

TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF DRUGS AND MEDICAL CONSUMABLES FOR A PERIOD OF ONE YEAR.

Name of the District / Health Institution: CDM&PHO, Kalahandi
(HEALTH & FW DEPTT., GOVT OF ODISHA)

Bid Reference No. CDM&PHO/KLD/ 4344 /2026-27

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 02/07/2026 at 04:00 PM

DATE & TIME OF OPENING OF THE TENDER : 03/07/2026 at 05:00 PM

PLACE OF OPENING OF BID DOCUMENTS
AND
ADDRESS FOR COMMUNICATION
AND
RECEIPT OF BID DOCUMENTS

Chief District Medical & PHO,
O/o Chief District Medical & PHO, Kalahandi
Odisha, Pin - 766001

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Kalahandi
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Chief District Medical & PHO,
Kalahandi

**TERMS AND CONDITIONS FOR SUPPLY OF DRUGS AND MEDICAL CONSUMABLES
UNDER CDM&PHO, KALAHANDI FOR A PERIOD OF ONE YEAR.**

1. The bidders will download the tender from the District Web Site: <https://kalahandi.odisha.gov.in/> by Tender cost of Rs.5000/- (Rupees Five Thousand Only) and EMD Cost. Rs.50000/-(Rupees Fifty Thousand Only) in shape of Demand Draft in favour of the ADMO (Medical) Cum SMO Central Store, Kalahandi.
2. The tender paper will be rejected if the bidder changes any clause or Annexure of the bid documents downloaded from the website.
3. Sealed tenders will be received by date 02/07/2026 up to 04:00 PM by the CDM&PHO Kalahandi in the office of the CDM&PHO, Kalahandi for the purchase of Drugs and Medical Consumables. Any tender paper received after the due date and time will be rejected/returned to the sender unopened. The tender paper will be received through Speed Post/ Regd. Post Only. The Sealed tenders will be open on dated 03/07/2026 at 05.00 PM.
4. The CDM&PHO shall have no responsibility for any delay / Omission on part of the bidder and reserves the right to reject any or all the tenders without assigning any reason thereof.
5. The bidder(s) are to submit their tenders in separate sealed covered envelopes for Technical Bid and Price Bid by superscripting Cover 'A' (Technical Bid) and Cover 'B' (Price Bid) & both the sealed covers should be put into a third outer cover which should be superscripted as "Tender for Supply of Drugs & Medical consumables 2026-27" and Tender Reference No. CDM&PHO/ KLD/ 4344 /2026-27.
6. The sealed tenders will be opened by the CDM&PHO, Kalahandi in the office chamber CDM&PHO, Kalahandi on Dated 03/07/2026 at 05.00 PM .The tenderer or their duly authorized representatives are allowed to be present during the opening of the tenders if they so like.
7. The rate quoted by the bidder should be inclusive of all taxes (GST/ET/Frieght/insurance etc.).
8. Conditional tenders are liable to be rejected. All Disputes are subjected to Hon'ble Court of Bhawanipatna, Kalahandi, Odisha.
9. Bidders should submit the valid drug license/Challan Copy of renewal of Drug license photocopy (self attested) from the Drug Controller.
10. Tender will be submitted with Valid GMP Certificate/ ISO Certificate (if Available) .
11. If the successful bidder/ bidders fail to supply within the stipulated period i.e. 45 (forty from date of receipt of final proof from CDM&PHO, Kalahandi liquidated damage @0.5% the tender value per week of delay shall be deducted from the final payment. Maximum delay time acceptable is 8 weeks. Hence, the maximum liquidated damage shall be up to 4% of purchase order. If the bidder fails to supply within the maximum delay time his order stands cancelled automatically.

