Page 1/34

भारतीय स्टेट बेंक State Bank of India

SBI / ADMIN./2021/5 Department Office, New Delhi Administration Local Head

M/s -----

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### SUPPLY OF DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11, SANSAD MARG, NEW DELHI – 110 001

# Sealed tenders are to be submitted: AGM OAD, SBI, LOCAL HEAD OFFICE, 'D' BLOCK , ADMINISTRATION DEPARTMENT, 4TH FLOOR, SANSAD MARG, NEW DELHI – 110 001 .

For detailed information, please contact Sh. Manoj Kumar Baranwal (011-23407406) during 10.00 AM to 5.00 PM. Last date for submission of the tender is 28.12.2021 by 15:00 hrs. (3.00 PM) Tender No. SBI/ADMIN/2021/5 Dt. 04.12.2021

**Online submission at : <u>www.tenderwizard.com/SBIETENDER</u>** 

For any assistance you may contact :M/s Antares Systems Limited<br/>#24 Sudha Complex, 3rd Stage,<br/>4th Block, Bangalore - 560079<br/>Fax:-91-080-49352034<br/>Tel:-91-080-49352000/40482000Contact Person :Mr. Pushpraj

Mob: +91 7503347659 E-mail: pushpraj@antaressystems.com

### TENDER DOCUMENT

### Supply of Drugs and Consumables at DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11 SANSAD MARG, NEW DELHI – 110 001

NAME OF THE TENDERER:	
ADDRESS:	
PIN	
Contact No. Landline	
Mobile	
Fax	
E-mail :	

Last date of submission of the tender:

On or before 28.12.2021 by 15:00 hrs. (3.00 PM)

Page 3/34

## TECHNICAL BID

### **VOLUME-I**

### Supply of Drugs and Consumables at DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11 SANSAD MARG, NEW DELHI – 110 001

### **INDEX**

Sr.	Contents	Page No.
No.		
1	Notice Inviting Tender	5
2	Form of Tender	13
3	Instructions for Tendering	14
4	Appendix	16
5	Annexure-I	17
6	Annexure-II	18
7	Declaration	19
8	Bill of Quantities	20
9	Indicative Price Bid	23
10	Annexure-III	24
	<b>Business Rules for Reverse Auction</b>	
11	General Terms & Conditions for Reverse Auction	25
12	Annexure-III(A)	31
	Process Compliance Form	
13	Annexure-III(B)	32
	<b>Compliance Statement Declaration</b>	
14	Annexure-III(C)	33
	Certificate of Confirmation for Participation	
15	Annexure-III(D)	34
	<b>Final Price Confirmation Form</b>	

### Page 5/34

### **Notice Inviting Tender**

### FOR SUPPLY OF DRUGS AND CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, SANSAD MARG, <u>NEW DELHI – 110 001</u>

Applications are invited in the prescribed format for **Supply of Drugs and Consumables at DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, 'D' Block, LOCAL HEAD OFFICE, 11 SANSAD MARG, NEW DELHI – 110 001**. Details regarding tender are given as below:

### I) Eligibility Criteria:

Tenderers who fulfill the following requirements shall be eligible to apply.

1. The tenderers should have satisfactorily carried out **Supply of Drugs and Consumables** to Hospitals, Dispensaries, Banks, Public Sector Undertakings(PSUs), Multi National Companies(MNCs) etc. during last 3 (three) financial years with the experience / turnover of minimum **Supply of Drugs and Consumables** for Rs. 05 (Five) Crores p.a.

2. The tenderers must have their administrative Office / Shop / Warehouse based in Delhi/NCR.

3. Average annual turnover of the tenderer during last 3 (three) years ending March 31, 2021 shall be at least Rs. 05 (Five) Crores p.a.

4. The tenderer should have **Valid Drug License** for various categories of allopathic drugs issued by the Drug Control Authority of the State/Union under the provision of Drugs and Cosmetics Act, 1940 as applicable any other law in force.(should hold for last 5 years) **Copy of valid license to be submitted along with the Tender**.

(a) The Tenderer must not have been convicted by the Drug Authorities and no case should be pending under Drugs and Cosmetic Act and Rules.

(b) The Tenderer should agree to supply all the medicines Branded as well as Generic and consumables that the Bank indents irrespective of the brands or manufacturers.

5. Only eligible applicant 'BILL OF QUANTITIES' in Price Bid and as per standards indicated above are only eligible.

### **II) Credentials:**

The tenderer should also furnish the following information in Cover-1 (Prequalified Bid):

1. Information desired regarding eligibility criteria as per format given Annexure-I.

2. NEFT details of the Banker of the supplier with complete profile.

3. Name & address of the clients for whom the jobs were executed as per format given in Annexure-II.

4. Certificates from the clients for satisfactory performance.

#### Page 6/34

Desirous tenderers may either download the applications form and other related papers / documents from the Bank's website or collect the tender document in person from the Office of the Assistant General Manager (Admin.), LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, 11 SANSAD MARG, NEW DELHI – 110 001 during the working hours and submit completed applications in all respect along with the required documents.

### **III** ) Earnest Money Deposit:

Earnest Money Deposit Rs.3,00,000/- (Rupees Three lacs only) in the form of Pay Order/Demand Draft from any scheduled commercial Bank in favour of Assistant General Manager (Admin), Administration Deptt., State Bank of India, LHO payable at New Delhi along with the tender otherwise the tender shall be rejected at the first instance. (The tenders without EMD will be rejected.) The EMD should be submitted in a separate sealed envelope super scribed with <u>"EMD For Supply of Medicines to SBI"</u>.

EMD of unsuccessful Tenderers shall be returned by the Bank as early as possible. However, no interest shall be paid by the Bank on the EMD deposited by the tenderer.

The earnest money deposit of successful tenderer is liable to be forfeited if the tenderer withdraws or amends or impairs from the tender in any respect within the period of validity of his tender.

### **IV** ) Security Deposit:

An amount of Rs. 3,00,000/- (Rupees Three Lacs only) should be deposited which shall remain as security deposit with the Bank by the successful tenderer within 15 days from the date of award of work. The security deposit will not carry any interest and will be refunded only on completion of the contract. The EMD furnished by the tenderer at the time of submission of the tenders will be refunded on submission of the security deposit stated above. Failure of the bidder to submit the above-mentioned Security Deposit shall constitute sufficient grounds for the annulment of the contract award.

The successful tenderer shall have the binding to procure and supply all the medicines mentioned in Bill of Quantity (BOQ). In case the successful tenderer fails to supply all the medicines mentioned in BOQ, the EMD shall be forfeited and the contract shall be cancelled by the Bank.

Security Deposit of the successful tenderer will be kept by the Bank for the period of validity of Tender or till 31/01/2023, which ever is later. No interest will be paid by the Bank on the Security Deposit deposited by the tenderer.

**V**) **VALID DRUG LICENSE**: Copy of the Latest Valid Drug License (should hold for last 5 financial years) should be submitted with the EMD in the same envelope. EMD not accompanied with copy of the Latest Valid Drug License may result in rejection of the Bid.

### VI ) DETAILS OF MEDICINES UNDER THE TENDER:

List of medicines along with the quantity and other details are as per Bill of Quantities annexed. Medicines and its quantities are indicative and may vary if required. More Items can be added in or can be deleted from the list. The successful tenderer will be bound to supply medicines as per supply order within three working days from the date of the order which will be conveyed to the tenderer through e-mail or fax. All items have to be supplied by the tenderer in one go, failing which the Bank will have the right to purchase the unsupplied medicines from the nearest available Chemist / Supplier and additional cost paid by the Bank and the difference of discount amount by calculating equivalent to percentage offered by tenderer and difference of discount received from the another supplier including handling charges of Rs. 500/- (Rs. Five hundred only) each time will be deducted from the unpaid submitted bills or will be deducted from the earnest money deposited by the Tenderer.

### VII) PRICE BID:

The tenderer has to quote overall percentage of discount mentioned in the Price BID on Branded as well as Generic medicines separately. L-1 will be decided on the bases of the average discount offered on Branded and Generic Medicine. In case average discount of two or more vendor is same than L-1 will be decided on the basis of maximum discount offered on the Generic medicines. This percentage of discount mentioned in the Price Bid of the Tender will be calculated on the MRP of the Medicines before all Taxes / Vat etc. less (minus) % of Discount + Taxes applicable . Percentage of Discount mentioned will be applicable on future indents also and on all the bills raised for the drugs and consumables supplied during the whole tenure of the contract.

**VIII ) VALIDITY OF OVERALL DISCOUNT :** Overall percentage of Discount quoted shall be valid upto the validity of Tender from the date of declaration of successful tenderer or 31/01/2023 whichever is later on all the medicines supplied by the Tenderer. The successful bidder may be called upon to make further supply of additional quantity, if any, required during validity period on the same discounted rates upto 31/01/2023.

### IX) QUALITY OF DRUGS:

(i) All Medicines to be supplied should be genuine, means no sub-standard drugs.

(ii) Minimum Shelf Life (expiry) of medicines supplied to the Bank should be strictly as under: Vitamins – ONE (01) Year

Other Medicines – More than ONE (01) year

(iii) **ANALYTIC REPORT OF MEDICINES**: The Bank reserves the right to call for analytical report of any number of medicines from the private/ govt. laboratories and the cost of obtaining analytical report will be born by the vendor and the tender may be cancelled immediately, if the report is not found to be satisfactory besides besides raising right to take any action against the supplier as per law.

(iv) Medicines should be of same brand/ company as specified in the Bill of Quantity (BOQ). No substitute of same chemical composition of any other company shall be accepted by the Bank, without having Bank's prior approval in writing from Bank's Doctors. In case the manufacturing of the medicine is stopped by the company or the medicine is not available in the market, the prior approval of the Bank shall be required for supply of such substitutes.

#### Page 8/34

**X**) **DELIVERY PERIOD:** Medicines and consumables should be supplied within 3(three) working days from the date of receipt of Supply Order by the bank.

**XI ) PLACE OF DELIVERY:** Dispensary at Local Head Office of SBI, Ground Floor, 11, Sansad Marg, New Delhi and/or any other dispensary located in Delhi as advised by the Bank in the supply order.

XII ) PAYMENT TERMS: Payment (90%) will be made within 7 (seven) working days of receipt of the complete supply of Medicines and their examination / verification by the Pharmacy staff of the Bank. Remaining 10% amount shall be released after 3 (Three) months or against performance Bank Guarantee of equivalent amount valid for 3 (Three) months.

XIII) LIQUIDATED DAMAGE (LD) : In case the tenderer does not complete the supply within delivery period, LD shall be imposed @0.5% for every week or part thereof and the Bank reserves the right to cancel the order of supply for any delay beyond one week.

If the Tenderer fails to supply the Medicines within stipulated period of three (3) days, the security money will be forfeited. No extension in Delivery Period shall be entertained without L.D.

**XIV) INDEMNITY** : The tenderer shall indemnify the Bank against all actions, suits, claims & demands brought or made against the Bank in respect of anything done or committed to be done by the chemist in execution of or in connection with the work of this contract & against any loss or damage to the Bank in consequences to any action or suit being brought against the tenderer for anything done or committed to be done in the execution of this contract.

### **GENERAL INSTRUCTIONS:**

(a) Tenderer should ensure to sign each page of the tender documents with names/ Designations /Seal and Address of the Authorized Signatory.

(b) Medicines/Consumables not in good condition in any lot shall not be accepted by the Bank and are to be replaced.

(c) In case the medicines supplied by the Tenderer are found to be dubious or spurious, the Tenderer shall indemnify the Bank against all losses/claims that may be caused/lodged against the Bank on account of such defective medicines including the rights / damages available under the various laws of the land.

(d) Certified Delivery Challan for procurement of lot by the Tenderer being supplied to the Bank should be sent with every supply mentioning Ref. of Indent / Purchase order.

(e) Tenderer should provide the list of Hospitals/Private/Public Institutions along with copy of Supply Order/ Agreement, where medicines are being supplied by him.

(f) In case of any dispute the matter will be under jurisdiction of Court of Delhi.

### (g) **SETTLEMENT OF DISPUTE:**

All questions relating to the performance of the obligations under this and to the quality and genuineness of the drugs and consumables supplied/used in respect of the services and all the disputes and differences which shall arise either during or after the tender period or other matters arising out of or relating to this tender or payment to be made in pursuance thereof shall be referred to The Assistant General Manager, State Bank of India, Administration Department, Local Head Office, 11, Sansad Marg, New Delhi -110001, whose decision shall be final, conclusive and binding on the contractor.

Complete Tender document with price bid duly signed with rubber stamp by the Tenderer on every page should be kept in separate cover. Both the envelopes should be sent in one cover super scribed with "SBI/ADMIN/2021/5 FOR PROCUREMENT OF DRUGS AND CONSUMABLES BY SBI" and should reach this office on or before scheduled date and time mentioned above.

### V) Instructions for Filling up of the Form & Submission of Tender:

1. The percentage of discount in the tender is to be mentioned in words as well as in figure in the space provided, in case of any discrepancies in the figure and words, the discount mentioned and written in the words shall be considered to be the correct amount

2. Percentage of discount quoted in the Price Bid of the tender wll be applicable on the MRP of the Medicines before all Taxes. minus % of Discount + Taxes applicable . of the bill amount of the medicines on the basis of inclusive of Tax, Excise duty, Octroi, Turnover Tax, Transportation, Insurance etc.

3. The tender shall be submitted in two bid system.

**Cover-1** shall contain the **Technical Bid**. Letter inviting tender. Instructions for tendering, Tender conditions, Appendix, Anexure-I, Annexure-II along with EMD of Rs.3,00,000/-. Each page of tender shall be signed by an authorized person of the firm and duly stamped.

**Cover-2** shall contain only **Financial Bid**. The Bill of Quantities (Price Bid) in which Percentage of overall discount is to be quoted for supply of the Drugs and Consumables should be duly signed & stamped by an authorized person of the firm.

Both the covers i.e. Cover-1 & Cover-2 shall be put in a **third sealed cover**. All these three covers shall be super scribed with the name of work as <u>"Tender for Supply of Drugs and</u> <u>Consumables at dispensaries under administrative control of State Bank of India,</u> <u>LHO,New Delhi</u>" and shall be dropped in the tender box kept at the Reception Counter, State Bank of India, Local Head Office, D Block, 11 Sansad Marg, New Delhi- 110 001 on or before 15:00hrs (3.00 PM) on 28.12.2021.

Only the first cover i.e. Technical Bid shall be opened on the date of tender opening whose bid is complete in all respects and fulfils the terms & conditions.

Note : The composite bid i.e. Offers with percentage of discount indicated in the Techinal Bid are <u>liable to be ignored & rejected summarily.</u>

### Page 10/34

### **BID DOCUMENTS:**

(1) **PRE QUALIFICATION BID** (Annex\_\_\_)- To be enclosed in a separate envelop along with following:-

- (a) Latest Income Tax Return of the firm/company.
- (b) Envelop containing EMD of Rs.....
- (c) Affidavit of not having been blacklisted/terminated/debarred by any govt. institute/C.G./Organisation/PSU/ Autonomous body (Annex\_\_\_)
- (d) Name & Address of their Banker with all the details i.e. NEFT details with complete profile.
- (e) Sale Tax/GST Registration Certificate.
- (f) Drug License.
- f (i) List of works executed (Annex.\_\_\_\_)
- f(ii) Certificate of Performance.
- (g) Should have minimum turnover of Rs\_\_\_\_\_ during \_\_\_\_\_ certified by Chartered Accountants/ Income Tax Consultants.
- (h) Copy of PAN Card.
- (i) Copy of No Conviction Certificate from State Drugs Controller that no case is pending against the firm under Drugs & Cosmetics Act and rules made therunder as

well as Drugs (Price Control) order, issued from time to time. An affidavit to the effect is acceptable in lieu therof.

(j) Authority letter to submit Bid.

(2) PRICE BID :- To be enclosed in a separate envelop (Annex.\_\_\_\_)

Branded Drugs (Discount offered %)	Generic Drugs (Discount offered %)
In Figures:	In Figures:
In Words :	In Words :

### Page 11/34

### **OTHER MISCELLANEOUS INSTRUCTIONS:**

1. The tender shall be valid for 90 Days from the date of submission.

2. Conditional tenders will not be accepted and be summarily rejected.

3. Cover-1 will be opened at 15:00hrs (3.00 PM) on 28.12.2021.in presence of the representative from each of the tenderers who wish to be present. Tenderers may note that if the date of tender opening given in this Tender Document is declared a closed holiday by the RBI/ SBI/under Negotiable Instrument Act, the tender shall be opened on the next working day at the same timing. In such an event the closing hours for receipt of tenders in SBI will stand automatically extended up to 15.30 hours (3.30 PM) of the next working day in the SBI.

4. Tenders received late/ delayed due to any reason whatsoever will not be accepted under any circumstances. In the event of any confusion, the time set in the clock in the room of Assistant General Manager (Admin.), LHO,New Delhi will be taken as standard and decisive.

5. Tendering firms are at liberty to be present or authorise a representative to be present at the opening of the tender at the time and date as specified in the Schedule. The name and address of the representative authorised to attend the opening of the tender on behalf of a tendering firm should be indicated in the Technical Bid. The representative so deputed should also bring with him a letter of authority from the firm for having been authorised to be present at the time of opening of tender. The name and address of permanent representative of the firm, if any, should also be indicated in the tender. Representatives of firms who have not submitted the tender or representatives not possessing authority letter from the participating tenders or outsiders shall not be allowed to attend the tender opening.

6. The sealed tender should be dropped in the Tender Box kept at the Reception Counter of Local Head Officer, 'D' Block, 11 Sansad Marg, New Delhi. In case the sealed envelope is larger than the mouth of the Tender Box, and cannot be dropped in the Tender Box, the same may be submitted by hand to Assistant General Manager (Admin.), LHO, New Delhi.

7. In the event of contract being cancelled for any breach committed and the purchaser effecting re-purchase of the stores at the risk and the cost of the contractor, the purchaser is not bound to accept the lower bid of Benami or allied or sister concern of the contractor.

#### Page 12/34

8. Cover -2 Price bid of only those tenderers who have satisfied the eligibility criteria as specified for Technical bid shall be considered and their price bids will only be processed. The prequalified bidders will be intimated about processing of the bids through "REVERSE AUCTION" i.e. date and time of processing for the Cover-2 (Price bid) in advance to enable them to be present for participation in "REVERSE AUCTION" excercise.

9. The bids of the applicants who have not furnished EMD and do not meet the eligibility criteria as specified by Bank shall be rejected.

10. Tenderers are advised to visit State Bank of India, Local Head Office,4<sup>th</sup> Floor, D Block, 11 Sansad Marg, New Delhi- 110 001 before quoting the rate to understand the process viz. site condition and seek clarification, if any, from the Bank.

11. In case of any information furnished by the applicant is found to be incorrect at a later date, the tenderer shall liable be to be debarred from the process of tendering/taking up the work in State Bank of India, Local Head Office,4<sup>th</sup> Floor, D Block, 11 Sansad Marg, New Delhi- 110 001. The Bank reserves the right to verify the particulars furnished by the applicant independently.

### Page 13/34 FORM OF TENDER (Note: The Appendix forms part of the tender)

To, The Assistant General Manager (Administration), State Bank of India, Local Head Office, 4<sup>th</sup> Floor, D Block, 11 Sansad Marg, New Delhi- 110 001

Sir,

### SUPPLY OF DRUGS AND CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 11 SANSAD MARG, NEW DELHI 110-001

1. Having visited the site and examined the conditions of, tender we offer our bid to carry out the said work in conformity with the said conditions of the tender specifications and scope of works for the sum quoted of this tender document or such other sum may be ascertained in accordance with the said conditions of, tender

2. We undertake to carry out and deliver the goods or performance comprised in the contract as stated .

3. We agree to abide by the tender conditions for the period of 90 Days from the date fixed for receiving the same and for the agreed extended period. It shall remain binding upon us and may be accepted at any time before the expiry of the period.

4. Unless and until a formal agreement is prepared and executed, this tender together with your written acceptance thereof shall constitute a binding contract between us.

5. We understand that if our tender is accepted, we have to be jointly and severally responsible for the due performance of the contract.

Dated the Day of the

Signature in the capacity of

Duly authorized to sign tenders for & on behalf of Name & address of the tenderer (in Block Letters) (with Seal of the Tenderer) (with a copy of Power of Attorney or Letter of Authority

WITNESS: Signature Name & Address: Occupation:

#### Page 14/34

### **Instructions for Tendering**

1. Before filling up the tender, the tenderers are requested to visit State Bank of India, Local Head Office,4<sup>th</sup> Floor, D Block, 11 Sansad Marg, New Delhi- 110 001 and also carefully examine the tender documents, conditions of contract, specifications, scope of work etc. The tenderer shall ascertain the location, size and condition of the areas available for his use as working areas and all other information affecting his tender.

2. Timely supply of Drugs and Consumables is the essence of the contract and the systems for timely supply must be maintained efficiently as indicated in the Appendix to Form of Tender. Any tenderer, which disagrees with terms & conditions of the tender, is liable to be rejected.

3. The tender form and the documents attached to it shall not be detached one from the other and no alteration of mutilation (other than filling in all blank spaces) shall be made in any of the documents attached hereto.

4. The tender shall accompany the following information & schedules:

a) Details of past/present experiences in performing works/contracts of similar nature and magnitude. (Proof in support to be enclosed)

b) True Self Attested Copy of PAN, GST/VAT and Service Tax registration, Authority Letter to submit Bid, with a copy of valid Drug License.

5. The Bank will not be responsible and will not pay any expenses which may have been incurred, or losses to person or property suffered by the tenderer in connection with visits and examination of the site and in the preparation of the tender for submission.

6. The tenderer (whether or not he submits the tender) shall treat the details of the document as secret and confidential.

7. The Bank reserves the right to adjust arithmetical or other errors in any tender in the way, which he considers suitable. Any adjustments so made by the bank shall be stated to the tenderer if the bank makes an offer to accept his Tender/Bid.

8. The Bill of the Supplier would be payable on the completion of one month of the supply and on submission of the bills. In case of unsatisfactory performance, Bank may terminate the contract by giving 1 (One) month notice-

### Page 15/34

9. The contract will be initially valid for a period of 1 (One) year. In case the services by the contractor are found to be satisfactory, the contract may be extended for 2 (Two) more years annually at the sole discretion of the Bank at same percentage of discount, terms and conditions of the Contract with which shall be accepted to the tenderer.

10. The Bank shall not under any binding to accept the tender offering highest discounts or any tender and it has the right to reject any or all tenders without assigning any reason whatsoever. The Bank also has right to re-issue /re-start the tender exercise without tenderers having the right to object to such re-issue / re-exercise / re-tendering.

11. Successful bidder will have to enter into an agreement with the Bank. The format of the agreement shall be designed drafted based on the Terms and Conditions / Clauses mentioned in this RFP document. However, Bank reserves the right to add / delete any other clause/s in this Agreement.

12. Authorised Signatory / Signing of Tender : Individual signing the Tender / Contract must specify whether he signs as :-

a) A "Sole Proprietor" of the concern or constituted attorney of such sole proprietor.

b) A partner of the firm, if it be a partnership firm, in which case he must have authority to execute contracts on behalf of the firm either by virtue of partnership agreement or by power of attorney duly executed by the partners of the firm in his / her favour authorising to sign on behalf of the firm.

c) Authorised Officer, if it is a Company and authorised by the Board of Directors to submit /sign the Bid.

A person signing the tender form or any documents forming part of the contract on behalf of another shall be deemed to consider that the person so signing has authority to sign, and if on enquiry it appears that the person has no authority to do so, the purchases without prejudice to other civil and criminal remedies, will cancel the contract and hold the signatory responsible for all costs and damages.

Note:

- 1. As regards the splitting of quantities of medicines, it may be stated that if it is discovered that the quantity of medicines to be ordered is far more than what L-1 alone is capable of supplying and then the quantity of medicines being finally ordered should be distributed among the other bidders in a manner that is fair, transparent and equitable. In such case, the contract may be splitted among L2 and L3, only if L2 and L3 are agreed to supply on the rates on which L1 has got the award of work.
- 2. The CVC guidelines issued from time to time as applicable in the matter must be meticulously complied with.



### **APPENDIX TO FORM OF TENDER**

a)	Minimum amount	Rs.1,00,000/-
	to third party	against any one
	insurance	incident number of
		incidents unlimited
b)	Period of	7 (Seven) days
	commencement	from the date of
		issue of letter of
		intent/work order
		or date of handing
		over of site, which
		ever is later.
c)	Period of Contract	12 months
d)	EMD to be	Rs.3,00,000/-
	deposited	

### Page 17/34

### **ANNEXURE-I**

Sr.	Details	To be furnished by the
No.		Tenderer
1	Name & Address of the firm / Company/ Proprietorship	
2	PAN No.	
	VAT No.	
	Sales Tax No.	
	Service Tax Regd. No.	
	Drug License No. and dates valid upto	
3	Type of Organization	
	(Company/Partnership/Proprietorship)	
3A	Whether Manufacturer/Authorised	
	Distributor/ Dealer/Agency	
4	Correspondence Address at Delhi with	
	Contact person Name, Telephone Number,	
	Mobile No., Email Id, etc. (The company	
	should have office and service facilities at	
	Delhi)	
5	Turnover of the company. Please provide	2017-2018
	the details for the last 3 (three) years.	2019-2020
		2020-2021
6	Other information applicant might like to	
	give in support of the application	
7	Details of EMD	
8	No Conviction Certificate attached	
	(Yes/No)	
9	Affidavit of not having	
	blacklisted/terminated/debarred	
	(Annex) is attached (Yes /No)	
10	Whether holds a valid license on the date	
	of application. Give details of license.	
11	Name of Govt./PSU etc. clients of	
	tenderer	

### Page 18/34

### ANNEXURE-II LIST OF WORKS EXECUTED DURING LAST 3 (THREE) YEARS TOWARDS SUPPLY OF DRUGS AND CONSUMABLES

Sr.	Name of t	tha		Locat		Period	No. of	Rema
		ine						
No	firm	/	person	ion of	Order	of	Bottles	rks
	Company		of the	the	ref.	Contract	/month	
			firm	work	no. &		&	
			(Name,		date		Contract	
			ph.no. &				Amount	
			e-mail)				(Rs.)	
1								
2								
3								
4								

Note: Copy of the work order, completion and performance certificate should be enclosed for each work.

Date:

### AFFIDAVIT/ DECLARATION

From:-

M/s.....

.....

.....

То

The Assistant General Manager,

Administration Department, 4<sup>th</sup> Floor,

Local Head Office, 'D' Block , 11 Sansad Marg,

New Delhi-110 001.

Dear Sir,

I/ We have read and understood the contents of the Tender and agree to abide by the terms and conditions of this Tender.

2. I/ We also confirm that in the event of my/our tender being accepted, I/we hereby undertake to supply order as per the pre-conditions set out in this tender enquiry by the Department.

3. I/ We further undertake that none of the Proprietor/Partners/Directors of the firm was or is Proprietor or Partner or Director of any firm with whom the Government have banned /suspended business dealings. I/We further undertake to report to the AGM (Admin.), SBI, LHO, 'D' Block, Sansad Marg, New Delhi immediately after we are informed but in any case not later 3 working days, if any firm in which Proprietor/Partners/Directors are Proprietor or Partner or Director of such a firm which is banned/ suspended in future during the currency of the Contract with you.

4. I/ we certify that the information given is true to the best of my/ our knowledge. I/ we also understand that if any of the information is found wrong/ false at any stage. I/ we are liable to be deregistered from panel of approved contractors/ banned for doing any business dealings with Government Departments or blacklisted or subject to any monetary penalties that be deemed fit and appropriate by State Bank of India.

5. I/ we shall keep the Department informed about the changes in any of the particulars furnished by us in their application or in their product specification or discontinuation of production of any item for which they stand successful. This intimation is to be given within a period of 30 days from the date of such change or discontinuation.

6. I/ we request the Department for any change in the name of a firm and/or their office address should be addressed to this Department duly supported by documentary evidence.

7. I/ we will maintain absolute integrity, follow a decent standard of business ethics and do nothing unbecoming of a supplier.

Yours faithfully,

Signatures of Bidder with Date & Stamp Name:.....

### **BILL OF QUANTITIES (BOQ)**

1         ALEX LOZENGES         100           2         ALEX SYP(SF)         50           3         ALLEGRA 120         300           4         ALPRAX 0.25         150           5         ALPRAX 0.5         10           6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS 5 MG         600           10         AMLOPRESS 5 MG         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 3.1         900           10         AMLOPRESS 4.1         900           11         AMLOPRESS 2.5         600           11         AMLOPRESS 3.1         90           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 40MG         200           17         ATORIN 40MG         200           17         ATORIN 5MG         300 </th <th>SR NO.</th> <th>NAME OF MEDICINES</th> <th>QTY</th>	SR NO.	NAME OF MEDICINES	QTY
2         ALEX SYP(SF)         50           3         ALLEGRA 120         300           4         ALPRAX 0.25         150           5         ALPRAX 0.5         10           6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS 5 MG         600           9         AMLOPRESS 5 MG         600           10         AMLOPRESS 2.5         600           11         AMLOPRESS 3.0         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 20MG         1300           15         ATORIN 20MG         300           16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50 </td <td></td> <td></td> <td></td>			
3         ALLEGRA 120         300           4         ALPRAX 0.25         150           5         ALPRAX 0.5         10           6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           20         BACTOBAN OINT         10 <td>-</td> <td></td> <td></td>	-		
4         ALPRAX 0.25         150           5         ALPRAX 0.5         10           6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AQUAZIDE 12.5 MG         100           12         AQUAZIDE 12.5 MG         1300           16         ATORIN 10MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           20         BACTOBAN OINT         1			
5         ALPRAX 0.5         10           6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 20MG         1300           15         ATORIN 20MG         1300           16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 50 MG         10			
6         AMACE         10           7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOPRESS 2.5         600           11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         100           26         BETNOVATE N CREAM			
7         AMBULAX         10           8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AQUAZIDE 12.5 MG         100           12         ATORIN 20MG         1300           16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P			
8         AMLOPRESS 5 MG         600           9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 20MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         10           26         BETALOC 50 MG         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1.5 MG         100           32         CALPOL 650			
9         AMLOPRESS AT         900           10         AMLOPRESS 2.5         600           11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         10           26         BETALOC 50 MG         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL 7 <td< td=""><td></td><td></td><td></td></td<>			
10         AMLOPRESS 2.5         600           11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         10           26         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CARDACE METO 2.5/25<	-		
11         AMLOVAS M 5/50         10           12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         10           26         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1.5 MG         100           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25 <td></td> <td></td> <td></td>			
12         AQUAZIDE 12.5 MG         100           13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10          29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1.05 MG         100           33         CALPOL 650         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 6.25 MG <td></td> <td></td> <td></td>			
13         ASTHALIN INHALER         10           14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 25 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 6.25 MG			
14         ATORIN 10MG         1300           15         ATORIN 20MG         1300           16         ATORIN 20MG         200           17         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG			
15         ATORIN 20MG         1300           16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 25 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         10           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 6.25 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL			
16         ATORIN 40MG         200           17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         10           26         BETALOC 25 MG         10           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL 7         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL			
17         ATORIN 5MG         300           18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 25 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10 <td></td> <td></td> <td></td>			
18         AVIL 25MG         90           19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           26         BETALOC 25 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1.5 MG         100           33         CALPOL 650         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
19         AZEE 500MG         50           20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETALOC 25 MG         150           27         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
20         BACTOBAN OINT         10           21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
21         BAND AID W/P         100           22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
22         BECOSULE         1500           23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			-
23         BETACARD 50 MG         280           24         BETADINE GARGLES         10           25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
24         BETADINE GARGLES         10           25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 0.5 MG         10           32         CALPOL 650         10           33         CALPOL 650         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
25         BETADINE OINT         10           26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
26         BETALOC 25 MG         150           27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			-
27         BETALOC 50 MG         10           28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
28         BETNOVATE N CREAM         10           29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 0.5 MG         100           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			-
29         BROZEDEX SF         40           30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			-
30         BUDECORT 0.5 MG         100           31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL 650         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
31         BUDECORT 1MG         60           32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
32         CALPOL 650         10           33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
33         CALPOL T         10           34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			-
34         CARDACE METO 2.5/25         100           35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
35         CARDIVAS 12.5 MG         100           36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
36         CARDIVAS 6.25 MG         100           37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
37         CETIL 500 MG         120           38         CHECAL         2300           39         CIPLOX 500         10			
38         CHECAL         2300           39         CIPLOX 500         10			
39 CIPLOX 500 10			
	40	CLAVIDUR 625	180

SR NO. NAME OF MEDICINES QTY **CLEARINE EYE DROPS** COMBIFLAM **CONCOR 2.5 MG** CONCOR 5 MG CONCOR AM **COVERSYL 4MG** COVERSYL PLUS **CREMMAFIN SYP CROCIN ADVANCE** DAONIL 5MG **DEPLATT 75 MG DEPLATT A 150 MG** DEPLATT A 75 MG **DERIPHYLLINE R 150 MG DIAMICRON MR 30 MG DIAMICRON XR 60MG DICLONEC GEL DIGENE TAB DISPRIN TAB** DILZEM CD 120MG **DUOLIN RESPULES** DYNACRAPE 4" DYTOR 10 DYTOR 20 **ECOSPRIN 150 MG ECOSPRIN 75 MG ECOSPRIN AV 75 MG ECOSPRIN GOLD 10 MG ECOSPRIN GOLD 20MG ENVAS 2.5 ENVAS 5 EUGLIM 1MG** EUGLIM 2MG **EUGLIM M1 EUGLIM M2 EVION 400 FEFOL CAP** FIBARTOR 10/145MG **FLAVIDON MR** FLOTRAL 10MG 

Signature of Bidder with Date & Stamp Name.....

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SR NO.	NAME OF MEDICINES	QTY
81	FOLVITE TAB	450
82	FORACORT INHALER	10
83	GABAPIN 100 MG	200
84	GALVUS 50 MG	420
85	GALVUSMET 50 /1000	180
86	GALVUSMET 50 /500	800
87	GLIZID M	10
88	GLUCOBAY M	300
89	GLUCORED FORTE	100
90	GLYCIPHAGE 1 GM SR	500
91	GLYCIPHAGE 500 MG	600
92	GLYCIPHAGE 500 MG SR	900
93	GLYCOMET GP 0.5	100
94	GLYCOMET GP1 FORTE	300
95	GLYCOMET GP2 FORTE	300
96	GLYNASE 5MG	100
97	HIFENAC P	405
98	HIFENAC SR	200
99	HOPACE 2.5	300
100	HOPACE 5	450
101	IDROFOS 150 MG	10
102	IMDUR 30MG	300
103	NJ HUMINSULIN 30/70 (CART)	10
104	INJ HUMINSULIN 30/70 VIAL	10
105	INJ HUMINSULIN R (CART)	10
106	INJ HUMINSULIN R (VIAL)	10
107	INJ LANTUS (CART)	10
108	ISTAMET 50/1000	280
109	JANUMET 50/500	700
110	JANUVIA 100	140
111	JANUVIA 50	10
112	KENACORT 0.5% GEL	10
113	KINETO DP	200
114	LANOL ER	100
115	LEVOFLOX 500	200
116	LISTRIL 5MG	10
117	LOCULA E/D 20%	10
118	LOSAR 25 MG	300
119	LOSAR 50 MG	450
120	MAHACEF 200	150

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SR NO.	NAME OF MEDICINES	QTY
121	MECOBION OD	800
122	MEFTAL SPAS	10
123	MESACOL800MG	100
124	METAPRO XR 25 MG	450
125	METAPRO XR 50 MG	900
126	METROGYL 400 MG	150
127	MINIPRES XL 2.5 MG	150
128	MINIPRESS XL 5	450
129	MOBIZOX TAB	100
130	MONOTRATE 20 MG	400
131	MONTEK LC	200
132	NATRILIX SR	200
133	NEBIPIL 2.5MG	400
134	NEBIPIL 5MG	400
135	NEUROBION FORTE	1000
136	NIKORAN 10MG	100
137	NIKORAN 5MG	140
138	NITROCONTIN 2.6	150
139	NORFLOX TZ	100
140	NOVACLOX LB	90
141	NUCOXIA 90MG	10
142	NUFORCE GM OINT	40
143	OCID 20 MG	300
144	OFLOX OZ	100
145	OMEN CT 20 MG	500
146	OMEN CT 40 MG	600
147	ONDEM- MD 4MG	100
148	OTEK AC EAR DROPS	10
149	PANTOCID 40	150
150	PANTOCID DSR	150
151	PRAX 10 MG	100
152	PREGASTAR 75	10
153	PROTERA 40	1000
154	PROTERA D	1300
155	QUADRIDERM RF 10 MG	10
156	REVAS25	100
157	REVAS 50	300
158	REVAS H	10
159	ROSAVE 10	500
160	ROSAVE 20	300

### Page 21/34

Signature of Bidder with Date & Stamp Name.....

### Page 22/34

SR NO.	NAME OF MEDICINES	QTY
161	ROSAVE 40	100
162	ROSAVE 40	500
162	ROSAVE 5	500
164	ROXID 150	10
164	RYNAZMA 400 MG	100
165	S-NUMLO 2.5 MG	400
160	S-NUMLO 5 MG	400
	SEROFLO 250 INHALAR	10
168	SHIELD CREAM	10
169	SINAREST	600
170	SOFRAMYCIN CREAM	
171		10
172	STANLIP 145	10
173	STUGERON 25 MG	100
174	SUNDE SACH SF	700
175	SUPRACAL TAB	600
176	TEAR PLUS EYE	10
177	TECZINE 10	10
178	TEGRITOL CR 200MG	100
179	TELMA 20 MG	300
180	TELMA 40 MG	450
181	TELMA 80	150
182	TELMA 80H	150
183	TELMA AM	300
184	TELMA H 40	600
185	TELSITE 40	400
186	TELSITE H 40	500
187	TELSITE H 80	100
188	THYROX 100	1000
189	THYROX 12.5	1000
190	THYROX 25	800
191	THYROX 50	1200
192	THYROX 75	1200
193	THYROX 88	300
194	TRAJENTA 5	90
195	URIMAX 0.4 MG	600
196	URIMAX D	300
197	VERTIN 16	200
198	VIZYLAC	200
199	VOGLI 0.2	300
200	VOGLI 0.3	300
	1	-

SR NO.	NAME OF MEDICINES	QTY
201	VOGLI GM 1	900
202	VOGLI GM 2	900
203	VOGO M 0.2	500
204	VOGO M 0.3	500
205	VOVERAN 100 SR	150
206	VOZET 5MG	1000
207	XIRITAM 20 MG	600
208	XIRITAM 40 MG	500
209	XIRITAM AM	400
210	ZENTEL	20
211	ZINETAC 150	700
212	ZOCON	10
213	ZYLORIC 100	300
214	EUBRI EYE DROPS	50
215	DORZOX EYE DROPS	50
216	XALATAN EYE DROPS	50
217	D RISE K2	50
218	SILODAL 8 MG	50
219	GERIFLO	50
220	TAB LIPICURE 10 MG	50
221	TAB APLAZAR	50
222	TAB NODOSIS	50
223	TAB CARNITOR 500 MG	50
224	TAB ADESAM 200 MG	50
225	INJ HUMALOG 50/50	50
226	SYP NEOGADINE	50

#### Page 23/34

### TENDER DOCUMENT INDICATIVE PRICE BID VOLUME-II

SUPPLY OF DRUGS AND CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, SANSAD MARG, NEW DELHI – 110 001

NAME OF THE TENDERER: -----

ADDRESS:

------ PIN ------

\_\_\_\_\_

\_\_\_\_

Last date of submission of the tender: On or before 28.12.2021 by 15:00hrs. (3.00P.M.)

<u>Please offer discount on the Basis Of Neme of medicine and quantity</u> Name of Medicines/ Drugs/Consumables : As per details mentioned in BOQ\* Quantity: Per Strip/Unit/Bottle etc.(Actual quantity of the medicines will be advised in indent)

		TOTAL QUOTED % OF DISCOUNT (IN FIGURES)	TOTAL QUOTED % OF DISCOUNT (IN WORDS)
1	Branded Medicines		
2	Generic Medicines		
3	Total Discount (1+2)		
4	Average Discount of Sr. (1) & (2) above		

### **BILL OF QUANTITIES\***

\* List of Drugs & Consumables annexed as 'Bill of Quantities' in Tender document is to assess and submit the offer of percentage of discount by the Tender. List is indicative and may vary if required. More items can be added in or can be deleted from the list. The successful tendered will be bound to supply medicines as per supply order/ indent as per the terms and conditions mentioned in the Tender.

Signatures of Bidder with Date & Stamp: Drug License No. Date of Incorporation Valid upto

### ANNEXURE III (A-D) BUSINESS RULES FOR E-REVERSE AUCTION

### Annexure-III BUSINESS RULES FOR REVERSE AUCTION

Business Rule and terms & conditions of Reverse Auction for the procurement of Supply of DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, 11, SANSAD MARG, NEW DELHI-110001

TENDER INVITATION	The Assistant General Manager (Admin.)	
	<b>C</b> 1	
FROM	State Bank of India,	
	4 <sup>th</sup> Floor, 'D' Block	
	Local Head Office,	
	11, Sansad Marg,	
	New Delhi-110001	
<b>REVERSE AUCTION TO BE</b>	M/s Antares Systems Limited	
CONDUCTED BY	#24 Sudha Complex, 3 <sup>rd</sup> Stage,	
	4 <sup>th</sup> Block, Bangalore – 560079	
	Fax:-91-080-49352034	
	Tel:-91-080-49352000/40482000	
	Contact Person	
	Mr. Pushpraj	
	Mob: +91 7503347659	
	E-mail: pushpraj@antaressystems.com	
	Mr. Kushal Bose	
	Mob: +91 7686913157	
	E-mail: kushal.b@antaressystems.com	
DATE OF AUCTION	28.12.2021	
DOCUMENTS ATTACHED	i. Business rule for Reverse Auction	
	ii. Terms & Conditions for reverse auction	
	iii. Process Compliance Statement	
	iv. Contact Information	

### Page 25/34

### **GENERAL TERMS AND CONDITIONS OF REVERSE AUCTION**

Against this Enquiry for the subject item/system with detailed scope of supply as per our specification, SBI may resort to "**REVERSE AUCTION PROCEDURE**" i.e. **ON LINE BIDDING on INTERNET.** 

- 1. For the proposed reverse auction, technically acceptable bidders only shall be eligible to participate.
- 2. SBI will engage the services of a service provider who will provide all necessary training and assistance before commencement of on line bidding on Internet.
- 3. SBI will inform the vendor in writing in case reverse auction, the details of service provider to enable them to contact and get trained.
- 4. Business rules like event date, time, start price, bid decrement, extensions, etc. also will be communicated through service provider for compliance.
- 5. Vendors have to fax the compliance form in the prescribed (provided by service provider) before start of Reverse Auction. Without this the vendor will not be eligible to participate in the event.
- 6. Reverse auction will be conducted on schedule date & time.
- 7. At the end of Reverse Auction event, the lowest bidder value will be known on the network.
- 8. The lowest bidder has to fax the duly signed filled-in prescribed format as provided on case-to-case basis to SBI through service provider within 24 hours of auction without fail.
- Any variation between the on-line bid value and signed document will be considered as sabotaging the tender process and will invite disqualification of vendor to conduct business with SBI as per prevailing procedure.
- 10. The lowest bidder may not be awarded the work contract as the final decision will be taken by SBI-LHO after the POC of Help Desk/Call Management Software, to check and verify about fulfillment of the measuring criteria.
- 11. In case SBI decides not to go for Reverse auction procedure for this tender enquiry, the price bids and price impacts, if any already submitted and available with SBI may be opened as per SBI standard practice.

### Page 26/34

### Business Rule for finalization of the procurement.

SBI shall finalize the procurement of the item against this Tender through Reverse Auction mode. SBI has made arrangement with M/s. E-Procurement Technologies A Pvt. Ltd, Ahmedabad, (ETPL) who shall be SBI's authorized service provider for the same. Please go through the guidelines given below and submit your acceptance to the same along with your Financial Bid.

Computerized Reverse Auction shall be conducted by SBI, on pre-specified date, while the vendors shall be quoting from their own offices/place of their choice. Internet connectivity and other paraphernalia requirements shall have to be ensured by vendors themselves. In the event of failure of their Internet connectivity, (due to any reason whatsoever it may be) it is the bidder's responsibility/decision to send fax communication, immediately to ETPL furnishing the price, the bidder wants to bid online, with a request to ETPL to upload the faxed price on line so that the service provider will up load that price on line on behalf of the Bidder. It shall be noted clearly that the concerned bidder communicating this price to service provider has to solely ensure that the fax message is received by ETPL in a readable/legible form and also the Bidder should simultaneously check up with ETPL over phone about the clear receipt of the price faxed. It shall also be clearly understood that the bidder shall be at liberty to send such fax communications of prices to be up loaded by ETPL only before the closure of Bid time and under no circumstances it shall be allowed beyond the closure of bid time. Such bidders have to ensure that the service provider is given a reaso9bnable required time by the bidders, to upload such faxed prices online and if such required time is not available at the disposal of ETPL at the time of receipt of the fax message from the bidders, ETPL will not be uploading the prices.

