

North Eastern Indira Gandhi Regional Institute of Health and Medical Sciences, Shillong
(An Autonomous Institute, Ministry of Health and Family Welfare, Government of India)
Director's Block, GPO Post Bag No.92, Mawdiangdiang, Shillong 793 018, Meghalaya

Store & Procurement:

Tele Fax: (0364) 2538032

F. No: NEIGR/S&P/O -03/2020 -2021

Email: storeneigrihms@gmail.com

Website: neigrihms.nic.in

Dated: 14/10/23

To,

Medicure Surgitech

Wahad House, Ground Floor, Ulubari, Guwahati-781007

Phone-967807479

Email-info@medicure@gmail.com

Sub: Awarding/Provisional letter of Intent /Award-Rate Contract for processing of Consumables, accessories, Implants, Devices, Screw Set, on case to case consignment basis, on rate contract for a period of three years, extendable upto 6 months or till the finalization of the next tender, whichever is later, for Department of orthopaedics.

Ref: Our Open Tender No: NEIGR/S&P/OT/E-05A/2022-23; Dated: 16/01/2023 and your offer in response to our tender.


Sir,

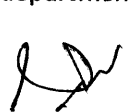
1. With reference to your bid and in accordance with the terms, conditions of the tender document and this letter of intent, the Institute is pleased to offer a rate contract for Implants/ Consumables for Orthopaedics Department w.e.f. 01st October, 2023, for the items and cost listed at Annexure "A".
2. The tendered rates and the validity of bids shall be for a period of Three year from the date of Award, extendable up to 6 months, or till the finalization of next tender, whichever is later. It may be made clear that the said contract period may be extended on the option of the Director, NEIGRIHMS, if situation warrants till the finalization of the next tender, subject to satisfactory performance; However, the Institute reserves the right to terminate the contract with one month notice.
3. The Accepting officer reserves the right to have second inspection/enquiry which would be nominated by Director of the Institute, and have the right to take necessary action, if found not conforming to the terms and conditions of the contract though the report of the earlier inspection has been accepted by the normal inspection authority.
4. On insistence, the vendor/contractor, the supplier should be in a position to submit quality assurance certificate from the competent authority. Stores will be accepted subject verification and Inspection by the competent authority / inspecting agency at NEIGRIHMS, Shillong.
5. The terms and conditions of the tender and the agreement executed will be binding on the vendor. This offer is being issued in accordance with the terms & conditions of NEIGRIHMS / Government of India and in the manner specified herein shall operate to create a specific contract between the vendors (with whom the contract referred to) on one part and NEIGRIHMS, Shillong, on the other part.
6. The stores need to be provided will be as per the desired specification, as per WHO GMP/BIS/DCGI standards, as applicable to each category, within time schedule prescribed by the Department/concerned faculty.
7. In the event of failure on the part of the vendor to provide adequate service /delay in supply, then, necessary action will be taken by the management of NEIGRIHMS. If there is any complaint against the vendor, the vendor shall be afforded an opportunity to furnish explanation within 7 (seven) days. If the explanation is not satisfactory, the appropriate authority reserve the right to terminate /discontinue the contract and take suitable action deemed fit in the interest of the Institute.

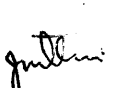
फार्मास्यूटिकल केमिस्ट
Pharmaceutical Chemist
अधीनस्थ फार्मास्यूटिकल केमिस्ट
Independent Pharmacist
- शिल्लोन्ग 18
- Shillong 18

UBC Store Accounting
Central Store NEIGRIHMS

8. The agency shall undertake to sign the contract agreement within 15 (fifteen) days from the date of issue of the letter of acceptance/Intent. However, successful bidder shall execute an agreement on non – judicial stamp paper of value of Rs. 100/- (stamp duty to be paid by the bidder).
9. Provision of samples for inspection/second inspection, shall be provided by the supplier/vendor/contractor within the cost indicated.
10. In case of decrease in rate, supplies should be in accordance with the decreased rates. Vendors are required to certify that rates have not reduced during the period of supply.
11. No work will be allotted to Non-tribal bidder, contractors, Suppliers, stockist, bonded warehouse, private carriage contractors, cooperative societies etc except under a valid trading license issued by the Khasi Hills Autonomous District Council, Shillong.
12. In case of Stores with life:
 - a. Stock should be supplied to this Institute from the latest batch and such stock should have a minimum life period of two years, depending upon the normal potency prescribed thereof.
 - b. In the event of such stores not being utilized within their life period, the bidder shall replace the unutilized unexpended stocks by fresh stock without any extra cost.
13. The stores should be supplied to the Institute based on the functional requirements of the user department and in compliance to the desired specifications, quality and quantity.
14. The responsive vendor has to provide the details vendor/supplier address, contact no of the authorized representative to be contacted along with awarded stores with cost, warranty, service to be provided etc to the respective deptt/institute.
15. The Invoice will be submitted in quadruplicate to store along with the challan/e-remittance copy duly countersigned by the user department for processing of the Bills of the vendor.
16. The stores as detailed however modification by the authority from time to time shall include Consumables, accessories, Implants, Devices, Screw Set etc "on consignment basis".
17. Department shall raise demands /indents on quarterly basis for above stores for being included in the open e-tender rate contract/ GeM, for being conveyed to the vendor.
18. The "hospital user charges" for the services, procedure shall be remitted to the respective payment counter/MRD, prior to the commencement of the service /procedure, receipt/ e-receipt shall be verified by the Nursing Officer / senior most technicians on duty and concerned Faculty. Copy of the financial record shall be retained in the respective departmental and MRD records.
19. The cost of consumables, accessories, implantable devices etc "on consignment basis" shall be recovered on case to case basis, as per notified prevailing rates through open e-tender rate contract/GeM, which shall be available with the department, MRD, Hospital administration and the Institute's website.
20. The cost of consumables, accessories, implantable devices etc "on consignment basis" shall be remitted by the beneficiary to the Bank of Baroda, Mawdiangdiang (S/B-Accountno. 30270100005127, IFSC code: BARBOMAWDIA, Name: NEIGRIHMS Hospital Revolving Fund") by challan or RTGS, prior to the commencement of the procedure. Receipt/E-receipt shall be verified by the Nursing Officer/senior most Technicians on duty and concerned Faculty. The challans under "NEIGRIHMS Hospital Revolving Fund" shall be available with the stores, user department and on the website of the Institute. The same can be deposited with the consent of user department / stores to Bank of Baroda, NEIGRIHMS campus branch by challan or RTGS. Copy of the receipt/ e-receipt of financial transaction shall be retained in the respective department and copy forwarded by the department to Central Medical stores/MRD along with bill by the vendors.


 फार्मास्यूटिकल कमिस्ट
 Pharmacologist (Chemist)
 निदेशक फार्मास्यूटिकल
 Assistant Pharmacist
 कातावा 18
 कातावा 13


 Store Accountant
 Central Store NEIGRIHMS


 User Department

with the consent of user department / stores to Bank of Baroda, NEIGRIHMS campus branch by challan or RTGS. Copy of the receipt/ e-receipt of financial transaction shall be retained in the respective department and copy forwarded by the department to Central Medical stores/MRD along with bill by the vendors.

21. The vendor should maintain a log book of stores, assistive devices, instrumentation set, service details, equipment etc provided to the department by the rate contacted vendor in order to fulfill the medical procedures as may be required/ certified by the Head of department/ Faculty In charge. All details in regard to the vendor/ supplier name, address, contact no, stores provided with cost, warranty period, services provided, repair and maintenance requirement should be clearly recorded.
22. In the process of replenishment of stores on consignment basis and processing of bills of vendors the Pharmacist/Superintendent Pharmacist, Central Medical Stores shall verify receipt /E-receipt /Challan, the procedure /services performed in the respective department, cost of stores utilized from the "consignment basis/buffer stock" as per record and the inventory of the user department shall be processed for replenishment as per notified prevailing rates through open e-tender rate contract/ GeM, with certification of the concerned Faculty In charge and MS/DMS. The vendor shall ensure receipt of stores of the quantity required as per order/specifications, based on usage. Vendor will take necessary steps to replenish stocks well in time to avoid any difficulty in supply on account of any item going out of stock.
23. Settlement of disputes – If there is any dispute or differences, the same may be referred to Director, NEIGRIHMS. Director, NEIGRIHMS or his authorized representative shall be the final authority in all disputes and decision taken by the authority will be binding on all concerned. The vendor hereby indemnify that they have no objection to settle the dispute, if any, by the Director, NEIGRIHMS or his authorized representative, being the employee of the Institute.
24. The onsite Technical Support as desired by the user department should be provided by the respective bidder.
25. It is hereby agreed that all Terms & Conditions are as per Tender Enquiry No: NEIGR/S&P/OT/E-05A/2022-23; Dated: 16/01/2023 forms part of this agreement.

Yours faithfully,

Store & Procurement Officer,
NEIGRIHMS, Shillong

Copy forwarded for information and necessary action please:

1. Department of Orthopaedics
2. MS/DMS
3. Sr. Accounts Officer/ Accounts Officer/Assistant Accounts Officer
4. MRD/MSW/Billing Section
5. Relevant file
6. Institute website

Encl ① 44 sheet

Store & Procurement Officer
NEIGRIHMS Shillong

① Mr Sanchez / Mr Kaulang
website upload

② Mr B D Douthett / All
a sheet for Tech Orthopedics

③ Supdt Procurement response /
Faculty
26 HRP

④ DOA / DCA / AO -
Meehan
Jullian

DDC Store Accounting
Central Store NEIGRIHMS

Superintendent Pharmacist
NEIGRIHMS, Shillong

Itemize Comparative Statement
Tender Title: Processing of Orthopaedics Consumables, Accessories, Implants, Devices, Sutures Set, on consignment basis
Tender ID: 2023_NEA_70524_1

Sl. No.	Short Name	Description of Item(s) Required	Item Code	Units	Brand/Qty	Estimated Value	Supplier Name	Price without Tax	Tax @ 18%	Total Price	Est. Price	Unit Price
1	BoC1	Femoral Component (Right L. & R.)	Item1	Each	1.00	0.00	MEDICURE SURGITECH	23282.00	1164.10	24446.10	L1	NIL
2	BoC1	Tibial Component (Right L. & R.)	Item2	Each	1.00	0.00	MEDICURE SURGITECH	14850.00	732.50	15582.50	L1	NIL
3	BoC1	Tibial Inserts	Item3	Each	1.00	0.00	MEDICURE SURGITECH	9657.00	482.85	10139.85	L1	NIL
638	BoC1	Bone Cement with high viscosity, 20g	Item639	Each	1.00	0.00	MEDICURE SURGITECH	2714.00	103.52	2817.52	L1	NIL
643	BoC1	Bone Cement with Gentamycin, high viscosity 20g	Item645	Each	1.00	0.00	MEDICURE SURGITECH	2714.00	135.70	2849.70	L1	NIL
646	BoC1	Bone Cement with Gentamycin, high viscosity 40g	Item648	Each	1.00	0.00	MEDICURE SURGITECH	2714.00	135.70	2849.70	L1	NIL
647	BoC1	Re-usable Cement Gun Set (Autoclavable)	Item649	Each	1.00	0.00	MEDICURE SURGITECH	15500.00	1860.00	17360.00	L1	NIL

[Signature]
फार्मास्यूटिकल केमिस्ट
Pharmaceutical Chemist
अधीक्षक फार्मास्यूटिकल
Superintendent Pharmacist
शिलांग, शिलांग 1818
NEIGRIHMS, Shillong

[Signature]
UDC Store Accountant
Central Store NEIGRIHMS

[Signature]
14/08/23
14/08/23

NEIGRIHMS::SHILLONG -793018 NEIGRIHMS HOSPITAL REVOLVING FUND S/B Account No: 30270100005127 Bank of Baroda, Mawdiangdiang, Shillong IFSC Code No: BARBOMAMWIDIA BANK COPY		
Challan No:	Dated:	
Name:		
C.R. No:	I.P. No:	
Department:		
Consultant:		
Description of Items	Unit	Amount (Rs)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
Amount (in figures):		
Amount (in words):		
Bank Name & Branch in which Amount deposited:		
Bank Transaction ID No: (For Bank use only)		
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature and Acceptance of the Patient Party)	

NEIGRIHMS::SHILLONG -793018 NEIGRIHMS HOSPITAL REVOLVING FUND S/B Account No: 30270100005127 Bank of Baroda, Mawdiangdiang, Shillong IFSC Code No: BARBOMAMWIDIA REGISTERED PATIENT COPY		
Challan No:	Dated:	
Name:		
C.R. No:	I.P. No:	
Department:		
Consultant:		
Description of Items	Unit	Amount (Rs)
1		
2		
3		
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9		
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12		
Amount (in figures):		
Amount (in words):		
Bank Name & Branch in which Amount deposited:		
Bank Transaction ID No: (For Bank use only)		
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature and Acceptance of the Patient Party)	

NEIGRIHMS::SHILLONG -793018 NEIGRIHMS HOSPITAL REVOLVING FUND S/B Account No: 30270100005127 Bank of Baroda, Mawdiangdiang, Shillong IFSC Code No: BARBOMAMWIDIA INCHARGE PHARMACY COPY		
Challan No:	Dated:	
Name:		
C.R. No:	I.P. No:	
Department:		
Consultant:		
Description of Items	Unit	Amount (Rs)
1		
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6		
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8		
9		
10		
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12		
Amount (in figures):		
Amount (in words):		
Bank Name & Branch in which Amount deposited:		
Bank Transaction ID No: (For Bank use only)		
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature and Acceptance of the Patient Party)	

NEIGRIHMS::SHILLONG -793018 NEIGRIHMS HOSPITAL REVOLVING FUND S/B Account No: 30270100005127 Bank of Baroda, Mawdiangdiang, Shillong IFSC Code No: BARBOMAMWIDIA ACCOUNTS COPY		
Challan No:	Dated:	
Name:		
C.R. No:	I.P. No:	
Department:		
Consultant:		
Description of Items	Unit	Amount (Rs)
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10		
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12		
Amount (in figures):		
Amount (in words):		
Bank Name & Branch in which Amount deposited:		
Bank Transaction ID No: (For Bank use only)		
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature and Acceptance of the Patient Party)	

NEIGRIHMS::SHILLONG -793018 NEIGRIHMS HOSPITAL REVOLVING FUND S/B Account No: 30270100005127 Bank of Baroda, Mawdiangdiang, Shillong IFSC Code No: BARBOMAMWIDIA USER DEPARTMENT COPY		
Challan No:	Dated:	
Name:		
C.R. No:	I.P. No:	
Department:		
Consultant:		
Description of Items	Unit	Amount (Rs)
1		
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12		
Amount (in figures):		
Amount (in words):		
Bank Name & Branch in which Amount deposited:		
Bank Transaction ID No: (For Bank use only)		
Bank Seal and Signature of Authorized Bank Officer receiving the Amount	(Signature and Acceptance of the Patient Party)	