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12. The Authority will not make any advance payment to the organization. The organization will have to carry out the entire job on its own and the amount will be paid only after satisfactory completion of the job and submission of bill in that regards.
13. The cost towards the testing of sample will be borne by the successful bidder 2% of purchase order.
14. The supply of items shall be made immediately according to volume after placing the supply order in the office of the CDM&PHO, Kalahandi and supplier shall submit the bill for payment at the approved rate in respect to quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
15. In case of failure on the part of the approved supplier to supply of the above mentioned items as per supply order with stipulated period, the CDM&PHO, Kalahandi shall be at liberty to purchase above mentioned items from other sources and the approved supplier shall be liable to pay the excess amount which this office have to incur being the different of actual amount of purchase minus the amount as per approved rates and difference aforesaid shall be recoverable and adjustable against the security deposit amount.
16. Under no circumstances shall the organization appoint any sub contractor or sublease the contract. if it is found that the organization has violated these conditions the contract will be terminated forthwith without any notice and security deposited by the organization shall be forfeited.
17. Rates quoted against this tender notice shall remain valid up to 12 months after award of contract. No request of increase in rates, if any, will be allowed or entertained during this period.
18. Bidders should submit the photocopy of valid GST Certificate & PAN Card.
19. Receiving & Opening of Tender may be changed if required by the under Signed, it will be intimated.
20. The Firm will must be submitted the Experience Certificate at least Three Years for Supply at Drug & Medical Consumable to the Govt. or Non Govt. Health Facilities.
21. The Tender will purpose only for Approved Rate Contract, During Need or on Emergency the purchase order will be placed L1 Firm.
22. Bidders should not be changed the product list as per the Tender Sl. No.
23. Bidders should have Last Three year audit reports audited by any Chartered accountant and his turn over must be 100 Lakh or above in each Last Three financial year in Annexure - I.
24. Format for List of item(s) Quoted for Price Bid (Cover – B) (Annexure – II).
25. The Declaration form Annexure – III duly signed by the tenderer before Notary public / Executive Magistrate.

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Drug and Medical Consumables Tender List for CDM&PHO, Kalahandi for the Year 2026-27

Product List

SI No.	Name of the Items	Remarks
1	Acyclovir Eye Drop.	
2	Ammunia Solution	
3	Azelaic Acid Cream/Ointment	
4	Barium Sulphate Powder 500gm	
5	Benzocaine gel 20%	
6	Betamethasone Ear Drop	
7	Betamethasone Eye Oint.	
8	Cap. Atazanavir 300mg + Ritonavir 100mg	
9	Cap. Cefdinir 300 mg	
10	Cap. Cycloserine 125mg	
11	Cap. Deferiprone 250mg	
12	Cap. Ibrutinib 140mg	
13	Cap. Midostaurine 25mg	
14	Cap. Palbociclib 125mg	
15	Cap. Ribavirin (200mg)	
16	Cap. Rivastigmine 1.5mg	
17	Cap. Rivastigmine 6mg	
18	Cap. Tacrolimus 0.25mg	
19	Cap. Vit A 50000IU	
20	Cap. Vitamin E 200mg	
21	Catgut 4.5	
22	Chalizion Clamps (Small, Medium, Large size)	
23	Chloramaphenicol + Polymyxin - B Eye Drop	
24	Chloramaphenicol + Polymyxin - B Eye Oint	
25	Chloramphenicol Eye drop 5%w/v	
26	Clarithromycin for Oral Suspension 50mg/ml (Dry syrup)	
27	Clobazam Oral Suspension 2.5mg/ml	
28	Clotrimazole Vaginal Pessaries with applicator	
29	Clotrimoxazole Ear Drop	
30	Cotrimazole Ointment with Stirod	
31	Cyclosporine Oral Solution 100mg	
32	Diclofenac suppositories 25mg	
33	Diphtheria Anti-Toxin (DAT) 1000IU	
34	Drop Cefadroxil	
35	Drop Linezolid	
36	Drop. Pottasium Iodide + Calcium Chloride + Sodium Chloride	
37	Ear Drop Boro-spirit	
38	Fentanyl Patch 25mcg	
39	Fentanyl Patch 50mcg	
40	Fluorescence Strips	
41	Flora Strip	