It is to be noted that either SBI or ETPL are not responsible for these unforeseen circumstances. In order to ward-off such contingent situation, bidders are requested to make all the necessary arrangements/alternatives whatever required so that they are able to circumvent such situation and still be able to participate in the reverse auction successfully. However, the vendors are requested to not to wait till the last moment to quote their bids to avoid any such complex situations.

ETPL shall arrange to train your nominated person(s), without any cost to you. They shall also explain you, all the rules related to the Reverse Auction/Business Rules Document to be adopted along with bid manual. You are required to give your compliance on it before start of bid process.

MATERIAL FOR BID: Supply of DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, 11 SANSAD MARG, NEW DELHI-110001.

BIDDING CURRENCY AND UNIT MEASUREMENT: Bidding will be

### conducted in Indian Rupees(INR).

### Signature of Bidder with Date & Stamp

### Page 27/34

**BID PRICE:** The Bidder has to quote the Total cost to SBI for the items specified.

The technical & financial terms are as per TENDER DOCUMENT NO. SBI/ADMIN/2021/5 Dated 04.12.2021, Vendor Technical and Financial Bid.

**VALIDITY OF BIDS:** The Bid price shall be fixed for a period of 1 YEAR and shall not be subjected to any change whatsoever.

## At the end of the Reverse Auction, bidder has to provide a detail break-up for his lowest offer.

### Procedure of Reverse Auctioning

- i. Sealed bid Auction:
- ii. English Reverse(no ties){Reverse Auction}: SBI will declare its Opening Price(OP) & decrement value, which shall be visible to all vendors during the start of the Reverse Auction. You will be required to start bidding after announcement of Opening Price and decrement amount.
- iii. Sealed Bid auction will be for 15 minutes and English Reverse(no ties) shall be for a period of one hour. If a bidder places a Bid in the last 5 minutes of Closing of the Auction, the auction shall get extended automatically for another 5 minutes. In case, there is no Bid in the last 5 minutes of closing of Auction, the Auction shall get closed automatically without any extension. Please note that if there are more than one item in a single auction, the auto-extension will be applicable to the entire event i.e. whenever a bidder places a acceptable bid in the last 5 minutes of the closing of the auction, the automatically for another 5 minutes of the closing of the auction. Auto bid feature will be explained at the time of training.
- iv. Any commercial loading shall be intimated to bidders in advance and it shall be added to price during dynamic auction process. For evaluation purpose, commercial loading if any, shall be added to the quoted price of respective bidder. However for ordering only the final bid placed by you shall be considered.
- v. After the completion of English Reverse(no ties), the Closing Price(CP) shall be available. IN case, any commercial loading was made to L-1 bidder's price, it shall be de-loaded from the closing price of L-1 bidder(Closing Price)for further processing.
- vi. The ratio of Closing Price and originally quoted price shall be applied on all elements of originally quoted prices to arrive at the final price break-up.

Successful vendor shall be required to submit the final prices, quoted during the English Reverse(no ties) in Annexure III(D) Format after the completion of Auction to SBI, duly signed and stamped as token of acceptance without any new condition other than those already agreed to before start of auction.

### Page 28/34

During English Reverse(no ties), if no bid is received within the specified time, SBI at its desecration, may decide to revise Opening price/scrap the reverse auction process/proceed with conventional mode of tendering.

Your bid will be taken as an offer to supply. Bids once made by you, cannot be cancelled/withdrawn and you shall be bound to supply as mentioned above at your final bid price. Should you back out and not supply as per the rates quoted, SBI shall take action as appropriate.

You shall be assigned a Unique User Name & Password by ETPL. You are advised to change the Password after the receipt of initial Password from ETPL to ensure confidentiality. All bids made from the Login ID given to you will be deemed to have been made by your company.

You will be able to view the following on your screen along with the necessary fields in the English Reverse(no ties)(Reverse Action):

Leading Bid in the auction(only total price)

Bid placed by you

Opening price.

Your rank in the auction.

At the end of the reverse Auction, SBI will decide upon the winner. SBI's decision on award if Contract shall be final and binding on all the Bidders.

SBI shall be at liberty to cancel the reverse auction process/tender at any time, before ordering, without assigning any reason.

SBI shall not have any liability to bidders for any interruption or delay in access to the site irrespective of the cause.

Other terms and conditions shall be as per your techno-commercial offers and other correspondences till date.

You are required to submit your acceptance to the terms/conditions/modality given above before participating in the reverse auction.

### Terms and Conditions of Reverse Auctioning

1. LOG IN NAME & PASSWORD: Each Bidder is assigned a Unique User Name & Password by ETPL. The Bidders are requested to change the Password after the receipt of initial Password from ETPL. All bids made from the Login ID given to the bidder will be deemed to have been made by the bidder.

### Page 29/34

- 2. BIDS PLACED BY BIDDER: The bid of the bidder will be taken to be an offer to execute the work. Bids once made by the bidder cannot be cancelled. The bidder is bound to execute the work as mentioned above at the price that they bid. Should any bidder back out and not make the supplies as per the rates quoted, SBI and/or ETPL shall take action as appropriate.
- 3. LOWEST BID OF A BIDDER: In case the bidder submits more than one bid, the lowest bid will be considered as the bidder's final offer to execute the work.
- 4. AUCTION TYPE:

- Sealed Bid Auction

- English Reverse No Ties
  - 5. DURATION OF AUCTION: The duration of Auction will be for one hour. If somebody is bidding just 5 minutes of Auction closing the Auction will get extended for another 5 minutes. (THE SCHEDULE IS TENTATIVE. IF ANY CHANGE IN SCHEDULE, THE SAME SHALL BE COMMUNICATED TO YOU)
  - 6. BID DECREMENT: The minimum Bid decrement shall be available to the Bidders at the start of the auction. The Bidder can view the same by clicking on the Item details at the start of the auction. The bidder can bid lower than the Lowest Bid in the auction by a decrement, multiple of the minimum Bid decrement or at least of minimum bid decrement plus multiple of Bid Decrement.
  - 7. VISIBILITY TO BIDDER: The Bidder shall be able to view the following on his screen along with the necessary fields during English Reverse-N Ties Action:

-Leading Bid in the Auction.

-Bid Placed by him.

-Your rank

- 8. AUCTION WINNER: At the end of the Reverse Auction, SBI will evaluate all the bids submitted and will decide upon the winner.
- 9. GENERAL TERMS & CONDITIONS: Bidders are required to read the "Terms and Conditions" section of the auctions site using the Login Ids and password given to them.

10. OTHER TERMS & CONDITIONS:

- The Bidder shall not involve himself or any of his representatives in Price manipulation of any kind directly or indirectly by communicating with other suppliers/bidders.

- The Bidder shall not divulge either his Bids or any other exclusive details of SBI to any other party.

- SBI's decision on award of contract shall be final and binding on all the Bidders.

- SBI along with ETPL can decide to extend, reschedule or cancel any Auction. Any changes made by SBI and/or ETPL, after the first posting will have to be accepted if the Bidder continues to access the site after that time.

- ETPL shall not have any liability to Bidders for any interruption or delay in access to the site irrespective of the cause.

### Signature of Bidder with Date & Stamp:

### Page 30/34

ETPL is not responsible for any damages, including damages that result from, but are not limited to negligence. ETPL will not be held responsible for consequential damages, including but not limited to system problems, inability to use the system, loss of electronic information etc.

