



**NIQ FOR THE “ PURCHASE OF MEDICINICES AND SURGICAL ITEMS”**

**Ref. No: 60/RGUKT/ NUZ/ Hospital/2023/2024**

**Date:07.03.2024**

**To**

**All Interested vendors**

**Dear Sir/ Madam,**

**SUB: Notice inviting quotation for the “Purchase of Medicines and Surgical items to Institute hospital”.**

**\*\*\*\*\***

The Administrative Officer, RGUKT- Nuzvid invites quotations in a single bid as indicated above. Kindly quote your lowest price including taxes & transportation.

Terms and conditions:

- 1) Address of the firms submitting the quotation and the Officer to whom the quotation is addressed must appear distinctly on the sealed cover as under and should reach by speed post/ Courier service/by the person.
- 2) The following must be written on the outer sealed cover irrespective of a single bid. Without a sealed cover, the quotation will not be accepted.

**QUOTATIONS FOR “Purchase of Medicines and Surgical items”**

**Ref. No: : 60/RGUKT/ NUZ/ Hospital/2023/2024**

**Dt:**

**To  
The ADMINISTRATIVE OFFICER  
RGUKT – NUZVID  
Eluru (DIST) – A.P. – 521202**

- 3) The vendors may also send the email quotations in password protected PDF format to [procurement@rguktn.ac.in](mailto:procurement@rguktn.ac.in). If vendors failed to submit password protected documents, it may not be considered for evaluation. The committee will call for a password on the opening day of the tender.
- 4) There is no Quotation document fee and the Quotation document is to be downloaded from our Website given below. [www.rguktnuz.in/tenders](http://www.rguktnuz.in/tenders) or [www.rguktn.ac.in/tenders](http://www.rguktn.ac.in/tenders)
- 5) **Validity:** Quoted rates must be valid for 120 days.

- 6) **Delivery:** Unless otherwise stated delivery of goods at RGUKT-Nuzvid, will have to be maximum Within 15days. All aspects of safe delivery shall be the exclusive responsibility of the vendor.
- 7) **GST Registration :** copy of the document to be furnished
- 8) In case of civil works he should be a registered civil contractor. Copy of the certificate to be Enclosed along with the tender.
- 9) The vendor should have sufficient experience in supplying goods/executing work/OEM mentioned in The NIQ.Further you are requested to provide previous purchase order/work order that you have Supplied for other organizations/ institutes if asked for.
- 10) The vendor should quote the GST price in the quotation if failed the quotation will be disqualified.
- 11) **Late and delayed quotation:** Late and delayed tender will not be considered. In case any Unscheduled holiday occurs on the prescribed closing/opening date, the next working day shall be the prescribed date of closing/opening.
- 12) **Bid not transferable:** The bid documents are not transferable and the seal and signature of the authorized official of the firms must appear on all the papers and envelopes submitted.
- 13) **Payment:** Payment will be made within 30 days from the billing date after getting a satisfaction Certificate from the concerned department. Payment would be made through online mode only. The Following information must be mentioned on the bill for Digital payment -
  - a) Name of the Firm with complete postal address
  - b) GST Number of the institute (37AAAGRO129Q1ZX)
  - c) GST Number of the firm
  - d) ACCOUNT No
  - e) Name of the Bank with Branch
  - f) IFSC CODE
  - g) PAN NO:
- 14) Chemist/pharmacy/Drug valid license/Registration number
- 15) Kindly read terms and conditions properly and see that they are fully understood and complied with. No correspondence shall be entertained in case your quotation is rejected on the ground of not complying with our instructions, terms, and conditions. In case of doubt please contact us at 08662468516 or the Administrative Office.
- 16) The last date for the receipt of quotations will be 07 days from the date of issue and is extendable until receiving of three quotations. The vendor should see the website for updates.

#### Tender Schedule

Starting date	<b>07/03/2024 (05:00PM)</b>
Last date & Time of receipt of Tender	<b>13/03/2024 (05:00PM)</b>
Time of opening Tender:	<b>14/03/2024(10:00AM)</b>
Venue of Bid opening:	Administrative Office, RGUKT- Nuzvid.

Sd/-

Administrative Officer

**Note:** The contractor acknowledges that he has satisfied himself as to the nature and location of the work before submitting the tender.

# Price Bid

REF No: 60/RGUKT/ NUZ/ Hospital/2023/2024				
GST of the Firm :				
S. No	Name Of the Medicine	Quantity	Unit Price each one Rs	Total Cost
1	Tab. Paracetmol 650.mg	5000		
2	Oint.Diclofinac gel 75 gram	50		
3	Xylocaine gel tubes	10		
4	Dettol Hand Wash 100 ml	20		
5	Inj. Xylocaine2./ 30 ml Vails	3		
6	Nebulizer mask (PD)	20		
7	Tab. Cetrizine hel	5000		
8	Syrup. Gelusil MPS 120 ml	100		
9	Tab. Fraxilia	100		
10	Bandage Cloth packets	20		
11	Tab. Pheniramine maleatei 50 mg	5000		
12	Inj. Diclofinac Sodiiium 3 ml amps	1000		
13	Inj. Paracetmol 2 ml amps	500		
14	Inj. B. Complex 2 ml amps	200		
15	Tab. Diclofinac & Pem	5000		
16	Tab. Rantac 150 mg	10000		
17	Cap. Iran & Folic acid	2000		
18	Asthalin Respiration solu 10 ml	30		
19	Adhesive Plaster 5cm×5m	100		
20	Duolin Respules	200		
21	Xylomethazoline Nasal drops 1% 10 ml	200		
22	Tab. Zomelis Met 50/500 mg	200		
23	Inj. Ethmsylate 2 ml amp	50		
24	Dewax Ear Drops 10 ml	100		

25	<i>Tab. Sartel –H- 40 mg</i>	100		
26	<i>Tab. Ecospirin 75 mg</i>	100		
27	<i>Tab. Amolopres 2.5 mg</i>	100		
28	<i>Thermometers Oval</i>	20		
	<i>Total Estimated Cost</i>			
	<i>GST @</i>			
	<i>Grand Total</i>			

#### DECLARATION BY THE CONTRACTOR

It is hereby declared that I/We the undersigned, have read and examined all the terms and conditions, etc. of the tender document for which I/We have signed and submitted the tender under proper lawful Power of Attorney. It is also certified that all the terms and conditions of the tender document are fully acceptable to me/us and I/We will abide by the conditions. This is also certified that I/We/our principal manufacturing firm has no objection to signing the contract if the opportunity for the items against this tender is given to me/us.

Date:

Address:

Signature:

Name:

Designation:

On behalf of company Seal: