

# TERMS, CONDITIONS & SPECIFICATION FOR SUPPLY OF VHND EQUIPMENT & INSTRUMENT 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/ 3073 /2026-27

LAST DATE & TIME OF RECEIPT OF BID DOCUMENTS : 31-07-26 at 4 PM

DATE & TIME OF OPENING OF THE TENDER : 31.07.26 at 5 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

Terms and Condition – Page No. 02 to 03  
List of Items with Specification – Page No. 04  
Check List – Page No. 05  
Annexures – Page No. 06 to 08

  
10/7/26

Chief District Medical & PHO,  
Kalahandi

**TERMS AND CONDITIONS FOR SUPPLY OF VHND EQUIPMENT & INSTRUMENT  
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.2000/- (Rupees Two Thousand Only) and EMD Cost. Rs.10000/-(Rupees Ten 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 31-07-2026 up to 04:00 PM by the CDM&PHO Kalahandi in the office of the CDM&PHO, Kalahandi for the purchase of VHND Equipment & Instrument. 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 31-07-2026 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 VHND Equipment & Instrument for the year 2026-27" and Tender Reference No. CDM&PHO/ KLD/ 3073 /2026-27.
6. The sealed tenders will be opened by the CDM&PHO, Kalahandi in the office chamber CDM&PHO, Kalahandi on Dated 31-07-2026 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 contact. 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 Equipment & Instrument 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 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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**VHND Equipment & Instrument Tender List with Specification**  
**for CDM&PHO, Kalahandi for the Year 2026-27**

| Product List |                   |                                          |
|--------------|-------------------|------------------------------------------|
| Sl No.       | Name of the Items | Specification                            |
| 1            | Infantometer      | Portable Infant length board (30-110 cm) |
| 2            | Fetal Doppler     | Handheld fetal heart sound device        |

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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 ☒ in the respective box

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

|                                                                                                                                 |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
|---------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------|------|--|-----|--|-----------------------------------------------|-----|--|----------------------------------------------|----|--|
| 1. List of Item (s)                                                                                                             | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 2. Tender document Fee (Rs.2000.00)                                                                                             | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 3. EMD Fees (Rs.10000.00)                                                                                                       | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 4. Declaration form signed<br>by the Tenderer & affidavit before<br>Notary Public / Executive Magistrate                        | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
| Page                                                                                                                            |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 5. Experience during the last Three years<br>(From Govt. organization or PSU if any,<br>Order to be attached for related items) | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 6. Copy of Valid GMP Certificate/ ISO Certificate<br>of the Product (If Available)                                              | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
| Page                                                                                                                            |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 7. Photocopy of PAN                                                                                                             | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 8. Photocopy of GST clearance certificate                                                                                       | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
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| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 9. Copy of original Tender and schedules, duly<br>signed by the Tenderer No.                                                    | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
| Page                                                                                                                            |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 10. Turn Over (100 Lakh or above) Last Three Year<br>(2023-24, 2024-25, 2025-26)                                                | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
| Page                                                                                                                            |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No.                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| Yes                                                                                                                             |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| No                                                                                                                              |                                                                              |      |  |     |  |                                               |     |  |                                              |    |  |
| 11. Valid Drug License / Challan Copy of renewal<br>of Drug License Photocopy (Self attested)                                   | <table><tr><td>Page</td><td></td></tr><tr><td>No.</td><td></td></tr></table> | Page |  | No. |  | <table><tr><td>Yes</td><td></td></tr></table> | Yes |  | <table><tr><td>No</td><td></td></tr></table> | No |  |
| 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 Equipment & Instrument products of M/s ..... Who is a manufacturing unit / Authorized unit for the last .....years 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 |                          |
| <b>Annual turnover</b> (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 No. | GST | Total | Remarks |
|--------|----------------------|--------------------|-----|-------|---------|
|        |                      |                    |     |       |         |
|        |                      |                    |     |       |         |
|        |                      |                    |     |       |         |

Signature of the Bidders

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### 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 Equipment & Instrument. 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.

17/12/17