

HINDUSTAN LATEX FAMILY PLANNING PROMOTION TRUST
B-14A, IInd Floor, Sector 62, Noida,
Gautam Budh Nagar, Uttar Pradesh - 201307

Empanelment of the agency for then Supply of Medicines, Medical Consumables, Medical Equipment on PAN India basis

Hindustan Latex family Planning Promotion Trust (HLPPT) established in the year 1992 as a trust; promoted by HLL Lifecare Ltd. (a government of India Enterprise) having its corporate office at Noida Sec 62, U.P.

HLPPT has been implementing various reproductive health programs in different States with support of central and state government, international agencies and corporate units. HLPPT is running over 170 mobile medical units (MMU) on PAN India basis. For providing the health services through these MMUs as per the project requirement, there is a frequent requirement of medicines, medical consumables & medical equipment. In order to meet these requirements, HLPPT invites sealed proposals for “**Empanelment of the agency for Supply of Medicines, Medical Consumables & Medical Equipment on PAN India basis**” as per details, terms and conditions mentioned in this document.

The agency needs to submit “Technical Bid” in sealed envelopes by super scribing as ‘Expression of Interest for Empanelment as agency for Supply of Medicines, Medical Consumables & Medical Equipment on PAN India Basis’ Technical Bid Fomat, Applicaion Form is at Annexure-1, 2 & 3. List of Medicines, Medical Consumables and Medical Equipment is Annexed at 4,5,6.

All pages of this document must be signed with seal at the bottom and sent together with duly filled in application form attaching all specified documents. Eligible Agency may submit applications in closed and sealed envelopes super scribed as "Application for Empanelment of Agency for Supply of Medicines, Medical Consumables" accompanied by the copies of documents. All the bid needs to be submitted by end of business hours on **Dated 23rd May’ 2024 by 6:00 PM** at the following address:

Procurement & Commercial Division
Hindustan Latex Family Planning Promotion Trust (HLPPT)
B-14A, 2nd Floor,
Sector 62, Noida, Gautam Budh Nagar, Uttar Pradesh - 201307
Ph. 0120 - 4231060/61/62

Pre-bid: The pre-bid meeting will be on 17th May’ 2024 at 3PM subject to any clarifications asked by any interested bidder by 6pm on 16th May’2024. The bidder can submit their observations at info@hlppt.org .

Eligibility

1. The bidder should have all valid licenses, approvals, certificates, registration from concerned statutory authorities like Drug Control Authority of State/Union/ Income Tax/GST/any other relevant and mandatory requirements. The bidder will further ensure and undertake that self-attested Copies of valid Licenses, on date of application submitted along with RFP and their Licenses should remain valid till the end of the contract period. Self-Certified copy of license to be enclosed.
2. The bidding agency can be an individual/HUF/Association of Persons (AOP)/Society/Trust/Partnership firm/company incorporated under the laws of India. Documentary evidence about constitution to be submitted.
3. The agency must have PAN (Permanent Account Number) and registered with GST and the document for the same is to be attached.
4. The Agency must not have been convicted by the State Drugs Authorities and no case should be pending under the Drugs and Cosmetics Act and Rules.
5. The Agency should have undertaken a similar business arrangement i.e. empanelment for supply of medicines, consumables, equipment with at least one Government/ Semi-Government / Public Sector organization/NGO/Health Organization during the last two years.
6. Agency registered under MSME required to provide documentary evidence to that effect.
7. Bidder to submit the valid trade license from relevant Municipal Corporation regarding storage and trade permission for Medicines, Medical Consumables & Medical Equipment.
8. Preference will be given to the Bidder having Market Standing Certificate (in India) of minimum two batches of quoted products in last three years issued by the concerned Licensing Authority from Drugs Control Department for the quoted Product.
9. The bidder to submit valid FSSAI food license.
10. The Agency should agree to supply all the medicines, consumables & equipment that the HLPPT indents irrespective of the brands or manufacturers. Failure to do so after execution of the purchase contract as described elsewhere in the document will result the cancellation of the empanelment.
11. The Agency should not have been debarred / black-listed by any Government / Semi-Government / Public Sector organization.
12. The shop / establishment of the Agency should be situated in the Delhi/NCR.
13. VAT clearance certificate should be available with the Agency.
14. The Agency should have a computerized billing system.
15. Non-Conviction Certificate (NCC) issued by the concerned Licensing Authority of the State certifying that the firm/company/agency has not been convicted in last three years should be submitted. It should be not more than 12 months old.
16. Bidder to enclose the WHO-GMP (WHO-Good Manufacturing Practice Certificate of the manufacturing unit issued by the Licensing Authority/ Drugs Control Department. WHO-GMP certificate must not be older than one year from the last date of submission of tender.

Explanation- Generally the WHO-GMP Certificate issued for one-year validity. Hence the provision that it should not be older than one year from the last date of submission of tender implies mutatis mutandis that the GMP certificate should remain valid till the last date of submission of tender.

NOTE: Self attested copies of above documents to be submitted.

Terms and conditions

1. This Expression of Interest (Document) is not an Agreement and neither an offer nor invitation by HLPPT to the prospective Applicant or any other person. The purpose of this document is to provide the interested parties the information that may be useful to them in the formulation of their proposals pursuant to this EOI.
2. No agency shall be entitled to submit more than one bid whether jointly or severally. If one does so, all bids wherein the agency has participated shall stand disqualified.
3. The agency shall bear all costs associated with the preparation and submission of bid.
4. HLPPT reserves the right to accept /reject/ select one or more than one agency and to annul the bidding process any or all bids at any time prior to award of contract without thereby incurring any liability to the affected agency.
5. Schedule of supply will be provided by HLPPT while issuing Purchase Order to the selected bidder.
6. HLPPT reserves the right to cancel the contract based on performance without assigning any reason thereof.
7. Evaluation of the bids will be done by competent committee from HLPPT.
8. In the event of award of contract the agency shall be able to supply the Medicines, consumables, equipment within 08-10 days of award of Purchase Order (as & when issued by HLPPT).
9. Agencies that will be technically qualified would only be considered for Empanelment purpose.
10. Any technical bid with inadequate information and those which do not meet the eligible criteria or received after the closing date & time will not be entertained and considered under any circumstances. HLPPT is not liable to communicate to bidders whose offer is not considered or not found eligible for further processing.
11. The bidder is expected to examine all instructions, forms, terms and specification in this EoI Failure to furnish all information required under this EoI or to submit a bid not substantially responsive to this EoI in all respect will be at bidder's risk and shall result in rejection of the bid.
12. The bidder and their respective officers, employees, agents shall observe the highest standards of ethics dividing the bidding process. Notwithstanding anything to the contrary contained herein, HLPPT shall reject bid without being liable in any manner whatsoever to the bidder if it determines that the bidder has directly or indirectly or through an agent, engaged in corrupts/fraud tent/coercive/undesirable or restrictive practice in the bidding process.
13. **Documents establishing eligibility:**

The following documents should be submitted along with the application.

- a. Self-attested copies of valid licenses held by the Agency as on the date of application.

- b. Copy of No Conviction Certificate from State Drugs Controller that no case is pending against the firm under the Drugs and Cosmetics Act and Rules made there under as well as under the Drugs (Price Control) Order, 1995 issued from time to time. An affidavit to the affect is acceptable in lieu thereof
- c. Copies of the balance sheets for the last three financial years, duly certified by a Chartered Accountant.
- d. Copy of Sales Tax registration.
- e. Copy of VAT registration certificate.
- f. Copy of PAN allotted to the Agency
- g. All other documents/information as mentioned above under "Eligibility"

14. Technical Evaluation of the agencies would be done on the following basis-

1	Experience with HLPPT/Govt. Agency/NGO/Development Sector Experience 5 year - 25 2 to 4yr - 20	25
2	Audited Balance Sheet of Last three Financial Year 03 yrs Audited balance sheet - 25 marks Less than 03 years balance sheet - 05 marks	25
3	Infrastructure – Experience of supplies on PAN India basis	15
4	Clientele 05 clientele - 20 03 -04 - 15 01-02 - 10 <u>The agency to enclose the copies of agreement, and copies of Purchase orders for supplying the items mentioned in this document at multiple locations from each clientele as a documentary evidence. The minimum order value of each Purchase Order should be Rs. 50,000/-.</u>	20
5	Any other criteria as per discretion of Management	15

Agency should submit the Technical bid as per details as mentioned in above table with enclosed Annexure-2: Technical Bid Format.

- 15. The EoI shall be evaluated strictly based on the substantive information/credentials/documentary evidences submitted by the agencies.
- 16. The bidder is expected to examine all instruction, forms, terms and specification.
- 17. HLPPT Management Reserves the Right to award the work to more than one Agency as per requirement.

18. Agencies would not be allowed to subcontract, partial/full of the work assigned to them. In such case the Management reserves the right to cancel the contract with the agency.

