BBQR OF MEDICINES

1. Quoted manufacturer should have WHO/GMP Certificate.

2. Should have valid Drug Manufacturing Licence No

3. Should have Marketing Manufacturing Certificate (MMC) if drug manufactured in India.

4. The sellers are submit notarized undertaking as per format attached.

5. Annual Turnover certificate more than Rs. 20.00 Crore per year (for the last 3 Year) of the manufacturer/firm quoted , certified by CA or VAT Form 21/22.

6. **OEM CERTIFICATE**:- A scanned copy of valid authorised letter of OEM or authorised marketing agent (if any) on letter head addressed to Commandant, Command Hospital (WC) Chandimandir uploaded in PDF. Authorised signatory should mention name, contact number & E-mail.

7. Certificate of acceptance of terms & conditions of GeM on firm's letterhead. Undertaking that firm has not been blacklisted and undertaking for recovery of cost of entire quantity ordered ad acceptance of punitive action as per existing DGQA policy in case of item is declared toxic/defective

8. Compliance statement including item wise manufacturing company quoted for and if authorization for the same attached, **(as per appx B)**. The compliance statement should be in proper format stating all the requisite details, or else the entire bid will be rejected.

9. Valid PAN/TIN/GST/VAT registration certificate.

10. Primary package - tablets to be packed in strip/blister as applicable.

Dated: 08 Aug 2024

(Bishnu Raj)
Lt Col
OIC MSPC

COUNTERSIGNED

(Mathews Jacob)
Maj Gen
Commandant
Command Hospital (WC)
Chandimandir

Appx 'B'

COMPLIANCE CERTIFICATE

Sr No	Details					
1	Name of the firm and the address with telephone number: (As given in Drug License)					
2	Drug License No. in form 25 & 28 OR Import License No.					
Item Sr No and Name	Manufacturer of the item offered	Compliance to RFP specification. Whether Yes/No	In case of non-compliance deviation from RFP to be specified in unambiguous terms	Specifications IP/BP/USFDA/CE	Whether you are the authorized distributors of the quoted firm? YES/ No	Is the manufacturer as per DPM 2009? i.e Has the the Complied with the Compliance sheet as per Appx 'G'

I, the understand do solemnly affirm: -

(a) That I am the proprietor/partner/agent/of M/S_____

(b) That the rates quoted for the items are either at per or lower than that as quoted by the firm to any other Hospital and Institution.

(c) Rates are lower than MRP of items.

(d) There will be been no failure in delivery, compliance or quality of Drug (s)supplied.

Authorized Signatory

Place:

Name:

Date: