



## TENDER NOTIFICATION

The Head, CLPC, Sri Adichunchanagiri Shikshana Trust invites closed tenders from eligible tenderers or bonafide licensed manufacturer (OEM) or their authorized local supplier/ dealer/ distributor in the state of Karnataka for the **Procurement of Drugs and Consumables for BGS MCH Hospital, Nagarur** as per section I & II.

|    |                                 |  |
|----|---------------------------------|--|
| 01 | Name of the work                | Procurement of Drugs and Consumables for BGS MCH Hospital, Nagarur |
| 02 | Last Date for Tender Submission | On or before 14.03.2025 before 5.30 PM                             |

### Section-1

#### Instructions to Tenderers

- 1) The Tenderer shall submit the bids (Technical & Financial bids) through the mail id: **clpchead@bgscet.ac.in** on or before the last date of tender submission (for any or all list of items) on professional business letterheads only. The details to be printed on the letter head is as follows
  - i) Tender for Procurement of Drugs and Consumables for BGS MCH Hospital, Nagarur.
  - ii) Tender Reference number.....[Insert Number]
  - iii) Address to "The HEAD, CLPC, Sri Adichunchanagiri Shikshana Trust, BGSCET Campus, Mahalakshmpuram, Bengaluru - 560086"
  - iv) The tenderer shall submit the original documents to this office on the last day of submission for verification who prefers to submit the tender through Post can dispatch the same through Registered post / Speed post or Couriers as to reach the above address on or before the due date and time specified in the Tender Notice. Tenders received after the due date and time, for what so ever reasons will not be considered and the authority, Head of CLPC will not be liable or responsible for the same.
- 2) **Tender Currency:** Prices shall be quoted in Indian Rupees only.
- 3) **AMC/CMC (IF ANY)** is subject to the Sri Adichunchanagiri Shikshana trust's norms.
- 4) **Warranty:** 3 Years.
- 5) **Amendment of tender documents:** At any time prior to the deadline of submission of tenders the trust may, for no reason, whether as its own initiative or otherwise modify the tender documents by amendment. Sri Adichunchanagiri Shikshana Trust reserves all the rights to accept, reject, incorporate changes and re-tender without giving any reasons.
- 6) **Documents Comprising the Tender:** Shall attach Brochure, Certification of the product, Bank/account details, PAN, GSTIN, Good Standing Certificate and 02 years of ITR declaration inside the envelope and the company contact details with email id on the in the below mention format in annexure - 1.
- 7) **Tender Prices:** Prices indicated on the price schedule shall be entered separately I.e. the price of the goods, quoted (ex-works, ex-factory, ex-showroom, ex-warehouse, or off-the-shelf, as applicable), including all duties and sales and the other taxes already paid or payable. Any Indian duties, sales and other taxes



which will be payable on the goods if the contract is awarded. Conditional tenders will not be considered. The bidder has to give the quotation in the below enclosed format in annexure - 2.

- 8) **Validity of the Bid:** 90 days from the last date of submission of bid.
- 9) **Corrupt or Fraudulent practices:** Sri Adichunchanagiri Shikshana Trust requires that the tenderers, observe the highest standard of ethics during the procurement and execution of such contracts. In purchase of this policy:
  - a) Will reject a proposal for award if it determines the tenderer recommended for award has engaged in corrupt or fraudulent practices in competing for the contract in question;
  - b) Will declare a firm ineligible, either indefinitely or for the stated period of time, to be awarded a university contract if it any time determines that the firm has engaged in corrupt or fraudulent practices in competing for, or in executing, a trust contract.
- 10) **Process to be confidential:** Information relating to the examination, clarification, evaluation, and comparison of tenders and recommendations for the award of contract will not be disclosed to tenderers or any other persons not officially concerned with such process until the award to the successful tenderer has been announced. Any effort by a tenderer to influence the employer's processing of tenders or award decisions may result in rejection of his tender.
- 11) **Clarification of Tenders:** To assist in the examination, evaluation, and comparison of tenders the employer may, at his discretion, ask and tenderer for clarification of his tender, including breakdowns of unit rates. The request for clarification and the response shall be writing or by cable, but no change in the price or substance of the tender shall be sought, offered, or permitted except as required to confirm the correction of arithmetic errors discovered by the employers in the evaluation of the tenders.
- 12) **Delivery:** The successful BIDDER should commence the service as per the tender document/work or purchase order. For any queries or assistance, please write to [clpchead@bgscet.ac.in](mailto:clpchead@bgscet.ac.in) or telephone to +91- 8123707324.
- 13) **Penalty Clause:** Non-execution of supply order - for the reasons of failure to supply partially or completely within the stipulated time or any event of breach of contract. In case at any following stages
  - a) For the delayed supply (3 days of grace period) - 5% deduction
  - b) Quantity issues - 5 % deduction
  - c) Quality issues - 10% deduction