19. Quality Testing & Quality Control

- i. The Agency would be required to provide Certificate of Analysis (CoA) against batch number supplied by them as and when asked by HLPPT.
- ii. HLPPT reserves right for random sampling from supplied batch at the point of supply or distribution points for testing. The samples will be sent to different Government Drugs Testing Laboratory/NIPER/Private labs for testing.
- iii. In the event of the samples of Drugs supplied fails in quality tests or found to be not as per specifications, HLPPT is at liberty to make alternative purchase of the drugs for which the Purchase orders have been placed from any other sources or in the open market or from any other Tenderer who might have quoted higher rates, at the risk and the cost of the supplier and in such cases HLPPT has every right to recover the cost from the payment due.
- iv. If the product / sample fails in quality test, every failed batch shall be taken back by the supplier at their own cost and HLPPT shall not be responsible for any damage during this period.

20. Period of Contract:

- a) The period of the empanelment contract shall be for a period of one year with extension provision of two years, subject to performance of the selected agencies.
- b) In respect of the annual purchase contract, supply orders will be placed against the contract up to the last date of the contract. Orders received even on the closing date should be honored in accordance with the terms of contract even though the last date of the contract may have expired on the date of supply of medicines, consumables and equipments.

21. Pricing:

The tentative list of Medicines, Consumables, and Equipment with specifications is shared in the document at Annexure 4, 5, 6. . The empaneled vendor would be required to quote the rates of the items inclusive of all duties, levies or taxes leviable under the law. The Agency will also have to bear all the expenses etc. connected with proper packaging, carting, transportation etc. in connection with supply to any place specified by the HLPPT.

The Financial will be called among the Empaneled agencies and the rates quoted by the agency will be inclusive of all Taxes/Packing and Freight Charges etc. (as per location shared in this EoI document as per Annexure-9).

The quoted offer shall remain valid for the entire duration of the contract. The L1 rates shall be counter offered among all the participated vendors and accordingly rate contract will be issued to the vendors on L1 rates.

b) Corrupt, fraudulent or unethical practices

HLPPT requires that the Agency observes the highest standards of ethics during the procurement and execution of contract for supply of medicines, consumables and equipment. The medicines/drugs, consumables and equipment to be supplied will be of standard quality. In pursuance thereof, the terms are set forth as follows:

- a. The Agency shall not resort to offering, giving, receiving or soliciting of anything of value to influence the action of any official of the HLPPT in the empanelment process or in contract execution.
- b. The Agency shall not resort to misrepresentation of facts in order to influence the empanelment process or execution of a contract to the detriment of the HLPPT.
- c. HLPPT will declare an Agency ineligible, either indefinitely or for a specified period of time, for award of the contract, if at any time, it determines that the Agency has engaged in corrupt and fraudulent practices in executing the contract.
- d. HLPPT may, without prejudice to any other remedy for breach of contract, at its sole discretion, terminate the contract in whole or part in respect of any Agency for any of the following reasons:
 - i. supply of sub-standard/ spurious/ substitute medicines, consumables and equipment
 - ii. delay in supply/ refusal to supply/ non-supply of medicines, consumables and equipment
 - iii. over charging in the bill
 - iv. in case it is found that any particular medicine, consumables and equipment date is expired or is near the date of expiry
 - v. if the Agency fails to perform any other obligation(s) under the contract
 - vi. in the judgement of the HLPPT has engaged in corrupt or fraudulent practices.

If any such case indicated in (d) above is noticed during subsequent scrutiny after or before the payment, then the Agency shall refund the disputed/excess amount already paid by the HLPPT, replace the medicines in question. The HLPPT may stop payments due or recover the cost of such supplies from the amounts due to the Agency.

22. **Indemnity**

The Agency shall indemnify the HLPPT against all actions, suits, claims and demands brought or made against the HLPPT in respect of anything done or committed to be done by the Agency in execution of or in connection with the work of this contract and against any loss or damage to the HLPPT in consequence to any action or suit being brought against the Agency for anything done or committed to be done in the execution of this contract.

23. **Payment Terms**

- Payment to successful bidder shall be made in Indian Rupee through account payee Cheque/NEFT/RTGS.
- Payment to the successful bidder shall be released in 45 days after submission of the original invoice & proof of delivery of goods.
- Payment shall be made subject to deduction of TDS (Tax deduction at source) at the rate applicable from time to time as per the income Tax act 1961 and other applicable deductions/Taxes.

i.The issue of this EOI does not imply that HLPPT is bound to select a bidder or subsequently to award the contract to the shortlisted bidder, as the case may be, for the project/services and HLPPT reserves the right to reject all or any of the bids or bidders without assigning any reasons.

We agree and abide by all terms and conditions as mentioned above including the validity of the offer

Utmost confidentiality of the data provided shall be maintained.

