

भारत सरकार
स्वास्थ्य एवं परिवार कल्याण मंत्रालय
स्वास्थ्य) सेवा महानिदेशालय
केन्द्रीय औषध मानक नियंत्रण संगठन
केन्द्रीय औषधि परीक्षण प्रयोगशाला
क्षेत्रीय अन्न व औषध प्रशासन भवन, जी.एम.एस.डी कंपाउंड,
बेलासीस रोड, मुंबई सेन्ट्रल, मुंबई ४००००८.
दूरभाष : ०२२२३००२३०९- / ०२२२१३८ २३००-
फैक्स : ०२२२३०९९२४०.



Government of India
Ministry of Health and Family Welfare
(Directorate General of Health Services)
Central Drugs Standard Control Organisation
Central Drugs Testing Laboratory
Zonal FDA Bhawan, GMSD Compound,
Bellasis Road, Mumbai Central, Mumbai - 400 008.
Tel : 022-2300 2309 / 2300 2138.
Fax : 022-2309 9240.
Email : cdtlmumbai@cdsco.nic.in

ईमेल - : cdtlmumbai@cdsco.nic.in

Accredited By: NABL (ISO/IEC-17025:2005 in Chemical & Biological Testing)
Certified For: IMS (ISO - 9001:2008; ISO - 14001:2004; OHSAS - 18001:2007)

No. 1(31)/CDTL-MUM/17-18/2110

Date: 24/7/17

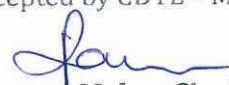
Tender Notice

Subject : - Tender Rate Contract for Supply of BET Kit in CDTL - Mumbai.

Sealed Tender Rate Contract are invited from reputed interested manufacturing firm (s) / authorized distributors of **BET Kit** who have been rendering / undertaking the specified work in the field.

Sr. No.	Item Name	Specification
1.	BET Kit	1-Lysate sensitivity 0.125 λ , 0.06 λ , 0.03 λ 2-Matched CSE 3-LAL Reagent water 100ml, 500ml, 30ml 4-Pyrogen free tubes 13 x 75 mm/ or 12 x 75 mm, 10 x 75 mm 5-Pyrogen free pipettes 5ml, 1ml, 10ml

- The tenders should be submitted in sealed covers: -
 - Superscribed as Tender for **Rate Contract for Supply of BET Kit** should contain the following items: -
 - The Performa at **Annexure-II**, duly filled in, along with relevant documents/ information.
 - Acceptance of terms & conditions as at **Annexure - I**.
 - Financial Bid at **Annexure-III**.
 - Tender should be addressed to The Director **Central Drugs Testing Laboratory, Zonal FDA Bhawan, GMSD Compound, Bellasis Road, Mumbai Central, Mumbai - 400 008** & should reach this office by 4.30 pm. On 05.08.2017.
- Quotation received after stipulated time & date will be rejected forthwith.
- The competent authority in the CDTL - Mumbai reserves the right to amend any of the term & conditions in the tender document or reject any or all application (offers) without giving any notice or assigning any reason thereof. The decision of competent authority in this regard will be final & binding.
- All the tenderers are requested to read & understand the terms & conditions of the contract as detailed in the Annexure - I before sending their quotations, as no change or violation of the aforesaid terms & conditions are permissible once the quotation is accepted by CDTL - Mumbai.


Dr. Raman Mohan Singh
Director
CDTL-Mumbai

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Annexure - I

Terms & Conditions

1. Necessary technical literature & catalogue should be forwarded along with Tender document.
2. Rates quoted '**Rate Contract for Supply of BET Kit**' should be inclusive of supply / freight etc. And no extra payment will be made for supply of above items.
3. Only manufacturing firms / authorized distributors are eligible to participate. While submitting the Tenders, the tendering firm shall have to furnish the proof of PAN No., Service Tax No., Sales Tax No., etc. as per Annexure - II
4. The tender received after due date & time or incomplete in any respect shall be summarily rejected.
5. No Advance payment would be made. Payment will be made only after satisfactory supply.
6. The supply '**Rate Contract for Supply of BET Kit**' would be made within a 3 - 4 week from the date of receipt of the supply order, or else penalty shall be levied as per Government rules.
7. Over - writing on the quotations must be avoided. Otherwise the quotations are likely to be rejected. The CDTL - Mumbai reserves the right to accept or reject any tender, in whole or in part thereof without assigning / specifying any reason (s) thereof and the decision of the competent authority in the CDTL - Mumbai shall be final and binding on the contractor firm.
8. All the participating firms may ensure that the **Material** is of only Genuine quality and if at any stage it is found that the item supplied is of sub - standard quality / inferior quality, the cost of the item will be recovered from the supplier.
9. Tenders received after the stipulated time and date will not be accepted / considered.
10. Any dispute arising in the matter shall be resolved through an arbitrator to be nominated by the competent authority in CDTL - Mumbai.
11. The contract shall be subject to Indian Laws & jurisdiction of the court located in Mumbai.
12. The Material should be of latest fresh batch.
13. The rates quoted shall be valid for 1 year.

Annexure - II

PROFORMA

Sr. No.	Particulars	To be filled by the Tenderer
1.	Name of the agency	
2.	Whether brief profile of the agency is enclosed	
3.	Detailed Office Address of the agency with office telephone No. e-mail address, Fax No., Mobile No., & Name / Designation of the Contract Person.	
4.	Whether registered with all concerned Govt. Authorities (Register of companies, Commissioner Employees etc.) (Copies of all certificates of Registration should be attached)	
5.	PAN Number (copies to be enclosed)	
6.	TIN Number Registration No. (Copy to be enclosed)	
7.	Service Tax Registration No. (Copy to be enclosed)	
8.	Whether copies of income Tax return for last 2 years attached	
9.	Whether a copy of terms & conditions - Annexure - I duly signed as token of acceptance of the same is attached	
10.	Whether the firm is blacklisted by any Government Department or any criminal case is registered against the firm or its owner / partners anywhere in India (if no, an undertaking to this effect is attached in this regard.)	

(Signature of the authorized person)

Date :

Name:

Place :

Designation:

Seal:

Annexure - III

FINANCIAL BID FOR RATE CONTRACT FOR SUPPLY OF BET KIT IN Central Drugs Testing Laboratory., Zonal FDA Bhawan, GMSD Compound, Bellasis Road, Mumbai Central, Mumbai - 400 008.

With reference to CDTL - Mumbai letter No. : _____ dated _____

Regarding tender for supply of _____, I /we quote the rate, inclusive of supply / freight etc. as under : -

Sr. No.	Item Name / Spl. Specify	% Discount on Price List / Rate
1.	BET Kit	
2.	Taxes, if any	

(Signature of the authorized person)

Date :

Name :

Place :

Designation :

Seal :