## Section-2

### Technical Specification

| SL. No | Particulars           | Total Quantity in Nos. |
|--------|-----------------------|------------------------|
| 1.     | Drugs and Consumables |                        |

### Technical Specification:

| Sl. No | Diagnosis                                       | Quantity     | GST% | Rate | Amount |
|--------|---|--------------|------|------|--------|
| 1      | Tab-Glimepiride + Metformin                     | 4 box        |      |      |        |
| 2      | Tab-Pantoprazole                                | 1 box        |      |      |        |
| 3      | Tab-Loperamide                                  | 2 Strips     |      |      |        |
| 4      | Tab-Ciplox - Tz                                 | 1 box        |      |      |        |
| 5      | Tab-Amoxycillin + clavam 625 mg .               | 1 box        |      |      |        |
| 6      | Tab-Bactrim D S                                 | 2 Strips     |      |      |        |
| 7      | Tab-Cetirizine                                  | 1 box        |      |      |        |
| 8      | Tab-Amlodipine 10 mg & 5 mg                     | Per 1 box    |      |      |        |
| 9      | Tab-Furosemide 20 mg                            | 1 strips     |      |      |        |
| 10     | Tab-Aspirin 75 mg                               | 1 box        |      |      |        |
| 11     | Tab-Atorvastatin 10 mg                          | 1 box        |      |      |        |
| 12     | Tab-Folic Acid                                  | 1 box        |      |      |        |
| 13     | Tab-B - complex                                 | 1 box        |      |      |        |
| 14     | Tab-Aceclofenac + PCT                           | 1 box        |      |      |        |
| 15     | Tab-Tranexamic acid                             | 2 strips     |      |      |        |
| 16     | Diplex Eye/Ear drops                            | 6            |      |      |        |
| 17     | Clotrimazole Ointment                           | 10           |      |      |        |
| 18     | Tab Paracetamol                                 | 50 box       |      |      |        |
| 19     | Diclogel  | 210          |      |      |        |
| 20     | Paracetamol Syrep 250 mg                        | 25           |      |      |        |
| 21     | Multivit Syrep                                  | 25           |      |      |        |
| 22     | Tab-Levetiracetam 500mg                         | 1200 Tab     |      |      |        |
| 23     | Tab-Sod. Valproate 500 mg                       | 2000 Tab     |      |      |        |
| 24     | Clopilet 25 mg                                  | 2500 Tab     |      |      |        |
| 25     | Amitriptyline 10 mg/ 25 mg                      | 1500         |      |      |        |
| 26     | Vertine 160 mg                                  | 1500         |      |      |        |
| 27     | Paracetamol Suppositires<br>80mg,170 mg, 250 mg | 15 per<br>mg |      |      |        |
| 28     | Drops. PCT 100 mg                               | 2            |      |      |        |





**Department of Anesthesiology Consumables list:**

| SL NO | ITEMS                      | QTY | GST% | Rate | Amount |
|-------|----------------------------|-----|------|------|--------|
|       | INJ.ATROPINE               | 350 |      |      |        |
|       | INJ.ANAWIN HEAVY           | 225 |      |      |        |
|       | INJ.LEVOBUPIVACAINE        | 100 |      |      |        |
|       | INJ.ANAWIN 0.5/0.25%       | 100 |      |      |        |
|       | INJ.ROPIVACAINE 0.75%/0.2% | 100 |      |      |        |
|       | INJ.LOX 2% 20ML            | 100 |      |      |        |
|       | INJ.LOX WITH ADRENALINE    | 100 |      |      |        |
|       | INJ.LOXICARD 2%            | 50  |      |      |        |
|       | INJ.PCT 1GM                | 350 |      |      |        |
|       | INJ.TRAMADOL               | 350 |      |      |        |
|       | INJ.NALBUPHINE 10MG        | 100 |      |      |        |
|       | INJ.IBUPROFEN 100ML        | 200 |      |      |        |
|       | INJ.GLYCOPYRROLATE         | 120 |      |      |        |
|       | INJ.MIDAZOLAM              | 70  |      |      |        |
|       | INJ.PROPOFAL               | 150 |      |      |        |
|       | INJ.THIOPENTONE 500MG/1 GM | 10  |      |      |        |
|       | INJ.NEOVEC 4MG             | 300 |      |      |        |
|       | INJ.ATRACURIUM             | 300 |      |      |        |
|       | INJ.CISATACURIUM           | 50  |      |      |        |
|       | INJ.ROCURONIUM             | 50  |      |      |        |
|       | INJ.SUCOL                  | 50  |      |      |        |
|       | INJ.NEOSTIGMINE 0.5MG      | 200 |      |      |        |
|       | INJ.MYOPYRROLATE           | 120 |      |      |        |
|       | INJ.EMESET                 | 300 |      |      |        |
|       | INJ.RANTAC                 | 50  |      |      |        |
|       | INJ.HYDROCORTISONE         | 150 |      |      |        |
|       | INJ.DEXONA 8MG             | 150 |      |      |        |
|       | INJ.EPHIDRINE              | 200 |      |      |        |
|       | INJ.MEPHENTERAMINE         | 50  |      |      |        |
|       | INJ.CLONIDINE              | 50  |      |      |        |
|       | INJ.DEXMEDETOMIDINE        | 50  |      |      |        |
|       | INJ.LOX 4%                 | 05  |      |      |        |
|       | .LOX 10% SPRAY             | 05  |      |      |        |
|       | INJ.OXYTOCINE              | 250 |      |      |        |
|       | INJ.CARBOPROST             | 50  |      |      |        |
|       | INJ.METHARGIN              | 50  |      |      |        |
|       | LOX 2% JELLY               | 50  |      |      |        |
|       | INJ.FUROSEMIDE             | 50  |      |      |        |
|       | INJ.NTG                    | 10  |      |      |        |
|       | INJ.LABETALOL              | 10  |      |      |        |
|       | INJ.METOPROLOL             | 10  |      |      |        |
|       | INJ.ESMOLOL                | 10  |      |      |        |