### <u>N.B.</u>

- All the bidders are requested to ensure that they have a valid Digital Certificate well in advance to participate in the online event.
- All the Bidders are required to submit the Agreement Form-Process compliance form(Annexure 8) duly signed to M/s e-Procurement Technologies Pvt. Ltd, Ahmedabad before due date.
- After the completion of the Auction event, all the Bidders have to submit the Price Breakup immediately to M/s e-Procurement Technologies Pvt. Ltd, Ahmedabad for further proceedings.

M/s Antares Systems Limited	State Bank of India
M/s Antares Systems Limited #24 Sudha Complex, 3 <sup>rd</sup> Stage, 4 <sup>th</sup> Block, Bangalore – 560079 Fax:-91-080-49352034 Tel:-91-080-49352000/40482000 <u>Contact Person</u> Mr. Pushpraj Mob: +91 7503347659 E-mail: <u>pushpraj@antaressystems.com</u> Mr. Kushal Bose Mob: +91 7686913157 E-mail: <u>kushal.b@antaressystems.com</u>	State Bank of India, Administration Department, 4 <sup>th</sup> Floor, 'D' Block, Local Head Office, 11, Parliament Street, New Delhi-110001

### CONTACT INFORMATION

### Signature of Bidder with Date & Stamp:

Page 31/34

### Annexure III(A)

### Process Compliance Form

(The bidders are required to print this on their company's letter head and sign, stamp before faxing)

To, M/s Antares Systems Limited #24 Sudha Complex, 3<sup>rd</sup> Stage, 4<sup>th</sup> Block, Bangalore - 560079

### Sub: Agreement to the Process related Terms and Conditions for the Reverse Auction

Dear Sir,

#### This has reference to the Terms & Conditions for the Reverse Auction mentioned in the Tender Document for the procurement of Supply of DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, 11, SANSAD MARG,NEW DELHI-110001

This letter is to confirm that :

- 1. The undersigned is authorized representative of the Company.
- 2. We have studied the Commercial Terms and the Business rules governing the Reverse Auction and the Request for Proposal as mentioned in your letter and confirm our agreement to them.
- 3. We also confirm that we have taken the training on the auction tool and have understood the functionality of the same thoroughly.
- 4. We confirm that SBI Group and ETPL shall not be liable & responsible in any manner whatsoever for my/our failure to access and bid on the e-auction platform due to loss of internet connectivity, electricity failure, virus attack, problems with the PC, any other unforeseen circumstances etc. before or during the auction event.
- 5. We understand that in the event we are not able to access the auction site, we may authorize ETPL to bid on our behalf by sending a fax containing our offer price before the auction close time and no claim can be made by us on either State Bank Group or ETPL regarding any loss etc. suffered by us due to acting upon our authenticated fax instructions.
- 6. I/we do understand that ETPL may bid on behalf of other bidders as well in case of above mentioned exigencies.
- 7. We also confirm that we have a valid digital certificate issued by a valid Certifying Authority.
- 8. We also confirm that we will fax the price confirmation & break-up of our quoted price as per Annexure 2 and the format as requested by SBI/---- within 24 Hours.

We hereby confirm that we will honour the Bids placed by us during the auction process.

With regards,

Signature with company seal Name : Company/ Organization: Designation within Company/ Organization: Address of Company/ Organization:

### Sign this document and Fax at +91-08-49352034

### Page 32/34

### Annexure III (B)

### (on Company's letterhead)

To,

The Assistant General Manager, State Bank of India, Administration Department, 4<sup>th</sup> Floor, Local Head Office, 11, Parliament Street, New Delhi- 110001

### COMPLIANCE STATEMENT DECLARATION

We hereby undertake and agree to abide by all the terms and conditions stipulated by the State Bank of India in the TENDER DOCUMENT including all Annexures. We shall participate in the on-line auction conducted by M/s Antares Systems Limited and submit our Financial Bid. We shall also abide by the Business Rules prescribed for online auction.

### DATE:

### Signature and Seal of Bidder

Authorised Signatory Company Stamp (Name) Designation: for and on behalf of M/s. (On Company's letterhead)

To,

The Assistant General Manager, State Bank of India, Administration Department, 4<sup>th</sup> Floor, Local Head Office, 11, Parliament Street, New Delhi- 110001

Dear Sir, CERTIFICATE OF CONFIRMATION FOR PARTICIPATION

#### Notice Inviting Tender for Supply of DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, PARLIAMENT STREET, NEW DELHI-110001

### TENDER DOCUMENT NO. SBI/ADMIN/5 dated 04.12.2021

We have examined the Notice Inviting Tender and its contents as per the terms and conditions and technical specifications spelt out therein. We shall participate and submit the financial bid through online auction to be conducted by ABC India, on the date advised to us.

2. While submitting this financial bid, we certify that:

- Indicative prices submitted by us have been arrived at without agreement with any other bidder of this Notice Inviting Tender for the purpose of restricting competition.
- The indicative prices submitted by us have not been disclosed and will not be disclosed to any other bidder responding to this Notice Inviting Tender.
- We have not induced or attempted to induce any other bidder to submit or not to submit a bid for restricting competition.
- We agree that the rates/quotes, terms and conditions furnished in this tender will be applicable to State Bank Group.
- The rate quoted in the indicative price bids is for the equipment detailed in the Notice Inviting Tender and subsequent pre-bid clarifications/modifications/revisions furnished by the Bank in writing, without any exception.

3. If our offer is accepted, we undertake to complete the formalities for supply, installation & rate contract within a period of 7 days.

4. We agree to abide by this offer till 90 days from the date of online reverse auction, and our offer would remain binding upon us and may be accepted by the Bank any time before the expiry of that period.

5. Until a formal contract is prepared and executed, this offer, together with the bank's written acceptance thereof and the bank's notification of award would constitute a binding contract between us.

6. We also certify that the information/ data/ particulars furnished in our Bids are factually correct. We also accept that in the event of any information/ data/ particulars proving to be incorrect, the bank will have the right to disqualify us from the bid.

7. We undertake to comply with the terms and conditions of the Notice Inviting Tender.

8. We understand that the State Bank of India may reject any or all of the offers without assigning any reason whatsoever.

Yours faithfully,

For and on behalf of \_\_\_\_\_ (Name and Designation)

### Page 34/34

Annexure III (D)

### Final Price Confirmation Form

To,

M/s Antares Systems Limited #24 Sudha Complex, 3<sup>rd</sup> Stage, 4<sup>th</sup> Block, Bangalore - 560079

Sub: Final price quoted during reverse auction and price break -up against supply of DRUGS & CONSUMABLES AT DISPENSARIES UNDER ADMINISTRATIVE CONTROL OF SBI, LOCAL HEAD OFFICE, 'D' BLOCK, ADMINISTRATION DEPARTMENT, 4TH FLOOR, 11, SANSAD MARG, NEW DELHI-110001

- Ref: 1. Tender Document No. SBI/ADMIN/5 dated 04.12.2021 2. Reverse Auction dated\_\_\_\_\_
  - 3. Our Offer No.\_\_\_\_\_ dated\_\_\_\_\_

Dear Sir,

We confirm that we have quoted percentage of discount \_\_\_\_\_\_ as our final lump sum price during the Reverse Auction conducted on \_\_\_\_\_\_. The item wise breakup of total cost is as mentioned below:

Names of Medicine/ Drugs/ Consumables	Quantity	Total Quoted % of Discout (In Words)
As per details mentioned in BOQ*	Per Strip/Unit/Bottle etc. (Actual quantity of the medicines will be advised in indent)	

2. Total percentage of discount in Figures	
3. Total percentage of discount in words	

Thanking you and looking forward to the valuable order from SBI.

Yours sincerely,

For\_\_\_\_\_ Name: Company: Date: Seal: