

OFFICE OF THE SUPERINTENDENT, FAKIR MOHAN MEDICAL COLLEGE AND HOSPITAL, BALASORE.

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Bid NO. 4027 /S/FMMCHB

DATE. 16/08/2024

OFFICE OF THE SUPERINTENDENT, FMMCH, BALASORE

**TENDER DOCUMENT FOR SUPPLY OF ORTHOPEDIC IMPLANTS : FOR SUPPLY OF ORTHOPEDIC IMPLANTS (SET AS PER DEMAND) TO FAKIR MOHAN MEDICAL COLLEGE AND HOSPITAL, BALASORE, FOR A PERIOD OF ONE YEAR.**

Name of the Health Institution : FAKIR MOHAN MEDICAL COLLEGE AND HOSPITAL, BALASORE.

(HEALTH & F.W. DEPTT. , GOVT. OF ODISHA

Tel: 06782-240153 Email: [supdt.fmmchb@gmail.com](mailto:supdt.fmmchb@gmail.com)

DATE OF PUBLICATION

:Dt. 17-08-2024

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS

: DT. 17-09-2024/ 5 PM

DATE OF TIME OPENING OF TENDER (BOTH TECHNICAL BID& FINANCIAL BID) : DT. 18-09-2024/ 11 AM

PLACE OF OPENING OF BID DOCUMENTS

: Office of the Superintendent, Fakir Mohan Medical College & Hospital, Balasore

**ADDRESS FOR COMUNICATION AND RECEIPT OF BID DOCUMENTS-** Office of the Superintendent, Fakir Mohan Medical College & Hospital, Remuna, Balasore, 756019, ODISHA, TEL. NO. 06782240153 E-MAIL: [supdt.fmmchb@gmail.com](mailto:supdt.fmmchb@gmail.com)

**PLACE OF OPENING OF BID DOCUMENTS : O/O SUPERINTENDENT FMMCH, Remuna, BALASORE.**

*[Signature]*  
16/8/24

## RECEIPT OF BID DOCUMENTS –

The tenders should be submitted in separate sealed envelope by enclosing its technical bid in cover super scribed (A) & financial bid in cover (B) The envelope containing the tender document both envelopes A & B with required fees should be super scribed clearly **TENDER DOCUMENT FOR SUPPLY OF ORTHOPEDIC IMPLANTS** with tender No. and date ,Bidders name & mob no. ,FAX No. & email id. on the front of envelope. Sealed tenders should reach by Date- **17-09-2024** up to 5pm in the Office of the Superintendent FMMCH, Remuna, Balasore through speed post/regd. Post/ couriers only. Tenders received after due date, time and in any other mode other than mentioned above will be rejected.

Sealed tenders are invited from regd. suppliers (Wholesalers / Distributor/ Retailers) for supply of Orthopedic Implant sets (as per demand) on rate contract basis. The tenderers have to download the Tender Documents directly from the WEBSITE available at [www.baleswar.nic.in/](http://www.baleswar.nic.in/) [www.blsmch.nic.in](http://www.blsmch.nic.in) . The Tender processing fee of Rs. 6000/- (Non refundable ) by way of Demand Draft drawn in favor of SVS FMMCH Balasore, payable at Balasore should be enclosed along-with the tender paper/proposal. The tender documents will be received through Courier/ Regd. Post/Speed Post only and should be reach in the office of the undersigned on or before Dt. **17/09/2024** by 5 pm. The tender papers will be opened on Dt. **18/09/2024** at 11 AM in the Office of the Superintendent, Fakir Mohan Medical College & Hospital, Remuna, Balasore, in presence of the Committee members and the bidders or their authorized representatives.


### GENERAL CONDITION

1. The tender documents should be clearly written /typed without any correction, interpolation and overwriting. Each page of the tender paper should bear the dated signature of the bidder.
2. All copies of the tender document should be self –attested. If any information or document furnished by the bidders to be misleading /incorrect at any stage, their tender will not be accepted.
3. The approved rate and supplier will be valid for **ONE YEAR /from the date of approval /till finalization of the next tender whichever is later.**
4. The quantum of procurement will be made on requirement basis.
5. The authority reserve the right to accept /reject all the bids or any part thereof without assigning any reason thereof .
6. One store should be Empanel for the supply of Orthopedic Implants as and when required.
7. Empanelment store must be located with in 5 KM radius from the FMMCH Campus.
8. All legal disputes, if any relating to purchase etc ,are subject to jurisdiction in the court of law situated at Balasore, Odisha .