Annexure- 1
Technical Bid Format
(To be filled, sign & stamp by Agency)

A

S.No	Particulars	Remarks	Work Experience
1	Experience with HLPPT/Govt. Agency/NGO/Development Sector	Yes/No	
2	Experience in similar Type of Product supply	Year	

B

S.No	Particulars	Last 3 Year		
		2020-21	2021-2022	2022-2023
3	Annual Turnover/ITR			

C

S.No	Particulars	Top 5 Client List
4	Clientele List	

D

S. No.	Particulars	Details (GST & PAN No.)
5	PAN	
6	GST	

Annexure-2

**Hindustan Latex Family Planning Promotion Trust
B-14A, IInd Floor, Sector 62, Noida,
Gautam Budh Nagar, Uttar Pradesh - 201307**

APPLICATION FORM FOR EMPANELMENT OF AGENCYS FOR SUPPLY OF DRUGS/MEDICINES, MEDICAL CONSUMABLES AND MEDICAL EQUIPMENTS

S.No	Item	Details
1	Name of the Agency	
2	Constitution (Company/ Partnership/ Proprietorship)	
3	Details of Registration (Registering Authority; Registration No. & Date)	
4	Year of commencement of business	
5	Sale Tax No	
6	PAN Number	
7	Whether Manufacturer/ Authorized Distributor/ Dealer / Agency	
8	Name(s) of the Proprietor/ Partner/ Director / Official with designation authorized to make commitment to the HLFPPT	
9	Telephone No Mobile No Email	
10	Mailing Address	

11	Whether the Agency holds valid License (s) on the date of application for various categories of allopathic drugs issued by the Drug Control Authority of the State under the provisions of Drugs and Cosmetics Act, 1940? Please give details of licenses	
----	---	--

12	Whether the Agency has been convicted by the State Drugs Controller or any case is pending against the Agency under the Drugs and Cosmetics Act and Rules made there under as well as under the Drugs Price Control Order issued from time to time?	
13	Whether VAT clearance certificate is available with the Agency.	
14	Whether the billing system is computerized?	
15	Agreement to best price norm (refer para 13)	
15	Names of the Government/ Public Sector/ Corporate clients of the Agency for bulk supply of medicines. Also give contact person's name and telephone numbers.	
16	Name and address of Principal Banker. Please also give phone numbers.	

I have read and understood the notice issued by HLPPT, containing the eligibility criteria and the terms and conditions for empanelment of Agency and druggists for supply of drugs, medicines, medical consumables. I fully accept the terms and conditions. I also understand that the HLPPT reserves the right to accept any or reject any or all of the applications without assigning any reasons.

Name:

Signature Designation:

Date:

Note: Applications complete in all respects in the above format may be submitted in closed envelopes super scribed as "Application for Empanelment of Agency for Supply of Medicines, Medical Consumables and Medical Equipment" accompanied by the copies of documents as indicated at item No.5 of the Notice. Applications should be addressed to the Regional Director, HLPPT, Noida by not later than 3.00 p.m. on _____.

Annexure- 3: Technical Bid Format Location -: PAN India basis

	SPECIFICATION (TECHNICAL)	AGENCY'S REPOSE (Agreed /Disagreed)
1.	Supply to be done according to the quantities, specifications, quality, schedule and locations approved by HLPPT	
2.	The receipt of products to be submitted as proof along with invoice.	
3.	The agency is capable (as defined in RFP document) and agrees to complete the supply within specified time as agreed upon otherwise penalty clause will be invoked.	
4.	Past experience of the agency in supply of items or similar items, as listed in this RFP. Please give details or provide list of clients to whom similar goods have been supplied.	
5.	Management reserves the right to empanel one or more agency (on the basis of quality consideration/experience of the agency) in addition to rates parameters.	
6.	Constitution of the agency whether Proprietor ship/Partnership/Company. Give details of Proprietor/ Partner/Directors.	
7.	For how many years the agency is engaged in similar line of activities.	
8.	Registration certificate with GST need to be submitted along with the technical quotation.	
9.	Penalty clauses will apply as per the company's policy, as per terms of the purchase order: the decision of the HLPPT/ Project Management shall be final and binding in this regard.	
10.	Valid License as on the date of application in specified forms for various categories of allocation drugs by the Drug control authority under the Drugs and Cosmetic Act, 1940 as applicable and any other law enforce	
11.	The final price will remain valid for one year from the award of the Purchase order/ contract	

Please Note:-

- 1. Form must be completed in all respects; incomplete forms may liable to be rejected.**
- 2. The form must be duly signed and sealed by the Authorised signatory**
- 3. The form must be submitted on or before due date and time.**

