

## **.TENDERER'S DETAILS**

FIRM NAME:

OWNER NAME:

POSTAL ADDRESS:

TELEPHONE NUMBER:

MOBILE NUMBER: 1)

2)

G.S.T REG. NO.:

PAN NO.:

DRUG LICENSE NO.:

E-MAIL ADDRESS:

TENDER FEE (in Rs.):

D.D NO.:

DATE:

DEPOSIT AMOUNT:

D.D NO.:

DATE:

D.D in Favor: **'The Registrar, Maharaja Sayajirao University of Baroda'**

The tender validity period: 01/08/2025 to 31/07/2026

**TENDER MAILING ADDRESS:** MEDICAL OFFICER, UNIVERSITY HEALTHCENTRE

M.S. UNIVERSITY, VADODARA, 390002

**TENDERER'S SIGN AND STAMP**

# Online tender for Medicines & Medical Consumables

## Maharaja Sayajirao University Health Centre

Year 2025-26

Total Tender Amount Rs. 30,00,000/-

Tender fee (D.D)	Rs. 1,000/- (Non Refundable)
E.M.D. (D.D)	Rs. 15,000/- (Refundable)
Tender Number	MSU/UHC/05/2025-2026
Website Name	<a href="http://www.nprocure.com">www.nprocure.com</a>
Tender Download Date and Time	D: 27/04/2025 , 6.00 P.M. to D: 17/05/2025 , 6.00 P.M.
Tender fee, E.M.D. and Other Documents last submitting date and address	Last Date:19/05/2025 till 6.00 P.M. Add.: MSU Health centre, Opp. Rosary school, Pratapganj, Vadodara
Tender Opening Date	Date : 26/05/2025 , 12.00 P.M
Tender Validity Period	Date : 01/08/2025 to 31/07/2026

# **Attached Documents/Certificates with**

## **Physical tender** (MSU/UHC/05/2025-2026)

<b>Sr. No.</b>	<b>Documents Details</b>	<b>Company's Names</b>	<b>Documents (Yes/No)</b>	<b>Page No.</b>
1	Authority Letters from Companies (for other than companies)			
2	Copy of GMP from all manufacturing companies issued by FDCA, Govt of Gujarat valid for the given year ( as per the sample copy attached ) Annexure 5			
3	Declaration of Non-Conviction Certificate on Rs 300/-stamp			
4	Demand Draft for EMD Rs 15,000/- & Demand Draft for Tender Fee Rs 1,000/- .			
5	Drug License Copy			
6	Pan Card Copy			
7	Shop Act License Copy			
8	GST Copy			
9	True copy of attested Documents			

Name of the manufacturing company/companies of medicine and medical consumables to be filled in the financial BID (MSU/UHC/05/2025-2026)

SR No	Name of the Medicine	Company /Companies Name
1	Tab. Azithromycin 250mg	
2	Tab. Azithromycin 500mg	
3	Tab. Ofloxacin 200mg + Ornidazole 500mg	
4	Tab. Norfloxacin 400mg	
5	Tab. Ofloxacin 200mg	
6	Tab. Levofloxacin 500mg	
7	Tab. Acyclovir 400 mg	
8	Cap. Amoxycillin 500mg	
9	Cap. Amoxycillin 500mg + Clavulanic acid 125mg	
10	Tab. Cefixime 200mg	
11	Tab. Doxycycline 100mg	
12	Tab. Metronidazole 200mg	
13	Tab. Paracetamol 500mg	
14	Tab. Paracetamol 650mg	
15	Tab. Tramadol (37.5mg) + Paracetamol (325mg)	
16	Tab. Diclofenac 50mg+ Paracetamol 500mg	
17	Tab. Diclofenac Sodium 50mg	
18	Tab. Diclofenac Sodium SR 100mg	
19	Tab. Bilastin 20mg	
20	Tab. Tamsulosin 0.4mg	
21	Tab. Etoricoxib 90mg	
22	Diclofenac Gel 30Gm	
23	Tab. Serratiopeptidase 10mg	
24	Tab. Ibuprofen 400 mg	
25	Tab. Ibuprofen 400 mg + Paracetamol 325mg	
26	Tab. Diclofenac 50mg+PCM 325mg + Chlorzoxazone 250mg	
27	Tab. Aceclofenac 100mg + Paracetamol 500mg	
28	Cap. Pregabalin 75mg	
29	Cap. Indomethacin 75mg	
30	Tab. Carbamazepine SR 200mg	
31	Tab. Frusemide 40mg	
32	Tab. Hydrochlorothiazide 12.5mg	
33	Tab. Hydrochlorothiazide 25mg	
34	Tab. Chlorthalidone 6.25mg	

35	Tab. Atenolol 25mg	
36	Tab. Atenolol 50mg	
37	Tab. Amlodipine 2.5mg	
38	Tab. Amlodipine 5mg	
39	Tab. Amlodipine 10mg	
40	Tab. Amlodipine 5mg+Atenolol 50mg	
41	Tab. Amlodipine 5mg + Metoprolol xl 50mg	
42	Tab. Amlodipine 5mg + Metoprolol xl 25mg	
43	Tab. Cilnidipine 10mg	
44	Tab. Cilnidipine 20mg	
45	Tab. Telmisartan 20mg	
46	Tab. Telmisartan 40mg	
47	Tab. Amlodipin 5mg + Telmisartan 40mg	
48	Tab. Telmisartan 40mg + Metaprolol 50mg	
49	Tab. Olmesartan 40mg	
50	Tab. Metoprolol XL succinate 12.5mg	
51	Tab. Metoprolol XL succinate 25mg	
52	Tab. Metoprolol XL succinate 50mg	
53	Tab. Enalapril 5mg	
54	Tab. Ramipril 5mg	
55	Tab. Nebivolol 2.5mg	
56	Tab. Nebivolol 5mg	
57	Tab. Losartan Potassium 25mg	
58	Tab. Losartan Potassium 50mg	
59	Tab. Carvedilol 3.125mg	
60	Tab. Carvedilol 6.25mg	
61	Tab. Diltiazem 30 mg	
62	Tab. Diltiazem SR 90 mg	
63	Tab. Nifedipine retard 20mg	
64	Tab. Bisoprolol 2.5mg	
65	Tab. Isosorbide Mononitrate 20mg	
66	Tab. Isosorbide Dinitrate 10mg	
67	Tab Fenofibrate 160mg	
68	Tab. Atorvastatin 10mg	
69	Tab. Atorvastatin 20mg	
70	Tab. Rosuvastatin 5mg	
71	Tab. Rosuvastatin 10mg	
72	Tab. Rosuvastatin 20mg	
73	Tab. Clopidogrel 75mg	
74	Tab. Clopidogrel 75mg + Aspirin 75mg	
75	Tab. Clopidogrel 75mg+ Aspirin 150mg	
76	Tab. Ecosprin 75 mg	
77	Tab. Ecosprin 150mg	
78	Tab. Sitagliptin 100 mg + Dapagliflozin10mg	
79	Tab. Teneligliptin 20mg	
80	Tab. Teneligliptin 20mg + Metformin 500mg	

<b>81</b>	Tab. Glipizide 5mg	
<b>82</b>	Tab.Glimiperide 2mg + Metformin SR 1000mg	
<b>83</b>	Tab. Pioglitazone 15mg	
<b>84</b>	Tab. Dapagliflozin 10mg	
<b>85</b>	Tab. Glimepiride 1mg	
<b>86</b>	Tab. Glimepiride 2mg	
<b>87</b>	Tab. Glimipiride 3mg +Metformin 500mg	
<b>88</b>	Tab. Metformin 250mg	
<b>89</b>	Tab. Metformin SR 500mg	
<b>90</b>	Tab. Metformin SR 1000mg	
<b>91</b>	Tab. Glipizide 5mg + Metformin 500mg	
<b>92</b>	Tab. Gliclizide 80mg + Metformin 500mg	
<b>93</b>	Tab.Glimiperide 1mg + Metformin SR 500mg	
<b>94</b>	Tab. Glimiperide 2mg + Metformin SR 500mg	
<b>95</b>	Tab.Glimiperide 1mg + Metformin SR 1000mg	
<b>96</b>	Tab. Glibenclamide 5 mg	
<b>97</b>	Tab.Rabeprazole 30mg + Domperidone 20mg	
<b>98</b>	Cap. Omeprazole 20mg	
<b>99</b>	Tab. Ranitidine 150mg	
<b>100</b>	Tab.Antacid( Aluminium hydroxide gel ,Magnesium hydroxide and Semithicone ,sodium carboxymethylcellulose , Digene like )	
<b>101</b>	Tab. Salbutamol sulphate 4mg	
<b>102</b>	Tab. Etophylline 115mg+ Theophylline 35mg	
<b>103</b>	Tab. Etophylline 231mg+ Theophylline 69mg	
<b>104</b>	Tab. Calcium 500mg+ Vitamin D3 250 IU	
<b>105</b>	Tab. Vitamin D3 60000 IU	
<b>106</b>	Tab. Folic Acid 5mg	
<b>107</b>	Tab. Thiamine 10mg + Riboflavin 10mg + Pyridoxine 3mg + Cyanocobalamin 15 mcg + Nicotinamide 45mg + Calcium pantothenate 50mg (Like Neurobion forte )	
<b>108</b>	Tab. Methyl cobalamin 1500mcg	
<b>109</b>	Tab. Folic acid 5mg +Pyridoxine 10mg + meththylcobalamin 1500mcg	
<b>110</b>	Tab. Folic acid 1.5mg+ Riboflavin 10mg+ Niacin amide 100mg + lactobacillus	
<b>111</b>	Tab. Ferrous sulphate 200mg + Folic acid 0.5mg	
<b>112</b>	Tab Vitamin C 500mg + Zinc Citrate 10mg	
<b>113</b>	Tab. Allopurinol 100mg	
<b>114</b>	Tab. Allopurinol 300 mg	
<b>115</b>	Tab. Phenobarbitone 60mg	
<b>116</b>	Tab. Phenytoin Sodium 100mg (1 bottle* 100 tabs)	
<b>117</b>	Syrup Levocetirizine 2.5mg /5ml(30ml)	
<b>118</b>	Syrup Ambroxol (15mg/5ml) + Salbutamol sulphate (1mg/5ml) (60ml)	
<b>119</b>	Syrup Ondansetron 2mg/5ml (30ml)	

<b>120</b>	Syrup Ibuprofen 100mg + Paracetamol 125mg (60ml)	
<b>121</b>	Syrup Amoxicillin 400mg + Clavulanic acid 57mg (60ml)	
<b>122</b>	Syrup Azithromycin (200mg/5ml) (30ml)	
<b>123</b>	Syrup Amoxicillin Dry (20g/60ml) (60ml)	
<b>124</b>	Syrup Cefixime Oral Suspension 100mg/5ml (30ml)	
<b>125</b>	Syrup Phenylephrine 2.5mg+Paracetamol 125mg+ Chlorpheniramine 1mg (60ml)	
<b>126</b>	Syrup Paracetamol 125 mg (60ml)	
<b>127</b>	Syrup Multivitamin 100ml ( Vit. B1,B2,B3,B5,B6,B12, Vit. D3, Vit. A)	
<b>128</b>	Syrup Dicyclomin HCL 10mg + Simethicone 40mg (30 ml)	
<b>129</b>	Choline salicylate + Lignocaine Hydrochloride oral Gel (For Mouth ulcer )	
<b>130</b>	Oint. Framycetin 30gm	
<b>131</b>	Oint. Beclomethasone + Neomycin (15mg)	
<b>132</b>	Oint. Whitefield's Ointment (15gm)	
<b>133</b>	Oint. Clobetazole + Gentamycin (25gm)	
<b>134</b>	Oint. Miconazole (30gm)	
<b>135</b>	Gama Benzene Hexachloride Lotion (1%w/v) (100 ml)	
<b>136</b>	Tab. Ivermectin 12mg	
<b>137</b>	Tab. Fluconazole 400mg	
<b>138</b>	Tab. Fluconazole 150mg	
<b>139</b>	Tab. Levocetizine Dihydrochloride 5mg	
<b>140</b>	Tab. Levocetizine 5mg+ Montelukast 10mg	
<b>141</b>	Tab. Paracetamol (500mg) + Phenylephrine (4mg) + Caffeine (30mg) + Chlorpheniramine maleate (10mg)	
<b>142</b>	Tab. Bromhexine 8mg	
<b>143</b>	Tab. Ambroxol 30mg	
<b>144</b>	Tab. Domperidone 10mg	
<b>145</b>	Tab. Bisacodyl 5mg	
<b>146</b>	Tab. Albendazole 400mg	
<b>147</b>	Tab. Hyoscine Butylbromide 10mg	
<b>148</b>	Tab Dicyclomine 20mg+ PCM 325mg	
<b>149</b>	Ciprofloxacin Eye ointment (5gm)	
<b>150</b>	Moxifloxacin Eye drops (0.5% w/v) (5 ml)	
<b>151</b>	Olopatadine Eye drops (0.1%w/v)	
<b>152</b>	Neomycin Sulphate +Polymyxin+Hydrocortisone Ear Drop	
<b>153</b>	Oxymetazoline 0.25 Nasal Drops (10ml)	
<b>154</b>	Nasal Saline drops	
<b>155</b>	Carboxymethylcellulose Eye drops (0.5% w/v) (10 ml)	

<b>156</b>	Paradichlorobenzene (2% w/v) +Benzocaine (2.7% w/v) ear drops (Like Soliwax) (10ml)	
<b>157</b>	Lignocaine (2% w/v)+Clotrimazole (1% w/v) ear drops	
<b>158</b>	Tab. Tranexamic acid 500mg	
<b>159</b>	Tab.Medroxyprogesterone 10mg	
<b>160</b>	Tab. Northisterone 5mg	
<b>161</b>	Tab. Clotrimazole vaginal V6 100mg	
<b>162</b>	Tab. Prochlorperazine malate 5mg	
<b>163</b>	Tab. Betahistine 16mg	
<b>164</b>	Absorbant cotton (500gms)	
<b>165</b>	ECG Gel (250ml)	
<b>166</b>	ECG Roll ( 12 Channels ,Model- UNIHEART 1201)	
<b>167</b>	Gauze cloth (90cm*16mtrs)	
<b>168</b>	Plastic Gloves	
<b>169</b>	Unsterile Rubber Gloves (loose)	
<b>170</b>	Providone iodine ointment (250 gms)	
<b>171</b>	Elastic Adhesive Bandage (Dynaplast )	
<b>172</b>	Venflow no. 22	
<b>173</b>	Ipratropium500mcg + Levosalmamol/Levalbuterol 0.63mg PEDIATRIC	
<b>174</b>	Budesonide nebuliser respules (0.5mg)	
<b>175</b>	Formoterol fumarate 20mcg + Budesonide 0.5mg nebuliser respules	
<b>176</b>	Ipratropium (500.0Mcg) + Levosalmamol/Levalbuterol (1.25 Mg) Respule (3 ml)	
<b>177</b>	Bandage cloth (90cm*16mtr)	
<b>178</b>	IV set	
<b>179</b>	Adhesive Tape ( 2.5 cm * 8 cm )	
<b>180</b>	Scalp vein No 20G*	
<b>181</b>	Scalp vein No. 22G*	
<b>182</b>	Scalp vein No 24G*	
<b>183</b>	Sterile Gloves 7. ½	
<b>184</b>	Sodium Hypochlorite solution (5 litre)	
<b>185</b>	2- Propranolol 45% + 1- Propranolol 30% (5 lit.)	
<b>186</b>	Surgical Disposable Mask	
<b>187</b>	Micro Tape (Paper tape) 0.5"	
<b>188</b>	Glucose Power 100 gm	
<b>189</b>	Inj. Normal saline (100 ml)	
<b>190</b>	Inj. Metrogyl 100ml 0.5%w/v	
<b>191</b>	Inj. Ceftriaxone 1gm	
<b>192</b>	Inj. Amoxicillin 1gm + Clavulanic acid 0.2gm (1.2gm)	
<b>193</b>	Inj. Normal Saline (250 ml)	
<b>194</b>	Inj. Tetanus toxoid (0.5ml)	
<b>195</b>	inj. Paracetamol Infusion IP 1% W/V (100ml)	



<b>196</b>	Inj. Ringer lactate (500ml)	
<b>197</b>	Inj. Dextrose 5% (500ml)	
<b>198</b>	inj. DNS (500ml)	
<b>199</b>	inj. Normal saline (500ml)	
<b>200</b>	Inj. Methyl cobalamin 1000 mcg + Niacin amide (100mg) + Pyridoxine (100mg) + D-Panthenol (50 mg)	
<b>201</b>	Inj. Methyl cobalamin 1500 mcg (2 ml ampoule)	
<b>202</b>	inj. Hyosine hypo bromide 10 mg/ml	
<b>203</b>	inj. Dexamethasone 2ml 4mg/ml	
<b>204</b>	inj. Diclofenac Sodium 1ml/75mg	
<b>205</b>	Inj. Chlorpheniramine malate 22.75/mg	
<b>206</b>	inj. Paracetamol 2ml 75mg/ml	
<b>207</b>	inj. Frusemide 2ml ampoule 10 mg/ml	
<b>208</b>	inj. Ondansetron 2mg/ml	
<b>209</b>	inj. Ranitidine 2ml 25mg/ml	
<b>210</b>	inj Prochlorperazine malate 12.5mg/ml	
<b>211</b>	Disposable syringe 2ml with needle (each)	
<b>212</b>	Disposable syringe 5ml with needle (each)	
<b>213</b>	Insulin syringe 40 units (1 ml)	
<b>214</b>	Tab. Loperamide 5mg	
<b>215</b>	Oral Rehydration Solution (ORS) (21.8 gm)	
<b>216</b>	Tab. Prednisolone 5mg	
<b>217</b>	Tab. Prednisolone 10mg	
<b>218</b>	Tab. Naproxen 500 mg + Domperidone 10 mg	
<b>219</b>	Tab. Amitriptyline Hydrochloride 10 mg	

**The Maharaja Sayajirao University of Baroda**

Opp. Rosary School, Pratapgunj Vadodara – 390 002. Gujarat. India.

Tel: (+91 0265)2791616  
GENERAL TERMS AND CONDITIONS  
FOR  
DRUGS AND OTHER MEDICAL CONSUMABLES  
UNIVERSITY HEALTH CENTRE  
MSU/UHC/05/2025/2026

1) The rates should be quoted, only in e-Commercial Format, for Medical Store, University Health centre, Vadodara basis, inclusive of packing, forwarding freight, and insurance charge, any other duty or hidden charges, etc. Taxes such GST and other applicable **taxes are to be excluded** in Final Total rate (effective), = Final Total Rate (for L1).

2) The rates quoted should be per 1 tablet, for injectable per one vial / ampoule as applicable, for ointment for one tube of ointment and for syringes per one syringe and for gauze piece and cotton roll per one packet (90cm \*16 m)

3) Rate once quoted will be final and will not be allowed to increase during the validity period under any circumstances and for any reason whatsoever, except statutory taxes/duties imposed/withdrawn/increased/decreased on quoted items by the State or Central Govt.

4) Back out from the tender at any interim level during the tender processing is not allowed. Once the tenders are submitted, it will be the responsibility of the tenderer not to escape halfway directly or indirectly by way of raising any problems.

5) Wrong / Fraudulent data, letter, Certificate etc. submission may lead to disqualification / debar. Please ensure that you have furnished correct data.

6) The rates shown in Commercial Bid shall be F.O.R, in all cases, no payment against any duty / delivery charges etc. will be considered under any separate heading under any circumstances.

7) All demanded documents / certificates / authority letters should be in force for long but minimum valid up to the date of opening of tender\* / signing of the agreement (as the case may be) is must.

In case, the certificates / licenses / permission are near to expiry (\*) or the validity period is over, the proof of applying for renewal should also be attached. Such certificates will be considered, if the renewal has been applied for, within the time limit prescribed for the renewal of that permission / license / certificate under the relevant rules or **minimum 8 weeks before** the expiry date. And **further the tenderer has to file affidavit that such application for renewal is not specifically rejected by the competent authorities.**

In case any certificate is still awaited from the competent authority, the proof of making the application & proof of completing all the necessities formalities for renewal of same should also be attached. This will be considered, if affidavit that such application for renewal is not specifically rejected by the competent authorities.

8) The tenderer must satisfy that they are in possession of the requisite permissions / licenses / permits required for the supply of the items for which the offer is made. FAILURE TO ENTER INTO CONTRACT, IF SELECTED OR FAILURE TO EXECUTE THE PURCHASE ORDERS, AFTER ENTERING INTO CONTRACT FOR WANT OF PERMISSION / LICENSE OR DUE TO NON-SUPPLY OF CERTIFICATES / DOCUMENTS, WILL BE VIEWED SERIOUSLY AND WILL INVITE RECOVERY / FORFEITURE OF E.M.D / RISK PURCHASE / DISQUALIFICATION FOR APPROPRIATE PERIOD WITHOUT ANY FURTHER REFERENCE.

**9) Expiry date must be more than 18 months from the date of supply. Refurbished or old / near expire items will not be allowed under any circumstances.** If such case is noticed, than the store will reject out rightly. Supplier shall be liable to replace the entire quantity or make full payment of the entire consignment against the particular invoice irrespective of the fact that part or full quantity of the store supplied may have been consumed; otherwise E.M.D/ payment of other bills will be forfeited.

**10)** All supply orders issued by the indenting officers on or before the last date of the currency of the contract will have to be accepted by the tender holder and the delivery for all such orders will have to be effected as per the schedule specified in the order, even though the date of actual supply may fall beyond the last date of the tender validity.

**11)** In the event of breakages or loss of stores during transit against requisition order the said quantity will have to be replaced by the tender holder. The purchaser will not pay separately for transit insurance and the supplier will be responsible for the stores. In the event of breakages or loss of stores during transit it should be informed to the supplier as soon as stores received but not later than 15 days from the date of arrival of stores at destinations.

**12)** In event of deterioration of Drug within shelf- life period, the whole batch is to be replaced within a week of drawing attention to the same.

**13)** No guarantee can be given as to the minimum quantity which will be drawn against the Rate Contract but the contractor will supply such quantities as may be ordered by Medical Officer in the currency of the contract, from time to time.

**14) Delivery Period:** The maximum delivery period will be **1-week** from the date of receipt of the purchase order/ date of e-Mail/ other means of communication. The delivery period can be extended up to 2 weeks, maximum from date of order. On event of failure to supply within delivery period the supplies shall be allowed with penalty of 10% for undelivered quantity of stores or else the "L2" medicine will be ordered after due permission from the chairperson and the medical officer.

**15)** Two copy of bills / invoices are required to be submitted by tenderer's specifying the following details in the appropriate place of the invoices only after complete supply of stores.

- a) No. and date of Challan
- b) No. and date of bills or invoice.
- c) No. and date of tender
- d) No. and date of order with its Xerox copy
- e) Name and specifications of item.
- f) Name of manufacturer
- g) Batch wise Quantity
- h) Manufacture & Expiry date
- i) Total cost

**16)** The tender holder shall not charge **GST** if they have been exempted by concerned authority.

**17) Payment Terms:** The payment shall be made to the tender holder as under:

No advance payment towards costs of drugs, medicines etc., will be made to the Bidder.

- (a) 100% of the invoice amount will be paid within 30-45 days of the delivery of total goods at the destination in good condition.
- (b) If tenderer is supply partial quantity of goods from total quantity order within time limit payment should be made for that partial quantity only.
- (c) No interest will be chargeable by the tender holder, if the payment is delayed.

The payment of the bills shall be withheld in the following circumstances:

- a) The goods are found sub-standard or in non-acceptable condition.
- b) Breach of condition of any contract by the tender holder.
- c) Previous Government dues of tender holder.
- d) The price escalation clause will not be allowed under any circumstances except statutory taxes/duties imposed/withdrawn/increased/decreased on quoted items by the State or Central Govt. during the period

between opening of technical bid and stipulated date of delivery. The statutory price variation will not be allowed in the cases where:

- i) Stores offered on ex-stock basis.
- ii) Store to be purchased on emergency basis.
- iii) Statutory variation not communicated in time its announcement by the contractor.
- iv) Prevailing rate as well as amount of taxes/duties not clearly mentioned in Commercial Bid in remark column.
- v) Duties/Taxes applicable due to mere crossing the limit of production / sales.
- vi) Duties/Taxes imposed/increased by the Govt. after stipulated delivery period shown in the contract.

**18)** Payment will be done through RTGS in BOB Bank Account. In case of other Gov. Banks, Bank's detail including A/C No., Branch and IFSC code should be stamped on medicine bill.

**19)** RTGS form with bank detail must be submitted with the bill.

**20)** The tenderer must submit test analysis report of drugs whenever the requirement might arise from a government approved laboratory.

**21)** As per Gov. Norms, 2% GST of bills will be refunded in your GST account after end of the financial year by GST department.

**22)** In case of L1 can't avail the medicine on time for any reasons (like sort supply of medicines, rate increase etc.) L2 will be considered to supply the medicines & the rate difference will be deducted from the deposit (E.M.D) of L1.

**23)** The tender validity period will be 1 years from 01/08/2025 to 30/07/2026.

**24)** The decision of the advisory committee and drug purchase committee related to all matters on the purchase of medicines & medical consumables through the e-tender would be final and unquestionable.

**25)** The rates quoted for all drugs should be from standard/branded generic drugs companies which can produce WHO/GMP certificate issued by the Foods and Drugs control administration(FDCA)of the Government of Gujarat valid for the given year.

**26)** The L1 vendor should send the original detailed bill within 7 days from the date of delivery of medicine. It would be preferable if the bill is sent along with the ordered quantity of medicines.

**27)** The Lab analysis report issued by the manufacturing company should be sent with each batch of medicines

**28)** The rates quoted for all drugs should be from standard/branded generic drugs companies which can produce WHO/GMP certificate given by the Foods and Drugs control administration(FDCA)of the government of Gujarat valid for the given year.

**29)** For any queries related to tender kindly contact on the following contact number

Dr Sonal Mishra – 9376217235, Dr Rushita Solanki – 9727758957 or  
Pharmacist Hetal patel - 8488891758

## **Documents/ Certificates**

**(A)**

### **ANNEXURE -1**

#### **DECLARATION OF I.S.O. MARKED GOODS (for manufacturer)**

I/We \_\_\_\_\_ hereby certify that:

1. The following items which form part of Tender Enquiry # \_\_\_\_\_ are manufactured by \_\_\_\_\_ at \_\_\_\_\_ plant/s which has been awarded ISO 9001/ \_\_\_\_\_ \*certificate vide # \_\_\_\_\_ Valid up to Dt. \_\_\_\_\_:

Sr. no.	Name of Drug	Strength
1.		
2.		
3.		
4.		
5.		

2. The following items which form part of Tender Enquiry # \_\_\_\_\_ above are manufactured by us / licenses at \_\_\_\_\_ plant/s which has not been awarded any ISO certificate:

Sr. no.	Name of Drug	Strength
1.		
2.		
3.		
4.		
5.		

Date:

**Stamp & Signature of Tenderer**

**ANNEXURE-2**

**(This authority letter to be sign on each company's letterhead)**

To,  
University Health centre  
M. S. University,  
Vadodara-390001

Dear Sir/Ma'am,

1. M/s \_\_\_\_\_ Mfg Site/office address

\_\_\_\_\_

Is the reputed mfg of quoted items, list attached.

2. \_\_\_\_\_ is our authorized distributor for our products from \_\_\_\_\_ to \_\_\_\_\_ and they are authorized to quote and follow up on our behalf and the said agreement is valid in force as on date:

3. We undertake to supply drugs/items for which the quotations of attached items are submitted by M/S \_\_\_\_\_ on our behalf in respect on Tender Enquiry # \_\_\_\_\_ due on \_\_\_\_\_.

**Attached above document with sign & stamp with company authorized person**

**Sign and stamp of Manufacture**  
**Address & contact No & Email address**

Stamp & Signature of Tenderer

**E-Tender 2025-26**  
**For Supply of Medicines items**

**Technical Bid Form (for S.S.I.)**

**Note:** - Commercial Bid form is to be submitted only by Online. Technical documents must be submitted physically by Speed post or by RPAD, to reach M.O. ,U.H.C., Pratapgunj , Vadodara.

**In case of manufacturer & Supplier**

Name of the Party / Firm.....

Status of Firm - Company / Partnership firm / others.....

Name of the Proprietor .....

Postal Address .....

.....

Telephone No. Office ..... Mobile No .....Residence .....

Email address.....

**In case of manufacturer having Guj. SSI, for item Quoted:-**

**(Applicable on SSI Only)**

<b>Sr. No.</b>	<b>PLACE OF SSI, TINY, COTTAGE INDUSTRY</b>	<b>Guj. Registration No</b>	<b>NSIC,CSPO, DGS&amp;D Regi. No. for item Quat.</b>
1			
2			

Date: Stamp & Signature of Tenderer

## **ANNEXURE-3**

### **VERIFICATION, UNDERTAKING DOCUMENTS**

(To be signed on a Rs.300/- Stamp Paper attested by notary)

From: M/s. \_\_\_\_\_ No.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To: The Medical Officer,  
University Healthcentre,  
M.S.University, Vadodara.