|  |      |  |  |  |
|--|------|--|--|--|
| INJ.AMIODRONE                                  | 10   |  |  |  |
| INJ.AMINOPHYLLINE                              | 10   |  |  |  |
| INJ.DERIPHYLLINE                               | 10   |  |  |  |
| INJ.CALCIUM GLUCONATE                          | 10   |  |  |  |
| INJ.AVIL                                       | 10   |  |  |  |
| INJ.EFIPRESS                                   | 10   |  |  |  |
| INJ.FRENIN                                     | 10   |  |  |  |
| .HETASTARCH 6%                                 | 10   |  |  |  |
| INJ.ETOMIDATE                                  | 05   |  |  |  |
| INJ.PAUSE 500MG/1 GM                           | 200  |  |  |  |
| PCT SUPPOSITORIES                              |      |  |  |  |
| PARACETAMOL SUPPOSITORIES<br>80MG/170MG/250 MG | 100  |  |  |  |
| WATER FOR INJECTION                            | 500  |  |  |  |
| IV CANNULA G18                                 | 350  |  |  |  |
| IV CANNULA G20                                 | 250  |  |  |  |
| IV CANNULA G22                                 | 20   |  |  |  |
| ECG LEADS                                      | 1000 |  |  |  |
| IV SET   | 350  |  |  |  |
| BLOOD SET                                      | 50   |  |  |  |
| SPINAL NEEDLE G                                | 250  |  |  |  |
| EPIDURAL KIT                                   | 70   |  |  |  |
| SURGICAL GLOVES 6.S/7/7.5                      | 400  |  |  |  |
| IV EXTENSION 10CM/100CM                        | 300  |  |  |  |
| D/SYRINGE 2ML                                  | 25   |  |  |  |
| D/SYRINGE 5ML                                  | 15   |  |  |  |
| D/SYRINGE 10ML                                 | 10   |  |  |  |
| D/SYRINGE 20ML                                 | 10   |  |  |  |
| D/SYRINGE 50ML                                 | 100  |  |  |  |
| TUBERCULIN SYRINGE 1ML                         | 300  |  |  |  |
| ENDOTRACHEAL TUBES                             | 100  |  |  |  |
| RYLES TUBE                                     | 100  |  |  |  |
| SUCTION CATHETER                               | 900  |  |  |  |
| NEB MASK                                       | 50   |  |  |  |
| BURETTE SET                                    | 25   |  |  |  |
| DOSI-FLOW                                      | 25   |  |  |  |
| O2 MASK  | 300  |  |  |  |
| HME FILTER                                     | 100  |  |  |  |
| CVP SET/ARTERIAL LINE                          | 10   |  |  |  |
| 3-WAY CONNECTOR                                | 50   |  |  |  |
| VENTILATOR CIRCUIT                             | 100  |  |  |  |
| PEDIATRIC VENTILATOR CIRCUIT                   | 10   |  |  |  |
| MLTUBE NO                                      | 15   |  |  |  |
| FLEXOMETALLIC TUBES NO                         | 15   |  |  |  |
| GUEDELS AIRWAY                                 | 50   |  |  |  |
| NASOPHARYNGEAL AIRWAY                          | 20   |  |  |  |