### Terms & Conditions:

1. The tenders should be properly sealed and super scribe as “Tender for supply of Orthopedic Implants”.
2. The Bidder shall have to furnish the following documents along with the proposal.
  - i. Tender processing fee Rs. 6000/- in shape of DD (Non-Refundable)
  - ii. EMD Money Rs. 50,000/- in shape of DD. (refundable to non qualifying bidders &for successful bidder after completion of Tender Period). After finalization of the tender process final bidder has to deposit EMD of Rs. 50,000/- (Refundable) before awarding the bid.
  - iii. Photocopy of the Valid License (Wholesalers /Distributor) from the competent authority.
  - iv. Photocopy of last three F.Y I.T. Returns (2021-22,2022-23 & 2023-24).

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- v. Photocopy of the PAN card & GST Registration.
  - vi. Proof of supply of Orthopedic Implants to Govt. Medical College/ Govt. Hospitals/PSU.
  - vii. Original company recent price list of the implants ,both hard copy & soft copy .
  3. The Wholesalers /Distributor shall have stock of all types of Orthopedic Implant sets as per demand Orthopedic Department of the Govt. Medical College & Hospital, Balasore.
  4. The Orthopedic Implant sets of approved brand as given below having lower cost will be preferred. Quoted products should have been approved by **US FDA or CE** certified from notified body.
- I. The implants should be of the following brands –
    - NEBULA
    - PITKAR
    - INOR
    - INTERNATIONAL INSTRUMENT
    - SUSHRUT
    - SSPL
  - II. The replacement & ligament reconstruction implants (HIP Replacement, KNEE Replacement, Reverse Shoulder Replacement, Elbow Replacement, Revision Hip & Knee Replacement Prosthesis.
    - DEPUY SYNTHESIS
    - STRYKER
    - SMITH & NEPHEW
    - ZIMMER
    - SMPL
    - NEBULA
    - GESCO
    - ARTHREX
  - III. ARTHROSCOPIC Ligament Reconstruction, Meniscus Repair instrument & implant for knee & Shoulder
    - STORZ
    - SMITH & NEPHEW
    - ARTHREX
  - IV. SPINE Fixation Implant & Instrument
    - GESCO
    - NEBULA
    - PITKAR
    - INOR
    - SSPL
  - V. ARTHROPLASTY
    - DEPUY- Johnson & Johnson
    - STRYKER
    - SMITH & NEPHEW
    - ZIMMER
  - VI. TUMOR Prosthesis should be of the following brands
5. Selection will be made under **maximum percentage (%) of discount on MRP.**
  6. The intending bidders have to enclose the catalogue of the company/ brand against which they are bidding evidencing the MRP.
  7. The approved suppliers shall have to supply the Orthopedic Implant sets on 24x7 basis to meet the emergency.



8. The approved supplier shall have to execute /supply order in full. In any case the prescribed item(s) are not available with them, then it is the responsibility of the approved supplier(s) to make available.
9. The purchase shall be made on credit basis and the payment will be released as early as possible basing on availability of funds through on line. At any situation ,supply shall not be discontinued /delayed due to late in preveious payment .
10. If any dispute /irregular supply /cancellation of supply order by the approved supplier(s) will be found during the contract period, no further purchase will be made from the supplier(s) and the supplier(s) shall be blacklisted for 2 years (calendar) from the date of Issue of letter. In such case the authority will procure the implants from the bidder offered second highest discounted rate negotiated to supply to L1 price.
11. The authority reserves full rights to accept or reject any or all proposals without assigning any reason thereof.
12. In the event of any dispute out of the contract, such dispute should be subject to the Jurisdiction of the Civil Court, Balasore.
13. One local contact person for the Tenderer is to be submitted.
14. The Tender documents submitted should under go paging & have a content (List).

#### Selection of Bidders:

Evaluation of bids will be made on the basis of maximum discount offered by the bidder. The base discount is 15% on MRP. Hence, the bidder who will offer maximum discount above 15% on MRP value will be selected as the lowest responsive bidder for Orthopedic implants and be selected.

