KERALA MEDICAL SERVICES CORPORATION LTD
(A Government Of Kerala Undertaking)
Thycaud.P.O., Thiruvananthapuram-14.
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CIN : U24233KL2007SGC021616
GSTIN: 32AADCK4029M1ZK

No: KMSCL/CPS-PUR/9325/2022 Dated: 30.07.2026

Karunya Procurement Division Division www.kmscl.kerala.gov.in

Notice Inviting Quotation (N.I.Q)
(Quotation No: QUOT-KMSCL/KCP/Q6/2026-27)

Online Quotations are invited for the supply of **Drugs** as per the quantity mentioned in **Annexure-I** on behalf of Karunya Community Pharmacy, Kerala Medical Services Corporation Limited (KMSCL).

Terms and Conditions

1. The bidder should submit the quotation for the products mentioned in the Annexure-I

2. Quotations shall be submitted through email in the prescribed format along with a password-protected PDF Price Bid **to qtnpurchas.kmscl@kerala.gov.in within 4 days from the date of publication of this notice.**

3. The price bid of only those bidders who satisfy all technical requirements and submit the required documents will be considered. The password for the price bid shall be requested through email after technical evaluation.

4. **Only readily available stock capable of immediate supply shall be considered. Suppliers shall clearly mention the available quantity and delivery timeline.**

5. Eligible bidders shall submit the following documents along with the quotation:

- Valid Manufacturing Licence /Product Permission.
- Valid GMP/QMS Certificate.
- GST Registration Certificate.
- Authorization letter from manufacturer (in case of dealers/agents).
- Undertaking for replacement of NSQ/complaint/damaged items.
- Non-conviction certificate and details of any previous blacklisting/debarment, if applicable.

6. The quoted rate shall be inclusive of all taxes, duties, packing, insurance, transportation, and GST up to the delivery location.

7. The procurement quantity may be split among multiple suppliers, if required, by matching the approved L1 rate to ensure uninterrupted availability.

8. **The successful supplier shall complete delivery within 7 days from the date of issue of Purchase Order. Failure to supply within the stipulated period shall result in cancellation of the undelivered quantity, and procurement may be arranged from the next eligible supplier.**

9. Supplies shall be made on door delivery basis to Karunya Medicine Depots/KMSCL locations as specified in the Purchase Order.

10. Medicines supplied shall have a minimum 60% remaining shelf life at the time of supply and shall be in standard

packing with MRP printed on primary, secondary, and tertiary packing wherever applicable.

11. Payment will be made within 90 days from the date of receipt of goods and invoice through RTGS.

12. The quantity indicated is provisional and may increase or decrease depending on actual requirements.

13. KMSCL reserves the right to accept or reject any quotation and the decision of KMSCL shall be final.

14. Direct manufacturers or authorized dealers can participate in the quotation.

15. If the product supplied is not in good quality, the consignment shall be summarily rejected.

Yours faithfully

Dr Arun P V
General Manager

ANNEXURE-I			
SL NO	Drug Name	Unit	Required Quantity
1	CLOPIDOGREL TAB IP , 75 MG	NUMBERS	8658380
2	LOSARTAN POTASSIUM TAB IP , 50mg	NUMBERS	13014110
3	LOSARTAN POTASSIUM TAB IP , 25 mg	NUMBERS	5364150
4	TELMISARTAN TAB IP , 40mg	NUMBERS	15917540
5	METFORMIN HCL SUSTAINED RELEASE TAB IP , 500 mg	NUMBERS	49559890
6	ACETYL SALICYLIC ACID TAB IP(GASTRO-RESISTANT) , 150 mg	NUMBERS	3022470
7	ACETYLSALICYLIC ACID TAB IP(GASTRO-RESISTANT) , 75mg	NUMBERS	5577740

ANNEXURE-II

KERALA MEDICAL SERVICES CORPORATION LIMITED, THIRUVANANTHAPURAM

PRICE LIST

Sl.No.(1)	Product Name (2)	Manufacturer (3)	HSNITC Code (4)	GST % (5)	MRP/Unit (6)	Unit (7)	Basic Price / Unit (8)	GST rate/Unit (9)	Total landing price inclu.GST/Unit (8+9)	
									In figure	In words

Signature

Karunya Community Pharmacy Services
KMSCL
Thiruvananthapuram-695014

ANNEXURE-III

BID OFFER FORM

I/We M/s..... Have examined and accepted the conditions of the Quotation No.QUOT-KMSCL/KCP/Q6/2026-27 dated 30.07.2026 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	Item 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
Name
Designation

Signature
Name
Designation