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42	Fluorescein Sodium Eye Drop	
43	Gatifloxacin + Dexamethasone Lye drop	
44	Glucose 75gm	
45	Glycerine Suppository	
46	Glycopyrronium Inhalation Solution 25mcg	
47	Histidine Tryptophan Ketoglutarate fluid 1000ml	
48	Histidine Tryptophan Ketoglutarate fluid 500ml	
49	Human Coagulation FactorVIII (rDNA) 1000IU/Vial	
50	Inj. 5 Fluorouracil 250mg/ 5ml	
51	Inj. 5 Fluorouracil 500mg/ 5ml	
52	Inj. AmphotericinB 25mg/Vial	
53	Inj. Ampicilline + Cloxacine 250mg	
54	Inj. Ampicilline + Cloxacine 500mg	
55	Inj. Ampicilline 250mg	
56	Inj. Ampicillinsodium 100mg	
57	Inj. Anti-Thymocyte Globulin 250mg/5ml	
58	Inj. Basiliximab 20mg/ vial	
59	Inj. Benzathine Penicillin 06LU	
60	Inj. Benzathine Penicillin 12LU	
61	Inj. Biphasiclsophane Insulin 10ml/Vial	
62	Inj. Calcium Chloride 1gm	
63	Inj. Carfilzomib 60mg/Vial	
64	Inj. Cefoparazone with Sulbactum (500 gm)	
65	Inj. Ceftriaxone (125gm)	
66	Inj. CloxacillinSodium 250mg	
67	Inj. Codin Phosphate	
68	Inj. Decitabine 50mg/Vial	
69	Inj. Desferrioxamine 2gm/ Vial	
70	Inj. Dextran 40 Infusion	
71	Inj. Dimecaprol	
72	Inj. Diphtheria Toxoid + Tetanus Toxoid (adsorbed) for adults and adolescents	
73	Inj. Diphtheria Toxoid + Tetanus Toxoid (adsorbed) for Paediatric	
74	Inj. Emicizumab 30mg/Vial	
75	Inj. Enalapril 2.5mg	
76	Inj. Etanercept 50mg/ ml	
77	Inj. Etomidate 20mg/10ml	
78	Inj. FactorVII (Recombinant)	
79	inj. Fentanyl Citrate 500 mcg/Vial	
80	Inj. Frusemide 4ml	
81	Inj. Glucagon 1mg/ml	
82	Inj. Human Tetanus Immunoglobulin 250IU	
83	Inj. Human Tetanus Immunoglobulin 500IU	
84	Inj. Hydroxocobalamin 1mg/ml	
85	Inj. Iohexol IV contrast (for CT-Scan) 20ml	
86	Inj. Isobaric Bupivacine 0.5% (Plain)	

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87	Inj. Lacosamide 200mg/ 20ml	
88	Inj. Lignocaine IV 2%	
89	Inj. LignocaineHCl 2%	
90	Inj. Liraglutide 6mg/ml	
91	Inj. Medroxyprogesterone 150mg	
92	Inj. Medroxyprogesterone Acetate 150mg	
93	Inj. Methotrexate 15mg/ml	
94	Inj. Metrazine	
95	Inj. Morphine Sulphate 10mg/ml	
96	Inj. Olanzapine 10mg	
97	Inj. Ornidazole 100ml	
98	Inj. Pethidine Hydrochloride 100mg/2ml	
99	Inj. PorcineSurfactant (Poractant alfa) 80mg/ ml	
100	Inj. r-Anti-HumanThymocyte Immunoglobulin 250mg/ Vial	
101	Inj. Risperidone L.A 25mg/ml	
102	Inj. Sodium Nitrite 30mg/ml	
103	Inj. Sodium Nitroprusside 50mg/vial	
104	Inj. Sodium Thiosulphate 250mg/ml	
105	Inj. Streptomycin 750mg	
106	Inj. Terbutaline 1mg	
107	Inj. Testosterone Enanthate 250mcg/ml	
108	Inj. Tinidazole I.V 800mg/400ml	
109	Inj. Titanus Toxiol 5ml	
110	Inj. Triptorelin Controlled Release Injection 0.1mg/ml	
111	Inj. Vancomycin 250mg	
112	Inj. Vit A 100000	
113	Inj. Xylocain 4%	
114	Inj. Xylocain Heavy (Spinal)	
115	Inj. Zuclopenthixol Acetate 50mg/1ml	
116	Inj. Zuclopenthixol Decanoate 200mg/1ml	
117	Iohexol IV contrast (for X-ray) 50ml	
118	Itraconazole Oral solution 10mg/ml	
119	Lignocaine Topical 0.5%	
120	Liposomal Bupivacaine 133mg/10ml	
121	Liquid Ammonia	
122	Local Anesthesia Spray	
123	Lotepredmol Eye Ointment	
124	Lotion Terbinafine	
125	Itraconazol Eye Ointment	
126	MDT (Multi Drug Therapy) MB Adult	
127	MDT (Multi Drug Therapy) MB Child (10-14 years)	
128	MDT (Multi Drug Therapy) PB Adult	
129	MDT (Multi Drug Therapy) PB Child (10-14 years)	
130	Mesalazine Rectal Suspension 100ml	
131	Midazolam Nasal Spray	