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure-4 - List of Medicines

S NO.	NAME OF MEDICINE	Company
1	Azithromycin-500mg.	
2	Azithromycin-250mg.	
3	Cefixime 200mg	
4	Cefixime 100mg	
6	Cefpodoxime 200 mg	
7	Amoxiciline+Clavulnic Acid 325 mg	
8	Amoxiciline+Clavulnic Acid 625 mg	
9	Ofloxacin-200mg	
10	Amoxicillin 250 mg	
11	Amoxicillin 500 mg	
12	Erythromycin 250mg	
13	Norfloxacin 400mg	
14	TAB ROXITHROMYCINE 150 MG	
15	TAB CIPROFLOXACINE 250 MG	
16	TAB CIPROFLOXACINE 500 MG	
17	CIPLOX-TZ	
18	METRINIDAZOLE-400 ETHICAL AS PER MRP	
19	Metronidazole 200 mg	
20	DOXYCYCLINE 100 MG CAP	
21	AMPICILLINE 250 CAP	
22	CLINDRAMYCINE	
23	Levofloxacin-500mg.	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

24	AMOXYCILLIN ORAL DRY SYP	
25	Azithromycin-Syrup 100 mg/5 ml	
26	Cefixime Syrup 50 mg/5 ml	
27	syp cetirizine	
28	syp multivitamin	
29	Syp Enzyme	
30	SYP CEFIXIME D/S	
31	Syp Sulbutamol	
32	Albendazole syrup Albendazole 200 mg/5ml	
33	Syp Metronidazole (OFLOXACIN+ Metro)	
34	Syp liver tonic	
35	VITOZYME SYRUP 200ML	
36	ELBYON SYP.	
37	Paracetamol 120 mg/5ml	
38	Paediatric Cough syrup	
39	Syp Caugh(expectroent)	
40	Terbutalin Syp	
41	Antacid Syrup	
42	Syp Ondansatron	
43	CYPZIP SYP	
44	BOND SUSPENSION	
45	Cefpodoxime Syrup 50 mg/5 ml	
46	Liq disodium hydrogen citate 1.53g in each 5ml liq,100 ml bot	
47	Ibuprofen 200mg and Syrup Ibuprofen 100 mg/5ml	



Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

48	Tab of almunium hydroxide 300 mg + silicate 50 mg + magnesiumhydroxide 25 mg + simethicone 25 mg in each Tab	
49	PUREOM-20 CAP OMEPRIZOLE CAP	
50	TAB PANTOPRAZOLE 40MG	
51	CAPSULE PANTOPRAZOLE DSR	
52	Antacid Tab	
53	RANITIDINE TAB 150 MG.50	
54	DOMPERIDONE 30 mg+ PANTOPRAZOLE 40 mg Capsules [SR] 10's	
55	Rabeprazole 20mg + Domperidone 10mg Capsule 10's	
56	CAPSULE ESMOPRAZOLE DSR	
57	DOMEPERION	
58	Drotavarine 40 mg	
59	Loperamide	
60	MEFTAL SPASM/SPASMINDAL	
61	Metoclopramide 10 mg	
62	ALBENDAZOLE 400 MG TAB	
63	DICYCLOMINE	
64	BIOGENE TAB	
65	Bisacodyl 10 mg	
66	Tranexamic Acid 500 mg	
67	Lacto Basillus sachet	
68	P-ENZYME TAB	
69	Ondansetron 4 mg	
70	ANTIFUNGAL & ANTIALLERGY	
71	Prednisolone 5 mg	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

72	Avil 25 mg	
73	Tab Flucanazole 150 mg	
74	Tab Itraconazole 200 mg	
75	Tab. Ketocanazole 150 mg	
76	LEVOCETRIZINE 5MG TAB	
77	TAB LEVOCETRIZINE+MONTULAKAST	
78	Fexofenadine 120 mg film coated Tablet 10's	
79	TAB CETRIZINE 10 MG	
80	HYDROZINE 10 MG	
81	MICONAZOLE TAB	
82	CPM tab.	
83	Tab prednisolone 10 mg tab	
84	Clotrimazole Vaginal Suppository	
85	MONTELUKAST 10 MG + FEXOFENADINE HCl 120 MG TABLETS	
86	SEPTRAN SS TAB	
87	Deflazacort 12 mg	
88	Deflazacort 6 mg	
89	Dexamethasone 4 mg	
90	Diazepam 2 mg	
91	Diazepam 5 mg	
92	Acetyl Salicylic Acid 75 mg dispersible/ mouth dissolving	
93	Aceclofenac 100mg and Paracetamol 325 mg Tablet 10's	
94	COMBIFLAM TAB ETHICAL AS PER MRP	
95	Aceclofenac 100 mg	
96	DICLOFANIC +DICYCLOMINE	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

97	DICLOFANIC SR 100mg	
98	DICYCLOMINE	
99	TAB DICLOFANIC SODIUM	
100	Diclofenac Sodium (SR) 75 mg Tablet 10's	
101	Ibuprofen 200 mg film coated Tablet 10's	
102	Serratiopeptidase 10 mg Tablet 10's	
103	tab of aceclofenac 100 mg + Paracetamol 500 mg + serratiopeptidase	
104	Etoricoxib 60 mg	
105	Paracetamol 650 mg	
106	PARACETAMOL-500 MG TAB	
107	IBUPROFENE 400 MG	
108	PARACETAMOL 325 mg+ TRAMADOL 37.5 mg Tablets 15's	
109	MYDERM CREAM CLOTR, NCOMYCIN, BECLAMETH	
110	NUGESIA GEL-FULL FORMULA 30GM	
111	SCABIES LOTION GAMA BENZENE LOTION (100 ml)	
112	SOFRAMAX OINT ETHICAL AS PER MRP 30GM	
113	Soframycin Ointment	
114	Miconazole Tab 2% ointment 15 gx0	
115	Betamethasone Dipropionate (ointment 0.5%) (10 gm)	
116	Neomycin + Bacitracin 15 g ointment, 5 mg + 500 IU/g	
117	Silver Sulfadiazine 1% (10 gm)	
118	Xylocaine Jelly 2 %	
119	Permethrin 100 ml Ph	
120	WHITFIELD OINTMENT	
121	BETAMETHASONE OINT	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

122	CALAMINE LOTION	
123	FRAMYCETIN SULPHATE 15 MG	
124	POVIODINE IODINE OINT	
125	SUKHAD OINT AYURVEDIC	
126	SCABY LOTION 50 ML	
127	Beclamethasone Dipropionate..0.025% w/, Neomycin Sxulphate..0.5% w/w (3500 Unit /G) Chlorocresol 0 15gm	
128	Mapurocin ointment	
129	Permetharin lotion	
130	SCABY LOTION 100 ML	
131	Betadine Oint. - 250gm.	
132	Permethrin cream 5% W/W	
133	Surgical sprit 400ml bot	
134	Hydrogen per oxide 400 ml bot	
135	Povidonelodine topical solution 5%.15 gm tube	
136	Permerthrine 50mg in each gm cream, 30 gm tube	
137	Mupirocin 2% oint , 5 gm tube	
138	Clotrimazole 1% + beclometasone 0.025 cream ,15 gm tube	
139	Clotrimazole 2% V gel ,30 gm tube	
140	Clobetasol 0.5% + neomycine 0.5% + neomycine 0.5% + miconazole 2% cream 15 gm tube	
141	Clamine 8% ,100 ml lotion , bot/tube	
142	lidocane 2% + Choline salicylate 8.7 dental gel , 15 gm tube	
144	Iron Folic Acid (S R)	
145	Vit B Complex	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

146	Calcium carbonate	
147	calcitrol calcium0.25 mcg carbonate 500 mg & zinc 7.5 mg softgel cap	
148	ZINC,HAEMATINIC,CARBONYL IRON&FOLIC CAP	
149	Vitamin A/E Capsule	
150	Febuxostat 40 mg	
151	Iron & Zinc (Carbonyl Iron 50 mg+ Zinc Sulphate Monohydrate USP 61.8 mg equivalent to Elemental Zinc 15's	
152	Methycobalamine 1500 mcg	
153	VIT D SACHEY	
154	TAB BCOMPLEX	
155	Tab procloperazine 5mg tab	
156	Tab bethaistne 8mg Tab	
157	Tab Isosorbidedinitrate 5mg Tab	
158	Tab of aspirin 75 mg + clopidogrel 75mg tablets	
159	Tab clopidogrel , 75 mg Tab	
160	Cap of capantohenagte 50 + B12 15 mcg + folic acid 1.5 mg + thiamine 10 mg ,riboflavine 10 mg + pyridoxine 3mg + niacinamide 100 mg + ascorbic acid 150 mg + biotin 100 mcg in each cap	
161	ZINC TAB	
162	Vit C	
163	Lacto Basillus Tab.	
166	Amlodipine 2.5 mg	
167	Amlodipine 5 mg	
168	Atenolol 50 mg	
169	TELMISARTAN IP 40 mg+ AMLODIPINE 5 mg Tablets 15's	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

