

**APPLICATION FORM FOR REGISTRATION OF VENDORS AS APPROVED
SUPPLIERS/DEALERS FOR SUPPLYING OF MEDICINES/MEDICAL STORES TO GOVT
INSTITUTE OF MEDICAL SCIENCES ,GREATER NOIDA,
GAUTAM BUDDHA NAGAR, UP, PIN 201310**

1. Name of firm (in capital letter's) _____
2. Name of proprietor (s) _____
3. Particulars of the firm/organization
with complete address of the firm _____
4. Telephone No/Nos /Details of
Office/residence/factory _____
- (a) Postal address _____
- (b) Telegraphic address _____
- (c) Telex No./Fax no _____
5. Whether registered with _____
UP Govt office
If so please give full details.
6. Latest bank statement of account of _____
firm/org or Bank certificate as under.

“Certified that M/S _____ are operating current account No _____ with our branch and the account is maintained satisfactorily”

7. Amount upto which we will be able to _____
Undertake supply at a time.
8. Details of Company sale tax No/ GST NO/ _____
(enclose copies)
PAN No of firm/PAN
No the sole proprietor _____
(Photocopy to be alt)
9. Has the firm black listed by any Govt hospital:- Yes/No (if yes given details)
10. Number of warning letters issued to your from any Govt hospital:- (Give details)
11. Performance certificate from hospitals supplied in last 02 years.

ENCLOSURE CHECK LIST (PLEASE TICK ENCLOSURES)

- (a) Letter head of firm with authorized signatory and rubber stamp.
- (b) Photo (Self & Shop)
- (c) Terms & Conditions duly signed by proprietor of firms with rubber stamp of firm
- (d) PAN No of registered firm/proprietor
- (e) Tin / GST No
- (f) Sales tax registration certificate
- (g) Certificate by chartered Accountant regarding annual turnover of firm which is to be registered. (Last 3 consecutive years)
- (h) Valid Drug license certificate (Retail/Wholesale)
- (i) Valid Drug license for supply of narcotics if available.
- (j) Available of DSC (Digital Signature Certificate) and registration of CPPP (E-procurement portal of Govt of India) with ID on portal.
- (k) Import license in case of items being imported from a board.
- (l) Affidavit on non judicial stamp paper regarding acceptance of terms and conditions and willingness to supply on time.
- (m) Bank guaranty of Rs 1 lakh to be deposited by the successfully registered vendor only.
- (n) Authorized distributorship certificate.
- (o) GPM-WHO/COPP certificate of manufacturing company.
- (p) List of any other Govt institute to whom the vendor supplied in the past (if applicable).
- (q) Certificate showing past experience of supply to Govt hosp.
- (r) Performance certificate from the hospitals supplied in last 02 years.
- (s) Electronic clearing service form. (Model Mandate Form)
- (t) Cancelled Cheque of Bank for account verification.
- (u) Non conviction certificate I Affidavit as per format attached on Rs. 10/- non-judicial stamp paper duly notarized (ink signed copy to be attached)

Note:-

- (a) All cert/documents to be self-attested by the proprietor of the firm with rubber stamp.
- (b) Photo to be attested on back side.

Date: _____

Signature of Proprietor
(Stamp seal)

TERMS AND CONDITIONS FOR REGISTRATION

1. Dealers will be responsible for supplying the medical store to this hospitals on LTE and/or on Price Agreement for FY 2019-20
2. The Firm should not apply for the same category of items in the name of more than one firm.
3. Suppliers/representative are advised to be present in person at the time and date of opening of tenders as mentioned in the enquiry.
4. Once price agreement is accepted, it will be valid for one year from the date signing of contract. Dealers will be responsible for supply of the drug at the quoted rate during the period. If there is any down ward trend the same should be brought to the notice of medical store officer in charge immediately.
5. All payments will be made through FO this hosp. The bills will be forwarded on receipt of store s after passing/checking by board of officers.
6. Dealers will bring contractors bill in duplicate duly signed with a revenue stamp of Rupees 1/- Affixed on original copy.
7. The Bid Security (Earnest Money Deposit) in case of price agreement is to be submitted by the bidder along with the bid in the form of Account Payee Demand Draft, Fixed Deposit Receipt, Banker's Cheque or Bank guarantee valid for a Period of forty five days beyond the final bid validity period/till the conclusion of the Price Agreement to the purchaser. Bid security money of all unsuccessful bidder will be returned without interest after receipt of performance bank guarantee.
8. Dealers will have to furnish a performance security by way of a Fixed Deposit Receipt or bank Guarantee for a reasonable amount depending on the anticipated drawl. The exact amount of the performance security for each category of items will be determined in consultation with the FO. Performance Bank guarantee should valid for 90 days after the expiry of the Price Agreement and upto 31 Mar 2020 for Local Tender Enquiry.
9. Dealers will be responsible for supply of the expendable & non-expendable medical store at this hospital location, if your quotation is accepted, the delivery of goods will be accepted in full quantity and no part of deliveries will be entertained.
10. Items are to be supplied at the hospital site generally within 21 days from the date of issuing of supply order. Extension of delivery period will be granted, after imposition of LD @0.5% of the price of any stores which the contractor has failed to deliver within the stipulated time for each week or part thereof. Extension of delivery period will be granted at the discretion of Director only on production of genuine documentary proof for reason of delay on case to case basis thereafter supply order will automatically stand cancelled and firm may not be issued subsequent rate enquiries.

11. Item supplied should confirm to the rates/mfg. company mention in RE/Quotations.
12. Drugs and consumables should have minimum 5/6th of shelf life for indigenous drugs and 2/3rd of shelf life for imported drugs at the time of supply.
13. Warranty should be provided by dealers to replace drugs if found to deteriorated/defective during shelf life and replace the store within 48 hrs if stores are found defective by any authorized agency.
14. Items/medicines which could not be consumed by the hospital, have to be exchanged if intimation is given two months before the expiry date.
15. In case of emergency dealer should be able to supply item immediately on receipt of requisition telephonically within 24hrs.
16. Director of this institute on behalf of President of India has the right to check medical items supplied in presence of supplier/representative of supplier, Random sample thus taken will be seated and sent for quality check to original manufacturing company/ UP Govt approved lab .
17. Turnover certificate duly certified by a chartered accountant on his official letter head as follow.
 - a) For mfg firm –Annual turnover fo Rs. 25 Lakh /Year for past 03 years (in case of original mfg of molecule,, turnover clause not applicable)

I have read the above terms and conditions and I accept to abide by it.

Date

Authorised signatory
(Name of firm)
Stamp

GUIDELINES FOR FILLING UP REGISTRATION FORM

1. All columns to be filled in BLOCK CAPITALS .No column to be kept blank and not to be marked as dash (-). It should be ensured that all copies of documents mentioned in the application form are enclosed with the application during submission.
2. Application form along with terms and conditions should be dropped in the drop box kept in administrative block in a sealed cover address **Director, Govt Institute of Medical Sciences, Kasna, Greater Noida, UP Pin 201310.** within time period mentioned in the advertisement. The following to be mentioned in bold letters on top of sealed cover.-

Name of Firm

Application No.

3. Photocopies of the all documents submitted should be duly attested. Documents should have validity upto 31 Mar 2020. The firms should be able to produce original documents for verification at the time of scrutiny.
4. Owner/Authorized representative of the firm will be required to be present at the time of scrutiny.
5. Firms should apply only for particular category of medical store which they will be able to supply.
6. Last date of submission of application form is 20 APR 2019 by 1000hrs.
Application received after last date/time of submission will not be accepted.