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132	Naphazoline HCl 0.025% + Pheniramine Maleate Ophthalmic solution 0.3%	
133	Neomycine + Dexamethasone Eye Ointment	
134	Neomycine + Hydrocortisone Eye Ointment	
135	Ofloxacin Lidocain Ear Drop	
136	Ofloxacin + Dexamethasone Eye Ointment	
137	Oil Turpentine 100ml	
138	Oint Betamethasone 0.1%	
139	Oint. Amrolfine (30gm)	
140	Oint. Benzyl Benzoate	
141	Oint. Framycetin Sulphate	
142	Oint. Salicylic acid	
143	Oseltamivir Oral Susp. 15mg/ml	
144	Paracetamol Rectal Suppository 120mg	
145	Peripheral Nerve Stimulator	
146	Peritoneal Dialysis Solutions with Dextrose 4.5%	
147	Phenylephrine Hcl + Nephazolin + Menthol + Camphar + Chlorpheniramine Maleate Eye drop	
148	Pilocarpine Eye Drop	
149	Povidone Iodine Oint. 50gm	
150	Prilocaine 2.5% + Lignocaine 2.5% cream	
151	Progesteron vaginal pessary (Micronised) 100mg	
152	Progesteron vaginal pessary (Micronised) 200mg	
153	Salbutamol Sulphate Rotacap 200mcg	
154	Senna Powder	
155	Sodium Cromoglicate Eye Drop	
156	Strong Iodine Solution 100ml	
157	Suction Tip (Dental)	
158	Superior rectus holding suture	
159	Susp. Tinidazole 150mg/5 ml	
160	Susp. Quinine Sulphate 150mg	
161	Syp. Baclofen 5mg/ 5ml	
162	Syp. Beladure (100 ml)	
163	Syp. Carbamazepine 100mg/5ml	
164	Syp. Cefadroxil 125mg	
165	Syp. Chloroquin Phosphate	
166	Syp. Cotrimoxazole	
167	Syp. Diethylcarbamazine Citrate 50mg	
168	Syp. Isoflurane 250ml/Bottle	
169	Syp. Nitrofurantoin 25mg/5ml	
170	Syp. Ofloxacin+Ornidazole	
171	Syp. Phenobarbitone	
172	Syp. Primaquin Phosphate 2.5mg/5ml	
173	Syp. Primaquin Phosphate 7.5mg/5ml	
174	Syp. Risperidone 1mg/ml	
175	Syp. Sevoflurane 100ml/Bottle	