170	ORS 21.8 GM/ satchet	
171	Frusemide 40 mg	
172	Telmisartan 40 mg	
173	Metformin 500 mg+	
174	Glymiperide 2 mg	
175	Metformin 500 mg+Glymiperide 1 mg	
176	Metformin 500 mg+Glymiperide 2 mg	
177	Atorvastatin 10 mg	
178	STAIRCOLD 3 TAB CHESTIMATE COLD TAB	
179	SALBUTAMOL 4 MG	
180	Tab.Deriphyllin -R 150	
181	COLD KIT (PCM125MG ,CETRIZINE HYDROCHLORIDE 2MG & PHENYLEPHRINE HYDROCHORIDE 5MG SUSPENSION	
182	COLD KIT (CHLORPHENIRAMINE MALEATE, PCM, PHENYLEPHRINE HCL SUSP	
183	BENZ JUNICP (DEXTROMETHROPHAN HBR, CHLORPHENIRAMINE MALEATE & PHENYLEPRINE HCL SYRUP	
184	ACUCET COLD(PCM, PHENYLEPHRINE HCL, & LEVOCETRIZINE DIHYDROCHLORIDE SUSPENSION	
185	Protein powder for MoMs and lactating women	
186	Pediasure	
187	Ofloxacin eye drop 0.3%wv	
188	EAR DROP COTRIMAZOLE & LINGOCAIN DROP	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

189	EYE DROP	
190	NASAL DROP	
191	SOFRACTO EYE DROP	
192	Moxifloxacin Eye Drop	
193	Ciprofloxacin 0.3% eye/ear drop 5 ml	

The Above list is tentative, however, while asking for the financial bid from the empaneled vendors, there might be any addition/deletion in the list.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure-5 - List of Medical Consumable

S NO.	NAME OF MEDICAL CONSUMABLE	Company
1	Spirit Swab	
2	Blood Sugar Kit	
3	HB meter- Strips	
4	Paper Adhesive Tape/Medigrip Tape	
6	Hand Wash	
7	Malaria kit	
8	Dengue Kit (Whole Blood with buffer)	
9	Typhoid Kit	
10	Spirit	
11	Face Mask	
12	Hand Gloves	
13	Sanitizer	
14	Cotton	
15	Bandage	
16	Urine Albumin	
17	Urine container	
18	Malaria kit	
19	Dengue Kit	
20	Typhoid Kit	
21	Alcohol Swab	
22	Blood Glucose Test Strips (50 Pcs)	
23	Cotton	
24	Face Mask	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

25	Hand Wash	
26	Hand Gloves	
27	HB Test Strips (50 Pcs)	
28	Lancet	
29	Paper Adhesive Tape	
30	Povidine Iodine Solution	
31	Pregnancy Test Kit	
32	Rolled Bandage	
33	Sanitizer	
34	Surgical Spirit	
35	Urine Test Strips	
36	Urine Sample Containers	
37	Waste Bag (Black)	
38	Waste Bag (Red)	
39	Waste Bag (Yellow)	
40	Guaze Roll/ Cotton Roller Bandage	

The Above list is tentative, however, while asking for the financial bid from the empaneled vendors, there might be any addition/deletion in the list.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure-6 - List of Medical Equipment

S NO.	NAME OF MEDICAL EQUIPMENT	Company
1	Stethoscope	
2	Blood pressure Machine (Digital)	
3	Digital Thermometer	
4	Weighing Machine for Adult(Digital)	
6	Weighing Machine for Child(Digital)	
7	Pulse oxymeter	
8	Glucometer (AccuSure)	
9	Niddle Destroyer	
10	Waste collection bins- Standard Size (Set of 03 color coded bins) (Yellow, Blue and Red)	
11	Garbage poly bags Standard Size (20-Yellow, 20-Blue and 20-Red)	
12	Semi Auto Analyser	
13	Incubator	
14	Microscope	
15	Centrifuge	
16	Gastro fiberscope	
17	Autoclaves	
18	Stretcher	
19	Pharmacy trays	
20	Auto Scope	
21	Centrifuge Machine (Electrical)	
22	Centrifuge Machine (Manual)	
23	Dissecting Forceps toothed 15 cms	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

