



KERALA MEDICAL SERVICES CORPORATION LTD.,
(Dept. of Health & Family Welfare, Govt. of Kerala)
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File No: KMSCL/CPS-P/490/2022

Dated 06.07.2022

**Karunya Community Pharmacy (Purchase)
Division**

Notice Inviting Quotation (N.I.Q)

(Quotation No: QUOT-KMSCL/KCP/Q7/2022-23)

Online Quotations are invited for **per IU** rate for the supply of **Third Generation Recombinant Anti Hemophilic Factor VIII 250 IU/vial, 500 IU/vial, 1000 IU/vial, and 1500 IU/vial** as per the quantity mentioned in **Annexure-I** on behalf of Karunya Community Pharmacy, Kerala Medical Services Corporation Limited (KMSCL).

I. TERMS AND CONDITIONS

1. Prospective bidders are requested to submit the quotations along with PDF password protected PRICE BID through e-mail to kcqquotations@gmail.com up to 11.00 am, 14.07.2022. Offer received between 06.07.2022 to 14.07.2022 up to 11.00 am will be considered.
2. The quotation documents are published on the official website of KMSCL www.kmscl.kerala.gov.in. The price bid in PDF format protected with password shall be submitted along with quotation. The price bid of the prospective bidders whose offer meets with all technical specifications and who also submits all documents will only be considered. The password of the price bid will be sought through email only, if the offer meets all required credentials.
3. Quotation documents submitted in any other format shall not be considered. Incomplete or partially filled quotation documents shall also be not considered. The quotations received without price bid shall be rejected. If password of the price bid is not provided, then the offer will be rejected.

4. The quotationer should be the **direct manufacturer/direct importer / licensee** for the item(s) quoted.
5. The Manufacturer should hold **product permit** duly approved by the Licensing Authority for the products quoted.
6. The bidder should have at least **3 (three) years Market Standing** as a manufacturer / importer for each drug quoted in the tender.
7. **In case of imported drugs, bill of lading/sales invoices/** issued by the licensing authority to prove that the product is being imported/marketed by the bidder in last 3 years.
8. The Manufacturer should provide their **WHO-GMP** certificate / equivalent and the products to be supplied against this should be manufactured from that WHO GMP certified facility.
9. The bidder should hold valid Certificate of **Pharmaceutical Product (COPP)** issued by the Licensing Authority for the items quoted.
10. All the manufacturing facilities should have **GLP**, so that all batches of drug supplied with in-house QA report and the products supplied should have minimum shelf life of **70%** at the time of supply.
11. It is mandatory that all the stipulated documents shall be attached along with the quotation, failing which the offer will not be considered,
12. It shall be the responsibility of the bidder to replace the damaged items on supply to the Karunya Depots .If the supplier fails to replace the damaged items, value equivalent to the damaged shall be optimized from the payment.
13. The quoted basic price should be inclusive of all taxes and duties including GST, customs duty, packing, insurance, transportation till the location mentioned in the quotation. If GST is not mentioned in the stipulated column of price bid, it will be presumed that the rate offered is inclusive of GST. The price shall be quoted in the format attached (**Annexure-III**).
14. The bidder who meets all the technical specifications and submits all documents will be considered for price bid opening and lowest price rate offer will be declared as L1 bidder.
15. The materials shall be **delivered at Karunya Medicine Depot** of the Kerala Medical Service Corporation Limited located at various places in Kerala specified in purchase orders. Entire quantity of a purchase order has to be supplied within

- 20 days** and 25% of the order quantity has to be supplied within **7 days** from the date of receipt of the confirm supply orders.
- 16.** The items must be supplied as Door Delivery and will not be accepted against LR/RR.
 - 17.** The items quoted should be supplied in standard packing with **MRP masked** in primary, secondary and tertiary packing of all products, **but should be mentioned in invoice.**
 - 18.** Payment will be made within 60 days (**from the date of receipt of goods at Karunya – KMSCL Depots**) against invoice by RTGS only.
 - 19.** The quantity mentioned is only indicative. The quantity may either increase or decrease as per the actual requirement.
 - 20.** If the successful bidder fails to start the delivery within 5 days, after the stipulated period of delivery period, the supply order will be cancelled and issued to the next lowest bidder at the risk and cost of L1 bidder.
 - 21.** In case, the injections are slow moving, damaged or has quality issues reported, the same has to be taken back and be replaced with injections of long shelf life.

Thiruvananthapuram

06.07.2022

Sd/-

MANAGING DIRECTOR

Quotation Inviting Authority

ANNEXURE-I**List of items**

SI No	Drug Name	Strength	Unit	Required Quantity (in Vials)
1	Recombinant Anti Hemophilic Factor VIII	250 IU	Vial	600
2	Recombinant Anti Hemophilic Factor VIII	500 IU	Vial	600
3	Recombinant Anti Hemophilic Factor VIII	1000 IU	Vial	150
4	Recombinant Anti Hemophilic Factor VIII	1500 IU	Vial	100

Technical Specifications

General Conditions

The concentrates could be recombinant product.

- (1) Anti-Hemophilic Factor should be sterile, non-pyrogenic and in dried form.
- (2) Expiry date of the products should not be less than 75% shelf life.
- (3) High purity Factor VIII concentrates (recombinant) prescribed in BP/USP/EP is acceptable.
- (4) Diluent volume: should not exceed 5ml for 250 IU of Factor VIII
- (5) Must dissolve within 5 minutes with transparent appearance.
- (6) No precipitation or Suspended particulate matter, clear product at end of 5 minutes.
- (7) The volume of prescribed diluents should not exceed 5ml for 250 IU vials & concentration of the Factor VIII should exceed 100 IU/ml. after the injection is diluted with prescribed amount of diluents.

ANNEXURE-III

KERALA MEDICAL SERVICES CORPORATION LIMITED, THIRUVANANTHAPURAM

PRICE LIST

Sl. No.(1)	Name of the Drug and Strength (2)	Brand Name (3)	Manufacturer (4)	HSNITC Code (5)	GST % (6)	Unit (7)	Basic Price/ Per IU (8)	GST rate/ Per IU (9)	Total landing price incl.GST/ per IU (8 + 9)	
									In figure	In words
						Per IU				
						Per IU				
						Per IU				
						Per IU				

Signature

BID OFFER FORM

I/We M/s have examined and accepted the conditions of the Quotation No. QUOT-KMSCL/KCP/Q7/2022-23 dated 06.07.2022 hereby submit this offer for the supply of the following items conforming to the specification, shelf life and all other parameters mentioned in the Quotation Notice.

Sl No	Drug Name	Brand Name	Strength	Shelf life (in Months)	Unit	Name & Location of the Mfg unit	* Whether own Mfg/Loan Licencee /Imported.	Mfg/loan/Import License no: and Date	Date of issue of product approval
1									
2									
3									
4									
5									
6									
7									
8									

Place
Date

Signature

Signature

Name

Name

Designation

Designation