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| SL NO | ITEMS                     | QTY      | GST% | Rate | Amount |
|-------|---------------------------|----------|------|------|--------|
|       | <b>SUTURES</b>            |          |      |      |        |
|       | ETHILON NO -9[NW3709]     | 10 BOX   |      |      |        |
|       | ETHILON NO -1[NW3338]     | 500 BOX  |      |      |        |
|       | ETHILON NO -2-0[NW3336P]  | 500 BOX  |      |      |        |
|       | ETHILON NO -3-0[NW3328P]  | 500 BOX  |      |      |        |
|       | ETHILON NO -4-0[NW3319]   | 200 BOX  |      |      |        |
|       | ETHILON NO -10[NW3719]    | 200 BOX  |      |      |        |
|       | PROLINE NO-0[NW846]       | 200 BOX  |      |      |        |
|       | PROLINE NO-1[NW834]       | 500 BOX  |      |      |        |
|       | PROLINE NO-2-0[NW844P]    | 500 BOX  |      |      |        |
|       | PROLINE NO-3-0            | 200 BOX  |      |      |        |
|       | PROLINE NO-4-0[NW849]     | 200 BOX  |      |      |        |
|       | VICRYL NO-1[VP2347]       | 1000 NOS |      |      |        |
|       | VICRYL NO-2-0[VP2317]     | 1000 NOS |      |      |        |
|       | VICRYL NO-3-0[NW2471]     | 500 NOS  |      |      |        |
|       | VICRYL NO-4-0[NP2304]     | 500 NOS  |      |      |        |
|       | VICRYL NO-4-0[PG T402304] | 200 NOS  |      |      |        |
|       | VICRYL NO-5-0[PG T502303] | 200 NOS  |      |      |        |
|       | VICRYL NO-4-0             | 200 NOS  |      |      |        |
|       | MONOCRYL NO-2-0[NW1665]   | 200 NOS  |      |      |        |
|       | MONOCRYL NO-3-0[NW1326]   | 300 NOS  |      |      |        |
|       | MONOCRYL NO-4-0[NW1665]   | 100 NOS  |      |      |        |
|       | MONOCRYL NO-2-0           | 300 NOS  |      |      |        |
|       | MERSILK NO-1[5062P]       | 500 NOS  |      |      |        |
|       | MERSILK NO-2-0[5036P]     | 500 NOS  |      |      |        |
|       | MERSILK NO-3-0[5087P]     | 200 NOS  |      |      |        |
|       | MERSILK NO-4-0[5000]      | 200 NOS  |      |      |        |
|       | CATGUT NO-0[SN4242]       | 500 NOS  |      |      |        |
|       | CATGUT NO-1[SN4226]       | 500 NOS  |      |      |        |
|       | CATGUT NO-2-0             | 500 NOS  |      |      |        |
|       | CATGUT NO-3-0             | 500 NOS  |      |      |        |
|       | CATGUT NO-3-0[ME4237*76]  | 200 NOS  |      |      |        |
|       | PDS NO-3-0[PDX309237]     | 100 NOS  |      |      |        |
|       | PDS NO-5-0[PDX50*1013]    | 100 NOS  |      |      |        |
|       | <b>TRUSYNTH</b>           |          |      |      |        |
|       | <b>IV FLUIDS</b>          |          |      |      |        |
|       | NS 500ML                  | 1000     |      |      |        |
|       | DNS 500ML                 | 750      |      |      |        |
|       | RL 500ML                  | 1000     |      |      |        |
|       | DEX 5% 500ML              | 500      |      |      |        |
|       | NS 100ML                  | 5000     |      |      |        |
|       | INJ.PAN 40MG              | 4500     |      |      |        |
|       | INJ.EMESET 4MG/2ML        | 1800     |      |      |        |





|                              |        |  |  |
|------------------------------|--------|--|--|
| INJ.AVIL                     | 450    |  |  |
| INJ.DICLOFENAC               | 1800   |  |  |
| INJ.H-CORT100MG              | 500    |  |  |
| INJ.TRAMAZAC 50MG/1ML        | 500    |  |  |
| INJ.PCT 1GM 100ML            | 4500   |  |  |
| INJ.METROGYL 100ML           | 1800   |  |  |
| INJ.COPLOX 100ML             | 1500   |  |  |
| INJ.CLEXANE 40MG/60MG        | 900    |  |  |
| INJ.TAXIME 1GM               | 500    |  |  |
| INJ.ZONE 1GM                 | 4500   |  |  |
| INJ.PIPTAZ 4.5G/2.25G        | 1350   |  |  |
| INJ.TT                       | 100    |  |  |
| INJ.LASIX 40MG/4ML           | 100    |  |  |
| IV CANNULA G18               | 1500   |  |  |
| IV CANNULA G20               | 2000   |  |  |
| IV CANNULA G22               | 2000   |  |  |
| IV CANNULA G24               | 500    |  |  |
| IV FIX                       | 4000   |  |  |
| IV SET ADULT                 | 2500   |  |  |
| IV SET PEAD                  | 500    |  |  |
| BLOOD SET                    | 500    |  |  |
| 3WAY-EXTENSION 10CM          | 250    |  |  |
| PMO LINE150CM                | 150    |  |  |
| PMO LINE200CM                | 150    |  |  |
| 3WAY-STOPCOCK                | 100    |  |  |
| DYNAPLAST                    | 500    |  |  |
| ET TUBE NO7.0                | 250    |  |  |
| ET TUBE NO7.5                | 250    |  |  |
| OPA NO-2                     | 50     |  |  |
| OPA NO-3                     | 50     |  |  |
| SUCTION CATH NO-10           | 100    |  |  |
| SUCTION CATH NO-12           | 200    |  |  |
| SUCTION CATH NO-14           | 500    |  |  |
| SUCTION CATH NO-16           | 500    |  |  |
| VACCUM SUCTION               | 200    |  |  |
| FOLYS CATH-NO-12             | 50     |  |  |
| FOLYS CATH-NO-14             | 200    |  |  |
| FOLYS CATH-NO-16             | 200    |  |  |
| SILICONE CATHETERNO-12/14/16 | 50     |  |  |
| S/WATER 10ML                 | 50 BOX |  |  |
| SURGICAL GLOVES NO-6.5       | 200    |  |  |
| SURGICAL GLOVES NO-7         | 500    |  |  |
| SURGICAL GLOVES NO-7.5       | 500    |  |  |
| SURGICAL GLOVES NO-8         | 50     |  |  |
| D/GLOVES M/L                 | 500    |  |  |
| URO-BAG                      | 300    |  |  |
| URO-METER                    | 150    |  |  |