24	Height Measurement	
25	Hemoglobin Meter (Manual)	
26	Intestinal Forceps 15 cms	
27	Kidney Tray SS (20 cm)	
28	Needle Cutter (Manually Operates)	
29	Stopwatch	
30	Test Tube Rack	
31	Tonometer	
32	Weighing Machines Adults	
33	Weighing Machines Baby	
34	BP Machine	
35	Thermometer	
36	Torch	
37	Magnifying glass	
38	Weighing Scale	
39	HB Meter	
40	Portable Oxygen Cannister With Cannual Mask	
41	Knee Hammer	
42	Ambu Bag-Adult	
43	HB Meter (Accusure)	
44	Sugar Machine (Accusure)	
45	Haemoglobin meter	
46	Portable Glucometer	
47	BP Apparatus (Manual)	
48	Measuring Tape	

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

49	Portable ECG	
50	Potable Glucometer	
51	Nebulizer	
52	SS bowl	
53	BP apparatus	
54	ENT and Eye Examination sets	
55	Hammer for neurological examination	
56	Needle destroyer	
57	Vaccine carrier	
58	Oxygen cylinder (small)with accessories B type	
59	Instrument tray	
60	Ambu bag with attachment	
61	Fixed Stadiometer	
62	linen and rubber sheet	
63	Vaginal speculum	

The Above list is tentative, however, while asking for the financial bid from the empaneled vendors, there might be any addition/deletion in the list.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure-7

Undertaking to be submitted by Bidder/Vendor/Tenderer
(On Rs.10/- stamp paper)

This has reference to the RFP dated In response to the RFP, we have submitted our technical bids on..... at your office
..... In connection with the above bids, we hereby declare as under:-

- i- That we are neither related to any of your Trustees, Officers and other employees nor do we have any financial, commercial or other interests with any of the above persons in any capacity whatsoever.
- ii- That we have submitted the bids in the name of M/S..... and declare that no other bids have been submitted by us in the name of any other firms/companies/proprietors/individuals which comes under the same management and related parties.
- iii- We undertake that:
 - a. All information furnish by us in respect of fulfilment of eligibility criteria and qualification information of the Bid is complete, correct and true.
 - b. All copy of documents, credentials and documents submitted along with this Bid and genuine, authentic, true and valid.
- iv- We undertakes that:-
 - a. We are not involved in any litigation that may have an impact of affecting or compromising the delivery of services as required under this assignment.
 - b. We are not blacklisted by any Central/ State Government/ agency of Central/ State Government of India/Public Sector Undertaking/ any Regulatory Authorities/ Multilateral Funding agency in India for any kind of fraudulent activities.
- v. We hereby undertakes that If any information and document submitted is found to be false/incorrect or we violate any declaration at any stage of contract, HLPPT has right to cancel my/our Bid and action as deemed fit may be taken against me/us, including termination of the contract, forfeiture of all dues and banning of our firm etc.
- v- We understand that HLPPT is not bound to accept any bid received against RFP and HLPPT has right to reject all or any bid without assigning any reason or giving any explanation whatsoever.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure-8
Authorization to sign documents
pertaining to bid submission against RFP no:
[To be given on agency/firm/company on Rs.10 stamp paper]

It is certified that we M/s having registered office at
.....
..... are submitting a bid proposal against RFP No. for empanelment for
.....

In this connection Mr./Ms..... working with our company as
..... has been authorized to sign bid proposal documents or any other documents related to this bid submission.

We, (name of company)..... are fully liable of the consequences arising by the act of signing bid documents by Mr./Ms.....

Signature

Name of Signatory

Designation

Seal of Agency/Company/Firm

Note: If agency is a company, certified copy of the extract of Company's Board Resolution to this effect shall be required.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax

Annexure - 9 - List of Project Locations

LIST OF POROJECT LOCATION		
Sr. No	State	District
1	Uttar Pradesh	Hardoi
		Noida
		Saharanpur
2	Bihar	Munger
		Barauni
		Barh
3	Haryana	Gurgaon
		Dharuhera
4	Rajasthan	Jaipur
5	Gujarat	Halol
		Kawas
		Bharuch
6	Uttarakhand	Haridwar
7	Andhra Pradesh	East godavri
		Rajamundry
		Allavaram
		Nagram
8	Odisha	Thelkoloi
		Sambalpur
		Ramagundam
		Paradip
		Angul
		Dhenkanal
		Pallahada
		Kendrapada

Name & Signature of Authorized Signatory

Name & Seal of the Firm/ Agency

Address:

Telephone/ Fax

		Kheonjhar
9	Assam	Dibrugarh
10	Maharashtra	Raigarh
11	Nagpur	Mouda
12	West Bengal	Durgapur
13	Telangana	Veltoor
14	Chhattisgarh	Bastar

The Above list is tentative, however, while asking for the financial bid from the empaneled vendors, there might be any addition/deletion in the list.

Name & Signature of Authorized Signatory
Name & Seal of the Firm/ Agency
Address:
Telephone/ Fax