**Sub: Supply of Medicines & Medical Consumables**

**Ref:**

Sir,

I/We enclose the priced tender form duly signed. Necessary documents / information as demanded/shown in tender are enclosed herewith (in order in which they are mentioned). The rate quoted against each item is given as demanded in e-commercial bid (Price F.O.R. Delivery basis, including packing, forwarding, insurance etc. & Total Rate of the item i.e. Basic rate inclusive all charges except CGST & SGST). I/We have carefully read and understood the terms and the conditions stated in the tenders form and I/We shall abide by all these conditions. I/We further endorse that in particular, the terms and conditions of Delivery Period, Payment Terms, Place of Delivery, etc. are acceptable to me/us and no representation will be made by me/us afterwards for altering the same. I/We further undertake to supply the goods to the consignees as per the terms of the Tender.

I/We verify that the copies of the certificates / documents attached herewith are authentic true copies of the original certificates / documents for verification on demand. I/We undertake to supply the attested copies of certificates / documents required at the time of signing the letter of agreement if my/our offer is accepted.

I/We also take cognizance of the fact that providing misleading or questionable information or failure correct or true information to you or failure to comply with any contractual requirement laid down by you / them will be considered as a serious breach of the terms and conditions of the tender and will invite disqualification and other penal action as deemed fit by the Medical Officer U.H.C, Pratapgunj, Vadodara.



## **ANNEXURE-4**

### **DECLARATION OF NON-CONVICTION CERTIFICATE**

I / We declare that I / We are in possession of the requisite licenses / permits required for the manufacture / supply / sale / distribution of the items and further verify that the said licenses / permits have not been declared defaulter, black listed or debarred by any state or Central Government or Constitutional authority or financial institution or Judicial Court or any Government undertakings.

I/We further declare that, I / we manufacturer of item quoted is / are not been given notice for malpractice, debarred, or blacklisted by any Govt. or any concern authority.

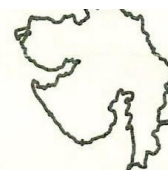
I/We undertake responsibility to bring attention of M.S. U.H.C, Vadodara if tenderer will be debarred / Blacklisted / Deregistered in future by any state / Central Govt. / Undertaking / organization, I / We understood that if I/We fail to draw attention, strict action may be taken by Medical Superintendent.

## ANNEXURE-5



### Food & Drugs Control Administration

BLOCK NO. 8, 1<sup>ST</sup> FLOOR, Dr. JIVRAJ MEHTA BHAVAN,  
GANDHINAGAR, GUJARAT STATE, INDIA. PIN : 382010



Certificate No. : **23054106**

On the basis of the inspection carried out on **26-27/04/2023** we certify that the site indicated on this certificate complies with Good Manufacturing Practices for the dosage forms, categories and activities listed in Table 1.

1 Name & Address of site :

VADODARA, GUJARAT STATE, INDIA

2 Manufacturer's Licence  
number :

G/25/2317

G/28/1703

3 Table : 1

Dosage Form (s)	Category (ies)	Activity (ies)
External Preparation (Ointment/Cream/Liquid)	General	Manufacturer

The responsibility for the quality of the individual batches of the pharmaceutical products manufactured through this process lies with the manufacturer.

This certificate remains valid until **30/04/2026** It becomes invalid if the activities and/or categories certified herewith are changed or if the site is no longer considered to be in compliance with GMP

Format of this certificate is as per WHO TRS No. 908 of 2003.

#### Address of certifying authority

Food & Drugs Control Administration, Block  
No. 8, 1<sup>ST</sup> floor, Dr. Jivraj Mehta Bhavan,  
Gandhinagar, Gujarat State, India. – Pin :  
382010

Name & function of : (Dr. H/G. KOSHTIA)  
responsible Person Commissioner

Email : [comfdca@gujarat.gov.in](mailto:comfdca@gujarat.gov.in)

Phone : 91-79-23253417, Fax : 91-79-232-53400

Date : 01/05/2023



Date:

Thanking you,

Date: \_\_\_\_\_

Yours faithfully

Stamp & Signature of Tenderer