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176	Syp. Sodium Chromoglycate 2%	
177	Tab. Alprazolam 1mg	
178	Tab. Anti-Malaria ICombipack Infant less than 1 year	
179	Tab. Anti-Malarial Combipack (Adults 15year and above)	
180	Tab. Anti-Malarial Combipack Blister Pack 1 - 4 years (Artesunate 50mg) + Sulphadoxine and Pyrimethamine (500mg + 25mg)	
181	Tab. Anti-Malarial Combipack Blister Pack 5 - 8 years (Artesunate 100mg) + Sulphadoxine and Pyrimethamine (750mg + 37.5mg)	
182	Tab. Anti-Malarial Combipack Blister Pack 9 - 14 years (Artesunate 150mg) + Sulphadoxine and Pyrimethamine (500mg + 25mg)	
183	Tab. Anti-Malarial Combipack Blister Pack Adults 15 year (Artesunate 200mg) + Sulphadoxine and Pyrimethamine (750mg + 37.5mg)	
184	Tab. Anti-Malarial Combipack Blister Pack Infant less than 1 year (Artesunate 25mg) + Sulphadoxine and Pyrimethamine (250mg + 12.5mg)	
185	Tab. Asenapine 5mg	
186	Tab. Atomoxetine 25mg	
187	Tab. Azacitidine 300mg	
188	Tab. Betamethasone Valeate 1mg	
189	Tab. Blonancerine 4mg	
190	Tab. Bromocryptine 0.5mg	
191	Tab. Buprenorphine +Nalaxone 2 + 0.5mg	
192	Tab. Buprenorphine 2mg	
193	Tab. Bupropion	
194	Tab. Buspirone (10mg)	
195	Tab. Cariprazole (1.5mg)	
196	Tab. Chloroquine 250mg	
197	Tab. Chlorpromazine + Trihexyphenidyl 100+2mg	
198	Tab. Chlorthalidone 6.25mg	
199	Tab. Cholecalciferol 0.25mcg	
200	Tab. Cholecalciferol 2000IU	
201	Tab. Clofazimine 100mg	
202	Tab. Clofazimine 200mg	
203	Tab. Clofazimine 50mg	
204	Tab. Clomiphene Citrate 25mg	
205	Tab. Clomiphene Citrate 50mg	
206	Tab. Clomipramine (50mg)	
207	Tab. Clonazepam (0.25mg) + Propranolol (50mg).	
208	Tab. Codeine Phosphate 15mg	
209	Tab. Conjugated Estrogen 0.3mg	
210	Tab. Conjugated Estrogen 0.625mg	
211	Tab. Cotrimoxazole (160 mg + 800 mg)	
212	Tab. Cotrimoxazole (80 mg + 400 mg)	
213	Tab. Daclatasvir Di HCL (60mg)	
214	Tab. Declatasvir Di HCL (30mg)	
215	Tab. Deferasirox 250mg	

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216	Tab. Desmopressin 100mcg	
217	Tab. Diphenhydantoin 100mg	
218	Tab. Dolutegravir 10mg	
219	Tab. Domperidone 30mg	
220	Tab. Domperidone 4mg	
221	Tab. Dosulepin 25mg	
222	Tab. Dothiepin 25mg	
223	Tab. Entecavir (1mg)	
224	Tab. Ephedrine	
225	Tab. Estradiol 0.5mg	
226	Tab. Estradiol 1mg	
227	Tab. Ethambutol 100mg	
228	Tab. Ethambutol 200mg	
229	Tab. Ethambutol 400mg	
230	Tab. Ethambutol 800mg	
231	Tab. Ethamsylate 250mg(Aluminiumfoil/Blisterpack)	
232	Tab. EthinylEstradiol 20mg + Desogestrel 0.15mg	
233	Tab. EthinylEstradiol 30mg + Desogestrel 0.15mg	
234	Tab. Ethionamide 125mg	
235	Tab. Ethionamide 250mg	
236	Tab. Etizolam 0.25mg	
237	Tab. Everolimus 0.25mg	
238	Tab. FerrousSulphate+FolicAcid (Enteric Coated, Red Colour) (Aluminium foil/Blister pack)	
239	Tab. Flunarizine + Domperidone + Paracetamol	
240	Tab. Gabapentine 75mg	
241	Tab. Glycopyrolate 1mg	
242	Tab. Halazone for Solution 4mg	
243	Tab. Hydralizine 25mg	
244	Tab. Hydrochlorothidine	
245	Tab. Hydrocortisone 10mg	
246	Tab. Hyoscinebutylbromide 10mg	
247	Tab. Ibandronate Sod. 150mg	
248	Tab. INH (100mg)	
249	Tab. INH (300mg)	
250	Tab. INH50mg + Rifampicin 75mg	
251	Tab. INH50mg + Rifampicin 75mg + Pyrizinamide 150mg	
252	Tab. INH75mg + Rifampicin 150mg + Ethambutol 275mg	
253	Tab. INH75mg + Rifampicin 150mg + Pyrizinamide 400mg + Ethambutol 275mg	
254	Tab. Isoniazid 100mg	
255	Tab. Isoniazid 300mg	
256	Tab. Isosorbide (10mg)	
257	Tab. Isosorbide Dinitrate 20mg + Hydralazine 37.5mg	
258	Tab. Isosorbide Mononitrate 20mg	
259	Tab. Isoxsuprine 5mg	
260	Tab. Lamivudine 300mg + Abacavir 600mg	

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261	Tab. Lamivudine 30mg + Abacavir 60mg	
262	Tab. Lanoxin	
263	Tab. Levodopa 250mg + Carbidopa 25mg	
264	Tab. Lignocaine Lozenges 200mg	
265	Tab. Lonazepam	
266	Tab. Loxapine 10mg	
267	Tab. Loxapine 25mg	
268	Tab. Lurasidone (40mg)	
269	Tab. Mamentine 10mg	
270	Tab. Melphalan 2mg	
271	Tab. Melphalan 5mg	
272	Tab. Methyl Phenydate 10mg	
273	Tab. Methyl Phenydate 5mg	
274	Tab. Methylergometrine Maleate 0.125mg	
275	Tab. Metolazone 2.5mg	
276	Tab. Mexiletine 200mg	
277	Tab. Mifepristone 200mg	
278	Tab. Mifepristone 200mg + Misoprostol 200mcg	
279	Tab. Milnacepran 25mg	
280	Tab. Morphine (10mg)	
281	Tab. MorphineSulphateCR 30mg	
282	Tab. Moxifloxacin 100mg	
283	Tab. Moxonidine 0.3mg	
284	Tab. Nitrazepam 05 mg	
285	Tab. Nitrazepam 10mg	
286	Tab. Norethistron (10mg)	
287	Tab. Norfloxacin DT (100mg)	
288	Tab. Oxcarbazepine 500mg	
289	Tab. Paliperidone 3mg	
290	Tab. Paracetamol 650mg + Codeine 30mg	
291	Tab. Paroxetine 20mg	
292	Tab. Penicillin V 125mg	
293	Tab. Penicillin V 250mg	
294	Tab. Perampanel 2mg	
295	Tab. Perampanel 6mg	
296	Tab. Perampenal 4mg	
297	Tab. Phenobarbitone Sodium 30mg	
298	Tab. Phytomenadione 10mg	
299	Tab. Pirfenidone 400mg	
300	Tab. Primaquine (15 mg)	
301	Tab. Primaquine (2.5mg)	
302	Tab. Primidone 25mg	
303	Tab. Prochlorperazine 25mg	
304	Tab. Propyl Thiouracil 50mg	
305	Tab. Pyrazinamide 150mg	

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306	Tab. Pyrazinamide 400mg	
307	Tab. PyridostigmineBr. 180mg	
308	Tab. PyridostigmineBr. 60mg	
309	Tab. Pyridoxine 25mg	
310	Tab. Rasagiline 0.5mg	
311	Tab. Rifabutin 150mg	
312	Tab. Rifampicin 300mg	
313	Tab. Rifampicin DT 75mg	
314	Tab. Rifapentene 150mg	
315	Tab. Rifapentine 150mg & INH 150mg (Paed.)	
316	Tab. Rifapentine 300mg & INH 300mg (Adult)	
317	Tab. Riluzole 50mg	
318	Tab. Ropinirole 1mg	
319	Tab. Rucaparib 200mg	
320	Tab. Safinamide 50mg	
321	Tab. Sirolimus 0.5mg	
322	Tab. Sirolimus 1mg	
323	Tab. Sodium Dichloroisocyanurate (NADCC) 3.5mg	
324	Tab. Sofosbuvir (400mg)	
325	Tab. Sofosbuvir (400mg) + Daclatasvir Di HCL (60mg)	
326	Tab. Sofosbuvir + Velpatasvir 400/100mg	
327	Tab. Sorbitate (10gm)	
328	Tab. Sorbitate (5gm)	
329	Tab. Spironolactone 100mg	
330	Tab. Tenofovir alafenamide 25mg	
331	Tab. Tetrabenazine 25mg	
332	Tab. Thioridazine 50mg	
333	Tab. Tretinoin 10mg	
334	Tab. Vitamin C 100mg (Chewable)	
335	Tab. Zolpidem 5mg	
336	Terpentine Oil	
337	Timol-P Eye drop	
338	Vit.E Drop 50mg/ml	
339	Vitamin A Paed. Oral Solution 100000IU	
340	Vitamin A Solution 100000IU	

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CHECK LIST

(To be submitted in Cover "A" Technical Bid)

Note : The documents has to be arranged serially as per the order mentioned in the Check List

Please put \checkmark in the respective box

COVER – A (TECHNICAL BID) DOCUMENTS: SUBMITTED OR NOT

1. List of Item (s)	Page No.	Yes	No
2. Tender document Fee (Rs.5000.00)	Page No.	Yes	No
3. EMD Fees (Rs.50000.00)	Page No.	Yes	No
4. Declaration form signed by the Tenderer & affidavit before Notary Public / Executive Magistrate	Page No.	Yes	No
5. Experience during the last Three years (From Govt. organization or PSU if any, Order to be attached for related items)	Page No.	Yes	No
6. Copy of Valid GMP Certificate/ ISO Certificate of the Product (If Available)	Page No.	Yes	No
7. Photocopy of PAN	Page No.	Yes	No
8. Photocopy of GST clearance certificate	Page No.	Yes	No
9. Copy of original Tender and schedules, duly signed by the Tenderer No.	Page No.	Yes	No
10. Turn Over (100 Lakh or above) Per Year	Page No.	Yes	No
11. Valid Drug License / Challan Copy of renewal of Drug License Photocopy (Self attested)	Page No.	Yes	No

Signature of the Bidders

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ANNEXURE – I

(To be furnished in the **letter head** of the auditor / Chartered Accountant)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for Drug & Medical Consumables products of M/s Who is a manufacturing unit / Authorized unit for the lastyears are given below and certified that the statement is true and correct.

Sl No	Year	Turnover in Crores (Rs.)
1	2023-24	
2	2024-25	
3	2025-26	
Annual turnover (for the above three years) in Crores (Rs.).....		

Date:

Place:

Signature of the Auditor/ Chartered Accountant (Name in Capital)

Membership No.-

Registration No. of Firm

Note: To be issued in the **letter head** of the auditor / Chartered Accountant.

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ANNEXURE - II

LIST OF LIST OF ITEM(S) QUOTED FOR PRICE BID (COVER – B)

Sl. No	Name of the Item (s)	Unit Price Per Tab/ Cap./ Bot./ No.	GST	Total	Remarks

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Signature of the Bidders

ANNEXURE – III

DECLARATION FORM

I / We..... having My /
Our.....office
at..... do declare that I/We have
carefully read all the terms & conditions of tender of the..... Odisha
for the supply of Drug & Medical Consumables. The approved rate will remain valid for a period of one year from
the date of approval. I will abide with **all the terms & conditions** set forth in the **Tender Reference no.**

I/We do hereby declare I/We have not been de-recognized/black listed by any State Govt./ Union
Territory/ Govt. of India / Govt. Organization/Govt. Health Institutions for supply of Not of Standard Quality (NSQ)
items/non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and or Security
Deposit and blacklist me/us for a period of 5 years if, any information furnished by us proved to be false at the
time of inspection/verification and not complying with the Tender terms & conditions.

I/We further declare that I/We possess valid manufacturing license (s) bearing No. (s).....
Valid upto..... I /We..... do hereby declare that I/ we will supply
the..... as per the terms, conditions & specifications of the tender document.

Signature of the bidder

Seal

Date

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public.

Handwritten signature
11.8.16