#### ELIGIBILITY CRITERIA :

Wholesalers/Distributors/suppliers/manufacturers/retailers are eligible to participate in the tender provided they have :-

- 1 Proof of three years (3 yr)supply to any GOVT. Hospital /PUS/Corporate Sector Hospital along with satisfactory performance report from the purchaser. How ever ,the suppliers at present supplying Orthopedic IMPLANTS to the tender inviting authority need not to submit the same .
- 2 Valid up to date GST &IT clearance /payable certificate for 3 years (with Audit report ).
- 3 Company authorization letter for distribution /sale of Orthopedic implants.
- 4 **Annual turnover rate**
  - (A) Annual turnover of Rs. 60 Lakhs or more in each year in last three preceding year .
  - (B) In case of manufacturers participating directly shall have annual turnover with tax clearance .
  - (C) Bidders shall be registered under GST .
  - (D) Bidders are requested not to quote products of those manufacturing unit who has been blacklisted /Irregular supply /Partial supply , either by the tender inviting authority or by any state Govt./ PUS/ Corporate or Central Govt. organization

#### **Documents to be submitted with the Technical BID (COVER-A)**

- A. Tender processing fee of Rs 6000/- (NON REFANDABLE )
- B. Earnest Money Deposit (EMD) Rs 50000/- (REFUNDABLE )
- C. Copy of-
  1. Valid Wholesale /Distributor license and authorizations in original from the manufacturers /company whose products are quoted by the bidder .
  2. Valid manufacturing /import license/validity certificate and valid GMP/WHO GMP /ISI/CE certificate of the manufacture(s) whose products are quoted by the bidder .

3. Copy of PAN CARD& GST registration certificate .
4. Photocopy of last three F.Y I.T. Returns (2021-22, 2022-23 & 2023-24).
5. Detail name ,Address ,telephone no ,Fax ,E-mail id of the bidder /contact person .

#### PRICE BID (FINANCIAL BID )

The bidders has to submit sealed separate price bid indicating the discount % from the MRP .

#### REJECTION OF THE TENDERER .

1. The tender paper will be rejected if any of the following documents are wanting /not found with the tender documents.

A - Non submission of relevant documents.

B -Sealed price bid (s)/quoted discount rate with signature & seal .

#### EVALUATION:

1-Tenders will be evaluated as per the requirement of bid and the price bid will be opened only for the bidders who qualify in the technical bid .

#### Supply & Delivery :-.

1. All supply should be completed within **two days** of the receiver of the purchase order .
2. FOR Delivery shall be made at Sub-store FMMCH, Balasore .
3. Nil supply /unwilling to supply the ordered quantity will be lead forfeiture of EMD deposit by the supplier .

#### PAYMENT :

100% Payment shall be made after submission of stock entry certificate(s) from the concerned authority and as per the availability of fund. Under no circumstances the supply should be interrupted as regards to payment, which is compulsory (Authority would ensure the payment).

#### PENALTY:

If any product after use found to be NOT OF STANDARD QUALITY/NOT AS PER THE PARAMETER /GIVES ADVERS REACTION UPON IMPLANTS, such item will be declared as NOT OF SATISFACTORY QUALITY on the basis of the report of the concerned user and surgeon .The said product shall be freezed .The supplier has to replace fresh stock as per the purchased quantity and take back the freezed stock on his own payment .In case the supplier fails to replace the stocks the performance security will be forfeited and payment for the defective supply shall not be released .No further purchase order will be placed to the firm /supplier for the item(s) and the firm will be blacklisted /debarred from participating in any tender (for that time ) floated in future for three years

  
Superintendent

Fakir Mohan Medical College & Hospital, Balasore.

**ANNEXURE- I**  
**LIST OF ITEMS QUOTED (MANDATORY )**

(To be attached with technical bid )

| Sl no | Item sl .<br>No. as<br>per<br>Tender | NAME OF<br>THE ITEM | SPECIFICATI<br>ON/UNIT | NAME OF THE<br>MANUFACTUR<br>ER | MFG.LICENCE<br>NO &VALIDITY<br>AT PAGE NO | GMP/WHO<br>GMP/CE/ISI as<br>per applicable | Rate |
|-------|--------------------------------------|---------------------|------------------------|---------------------------------|---|--|------|
| 1     |                                      |                     |                        |                                 |   |  |      |
| 2     |                                      |                     |                        |                                 |   |  |      |
| 3     |                                      |                     |                        |                                 |   |  |      |
| 4     |                                      |                     |                        |                                 |   |  |      |
| 5     |                                      |                     |                        |                                 |   |  |      |
| 6     |                                      |                     |                        |                                 |   |  |      |
| 7     |                                      |                     |                        |                                 |   |  |      |
| 8     |                                      |                     |                        |                                 |   |  |      |
| 9     |                                      |                     |                        |                                 |   |  |      |

*M. S.*  
16/8/24



ANNEXURE –II

DECLARATION FORM

I/WE -----having My /our-----  
Office at-----do declare that I /We have carefully read all the term and condition  
of tender of the -----odisha for the supply of ----- .I WILL ABIDE WITH ALL THE  
TERM AND CONDITIONS SET FORTH IN THE TENDER PAPER REFERENCE no:-----

I/We do hereby declare I/We have not been de- recognized/blacklisted by any state Govt. Union Territory /Govt of  
India/Govt Organization/Govt. Health Institution for supply of Not of STANDARD QUALITY (nsq )ITEMS/PART-  
SUPPLY/NON-SUPPLY .

I /we do hereby declare that the rates quoted by me/us are nither more than the maximum retail Price nor DGSD  
rate contact .

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Security Deposit and  
blacklist me us for a period of 3 years if any information furnished by us proved to be false at the time of  
inspection/verification and not complying with the Tender term & conditions .


I/We further declare that I/We possess valid valid mamufacturing licenceDrug licence bearing NO..... Valid up  
to ----- /regd supplier with sale tax and vat clearance .I/We----- do  
hereby declare that I/We will supply the -----as per the term and conditions &specifications of the  
tender document .I /We further declare that my /our EMD and or Security Deposit will be forfeited if I / We fail to  
supply any order item after getting order from the purchaser .I / We further declare that we will supply the ordered  
items manufactured only by the manufacturers as mentioned in the bid document

Signature of the bidder

Date

Name and address of the firm :

Affidavit before Executive Magistrate

  
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ANNEXURE-III

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/S.....

Who is a wholesaler/distributor/manufacturer for the last three years are given below and certified that the statement is true and correct .

| SL. NO | YEAR      | TURNOVER IN LAKHS RUPEES | REMARK |
|--------|-----------|--------------------------|--------|
| 1      | 2021-2022 |                          |        |
| 2      | 2022-2023 |                          |        |
| 3      | 2023-2024 |                          |        |

DATE:

Signature of the auditor/Chartered Accountant

Place:

Name in capital

Registration No

Seal

NB:

1. This certificate should be supported by figures in PL Accountant & Income Tax Return .
2. Distributor has to submit own as well as turnover of the principal manufacturer /superstakist whose products they are quoting .

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**ANNEXURE-IV**  
**FORMAT TO BE SUBMITTED WITH THE BID**

**CHECKLIST**

| Sl. No. | Document Details                                     | Submitted (Yes/No.)    | Page No. | Remarks if any            |
|---------|--|------------------------|----------|---------------------------|
| 1       | Tender processing fees                               |                        |          | DD No.:<br>Date:<br>Bank: |
| 2       | License Details<br>1.<br>2.<br>3.                    |                        |          | No. /Valid Till:          |
| 3       | Location of premises                                 | <u>Address Details</u> |          |                           |
| 4       | Mobile No.   |                        |          |                           |
| 5       | Email Address  |                        |          |                           |
| 6       | Approx. Distance of premises from<br>FMMCH, Balasore |                        |          |                           |

  
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**DISCOUNT OFFER**

**(PLEASE SUBMIT ON YOUR LETTER PAD)**

I/We M/s \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ will supply Orthopedic implants ,replacement & ligament reconstruction implants (HIP & KNEE,ARTHOSCOPY , SPINE, ARTHROPLASTY & TUMOR sets )to the Superintendent, Fakir Mohan Medical College & Hospital, Balasore at a discount of \_\_\_\_\_% ( \_\_\_\_\_ percentage) on MRP of each item /set/total bill value.


SIGNATURE OF BIDDER

DATE:

SEAL

Name of the manufacturer(s):

- 1.
- 2.
- 3.

  
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