 PM. The Tender should be in a strong sealed cover marked as tender for the supply of Medicine. The last date of tender submission is 27-04-2017 before 4-00 pm at JNV Mudgal. The interested Tenderer can drop their tender / sent their Tender in advance. The tender will be opened in the office of the Principal JNV mudgal on 28-04-2017 at: 11:30 AM.
02. The participating Tenderers are requested to furnish the MRP Rate and quoted rate for the branded items as given the tender schedule. The rates quoted should be less than MRP
03. There should not be any over writing or correction in the Tender. If absolutely necessary it should be attested with full signature of the Tenderer.
04. The delivery should be made to the JNV mudgal at their own cost.
05. Rates quoted should include packing, Transportation, loading & unloading etc,
06. For different items VAT / CST applicable may be quoted in respective items.
07. The Quantity shown above may be increased / decreased at the time of placing order as per requirement of the Vidyalaya
08. Successful tenderer should supply the medicine within 07 days from the date of receiving the supply order.
09. Tenderer should enclose the Demand Draft for Rs. 5000 /- as an EMD in favour of Principal JNV Mudgal, drawn on State Bank of India Mudgal.
10. **Two Bid system:** Technical Bid (Technical + Common Terms) is to kept in envelop 01.(one) financial Bid (Item wise Price) is to be kept in envelop 02(Two) both envelops are to be kept in 3rd envelop. First technical bid shall be opened and evaluated. Secondly financial bid of technically acceptable offer should be opened & evaluated.

11. For unsuccessful Tenderer EMD DD will be returned with in 10 days.
12. For successful Tenderer the EMD will be refunded after one month of supply. If there is no further order during the year.
13. Tenders which are not enclosed EMD amount will not be considered. Except the Government Agency/ Government approved Agency.
14. The undersigned does not bind himself to accept the lowest tender and reserves the right to accept/reject tender in whole or in part without assigning any reason there off.
15. The rates quoted are applicable till 31st March-2018.
16. The Tender forms are not transferable to any other supplier/firm.
17. The Tenderer should quote rate for all items given in the tender schedule in order.
18. If the contractor fails to supply the medicine within the stipulated time.The undersigned shall be at liberty to purchase the medicine from open market from authorized agency.
19. The medicine which are supplied are subject to verification on receipt of supply.
20. The MRP rate should be quoted and discount in % should be quoted by the Tenderer in respective items.
21. The firm should be registered and have KST/CST No/ VAT No and Trade license issued by the concerned authority, enclosed copies along with tender.
22. Attach Xerox copies of PAN Card Income Tax, Sales Tax clearance certificate for the year 2016-17 as on 31st March 2017.
23. The ordered medicine should be supplied along with the proper bill for payment.
24. The payment will be made after the supply of medicine with in 15 days from the date of receipt of the material in good condition.

Signature of the Tenderer_____

PRINCIPAL
J.N.V.KANNAPURHATTI,
MUDGAL



**JAWAHAR NAVODAYA VIDYALAYA MUDGAL RAICHUR KARNATAKA
TENDER PROFORMA FOR MEDICINE 2017-18**

To
The Principal,
JawaharNavodayaVidyalya,
Kannapurhatt, Mudgal,
Dist. Raichur -584125.

Date:

Respected Sir,

Sub: Submission of Tender for supply of Medicine-Reg.

With reference to your Tender Advertisement Letter No. _____ Dated _____
we have to quote our lowest rates as under for your kind approval.

Sl.No.	Name of the Items	Specification	MRP	Quoted Rate (Less than MRP)
01	Kit Kat 24	1p/s		
02	Kit Kat 22/23	1p/s		
03	Atropine sulphate inj	1*1ML		
04	Safty IV set	1p/s		
05	Medigrip 2.5	1p/s		
06	Disposable Syringe 5ml	1p/s		
07	Almefkem spas Tab	10`s		
08	Emscab lotion 1*100 ml	1*100 ml		
09	Roxikem Tab	10`s		
10	Aciloc150 Mg	30`s		
11	D25% IV	100 ml		
12	Asthalin Ressel	15 ml		
13	Ciprova IV	100 ml		
14	Cotton Wool Prabhat	500 GMS		

15	Tzxim 1 gm ing	1`s		
16	Dispo Needle 23/24	100`s		
17	Surgical spirit 100 ml	100 ml		
18	Tetnus 1ml AMP	1 AMP		
19	Easy Fix			
20	Flagyl 200 MG	15`s		
21	Scalp Vein Set 23/24	1p/s		
22	Burnheal oint	1p/s		
23	Disposable Syringe 2 ml	1p/s		
24	Disposable Syringe 3 ml	1p/s		
25	Bandage Gauge 2``	1p/s		
26	Steripad 10cm*15 cm	1p/s		
27	Biotrol 4.2GM	1p/s		
28	Soframycin 30 GM oint	1p/s		
29	Glucomin D 500 GMS	1p/s		
30	Azikem 250 TAB	6`s		
31	Limcee Tab	15`s		
32	Theo Asthalin	30`s		
33	DP Gestic Spray	50GM		
34	Sterile Water 5 ml	p/s		
35	Meftal Spas AMP INj	1p/s		
36	Zandubalm	1p/s		
37	Dettol liq.	1p/s		
38	Ominent D cap	10`s		
39	Shelward 500 ml	15`s		

40	Xolic Cap	15`s		
41	AVIP 500 INJ	2 ml		
42	Adentin	10		
43	XME 100 Tab	10`s		
44	XME 200 Tab	10`s		
45	VZI 500 Tab	3`s		
46	Ofnol CAP	10`s		
47	Ofrap 200 Tab	10`s		
48	Coleth AQ ING	1p/s		
49	Kolbik Tab	10`s		
50	Flamex Tab	10`s		
51	Jolic Gel	30GMS		
52	Dycovit syp	200 ML		
53	Duof Tab	10`s		
54	Clancef AZ Tab	10`s		
55	Aplonis Syp	100 ml		
01	Kit Kat 24	1p/s		
02	Kit Kat 22/23	1p/s		
03	Atropine sulphate inj	1*1ML		
04	Safti IV set	1p/s		
05	Medigrip 2.5	1p/s		
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50	Flamex Tab	10`s		
51	Jolic Gel	30GMS		
52	Dycovit syp	200 ML		
53	Duof Tab	10`s		
54	Clancef AZ Tab	10`s		
55	Aplonis Syp	100 ml		

I hereby convey my acceptance to the Terms and Condition stipulated in the Tender. In the event of my quotation being accepted. I undertake to follow the Terms and Conditions scrupulously, and I am obey the order as per the NVS rules and regulations

Thanking you,

Yours faithfully,

Place:

Name & Sig. _____

Address & Seal : _____

Ph No. _____

Encl:

01. EMD of RS _____ Draft No. _____ Dated _____

02. Name of the Bank _____

03. Necessary Documents.