|                   |        |  |  |  |
|-------------------|--------|--|--|--|
| OXYGEN MASK ADULT | 500    |  |  |  |
| OXYGEN MASK PEAD  | 150    |  |  |  |
| NASAL PRONGS      | 50     |  |  |  |
| NEB-MASK ADULT    | 250    |  |  |  |
| NEB-MASK PEAD     | 100    |  |  |  |
| D/S 50ML          | 05 BOX |  |  |  |
| D/S 20ML          | 05 BOX |  |  |  |
| D/S 10ML          | 10 BOX |  |  |  |
| D/S 5ML           | 20 BOX |  |  |  |
| D/S 2ML           | 25 BOX |  |  |  |
| INSULIN SYRINGE   | 01 BOX |  |  |  |
| NG TUBE NO-12     | 100    |  |  |  |
| NG TUBE NO-14     | 250    |  |  |  |
| NG TUBE NO-16     | 500    |  |  |  |
| LP NEEDLE NO18G   | 150    |  |  |  |
| LP NEEDLE NO22G   | 150    |  |  |  |





**Annexure - 1**  
**PARTICULARS OF THE BIDDER**

| <b>Sr. No</b> | <b>Description</b>   | <b>Details (to be filled by the responder to the Bid)</b> |
|---------------|--|---|
| 1             | Name of the company  |   |
| 2             | Official address   |   |
| 3             | Phone No. And Fax No.  |   |
| 4             | Corporate Headquarters Address   |   |
| 5             | Phone No. And Fax No.  |   |
| 6             | Web Site Address   |   |
| 7             | Details of Company's Registration (Please enclose copy of the company registration document) |   |
| 8             | Name of Registration Authority   |   |
| 9             | Registration Number and Year of Registration   |   |
| 10            | ISO certifications and its validity  |   |
| 11            | GST registration No.   |   |
| 12            | Permanent Account Number (PAN)   |   |
| 13            | Company's Revenue for last 3 years (Year wise)   |   |
| 14            | Company's net worth for the last year  |   |
| 15            | Bank Details (Name, Account no., Branch, IFSC, MICR)   |   |



## Annexure - 2

The Bidder has to quote the rate in the Item Data available online with this bid. Details to be filled up for price bid are as below:

**The price shall be inclusive of all taxes (inclusive of GST) under the relevant Laws of India.**

| SL. No                     | Particular   | Amount In Rs.<br>(Inclusive of All the taxes) |
|----------------------------|--|---|
| 1                          | Total Cost for the Procurement of Drugs and Consumables for BGS MCH Hospital, Nagarur. |   |
| Total in Rs and in words - |  |   |