

**ALL INDIA INSTITUTE OF MEDICAL SCIENCES,**  
Hospital Store, 1st Floor, Near Blood Bank (Main), AIIMS  
**ANSARI NAGAR, NEW DELHI-110 029, INDIA.**

## **LIMITED TENDER ENQUIRY DOCUMENT**



**(Two Bid System for Drugs/Medicines)**

**Advertised Limited Tender Enquiry No. :**

4/H/ Myozyme /2021-22

**Brief Description of Drug/Medicine as under:-**

Sr. No	Name of Drugs/ Medicines	Quantity Required
1	Inj. Myozyme (Alglucosidase Aipha)	101 Vials

## SECTION-I



**ALL INDIA INSTITUTE OF MEDICAL SCIENCES**

**ANSARI NAGAR, NEW DELHI-110 029**

**NOTICE INVITING TENDERS (NIT)**

Advertised Limited Tender Enquiry No: **4/H/ Myozyme /2021-22**  
On behalf of Medical Superintendent, AIIMS, Ansari Nagar, New Delhi-110 029, online bids are invited in two bid system (Techno-Commercial Bid and Financial Bid) from reputed, eligible and qualified firms/manufacturer for supply of following Goods:

Sr. No	Name of Drugs/ Medicines	Quantity Required
1	<b>Inj. Myozyme (Alglucosidase Aipha)</b>	<b>101 Vials</b>

### CRITICAL DATE SHEET

<b>Published Date</b>	<b>28-06-2021</b>
<b>Pre Bid Meeting</b>	<b>NA</b>
<b>Bid Submission End Date &amp; Time</b>	<b>12-07-2021 (Monday) at 12.00 PM</b>
<b>Bid Opening Date &amp; Time</b>	<b>13-07-2021 (Tuesday) at 12.00 PM</b>

**SECTION - III  
PRICE SCHEDULE**

Sr. No.	Name of the item	Schedule No.	Item No.	Pack Size	HSN Code	Basis rate per unit (Per tab/cap./inj./tube /bottle/vial etc.)	GST in %	Nett Rate
1.								
2.								
3.								
4.								
5.								
6.								
7.								

**SECTION - IV**

**BANK GUARANTEE FORM SECURITY**

WHEREAS \_\_\_\_\_ (Name and address of the Supplier) (Hereinafter called "the Supplier")

has undertaken, in pursuance of limited tender No. \_\_\_\_\_ dated \_\_\_\_\_ valid from \_\_\_\_\_ to \_\_\_\_\_ for supply

\_\_\_\_\_ (insert description of goods)  
(Hereinafter called "the Contract"),

To AIIMS, Ansari Nagar, New Delhi-110 029  
(Hereinafter called "the Purchaser")

AND WHEREAS it has been stipulated by you in the said Ltd Tender that the supplier shall furnish you with a bank guarantee Rs.5000/- by a scheduled commercial bank recognized by you for the sum specified therein as security for compliance with its obligations in accordance with the contract;

AND WHEREAS we have agreed to give the supplier such a bank guarantee;

NOW THEREFORE we hereby affirm that we are guarantors and responsible to you, on behalf of the supplier, up to a total of

\_\_\_\_\_ (insert Amount of the Performance Security in words and figures), and we undertake to pay you, upon your first written demand declaring the supplier to be in default under the contract and without cavil or argument, any sum or sums within the limits of (amount of guarantee) as aforesaid, without your needing to prove or to show grounds or reasons for your demand or the sum specified therein.

We hereby waive the necessity of your demanding the said debt from the supplier before presenting us with the demand.

We further agree that no change or addition to or other modification of the terms of the contract to be performed there under or of any of the contract documents which may be made between you and the supplier shall in any way release us from any liability under this guarantee and we hereby waive notice of any such change, addition or modification.

This guarantee will remain in force upto full & final supply & payment against purchase order and Warranty Period (if applicable) plus additional Ninety days) and any demand in respect thereof should reach the Bank not later than the above date.

.....  
(Signature with date of the authorised officer of the Bank)

.....  
Name and designation of the officer

.....  
Seal, name & address of the Bank and address of the Branch



**SECTION - V**

**List of Drugs/Medicines**

Sr. No	Name of Drugs/ Medicines	Quantity Required
1	Inj. Myozyme (Alglucosidase Alpha)	101 Vials

**SECTION - VI**

**LIST OF ITEMS QUOTED**  
**FORMAT OF SUBMISSION OF VALID REVISED SCHEDULE -M/ WHO-GMP/IMPORT LICENSE/ COPP/ MANUFACTURING LICENSE (STRICT COMPLIANCE).**

Sr. No.	Item' serial no. as per limited tender list	Name of Drugs	Page no. limited Tender where valid WHO-GMP enclosed	Page no. Limited Tender where valid Manufacturing License/ Import license enclosed.

**Strict Compliance:** - All the bidders are directed to mention the page number of the limited tender document where WHO-GMP & page number of manufacturing license for indigenous drugs / import license for imported drugs enclosed. Merely mentioning the word 'Enclosed' may lead to rejection of limited tender / bid. Submission

**SIGNATURE AND ADDRESS OF THE BIDDER**

**Section - VII**  
**Qualification Criteria**

1. Scanned Copy of Valid WHO-GMP certificate issued by Centre/ State Drug Controller.
2. Scanned copy of manufacturing license/import license issued by Centre/State Drug Controller should be submitted.
3. The price charged for the drug items, under the reference, by the suppliers shall in no event exceed the lowest price at which the supplier the drug items of same identical description to any other person/organization/Institution during the currency of the contract as per fall clause adhered by D.G.S.& D. If at any time, during the said period the supplier reduced the said prices of drug items or sells drug items to any other person/organization/ Govt. Institution/ Co. Operative Stores at price lower than the quoted price, he shall forthwith notify such reduction or sale to the Director, All India Institute of Medical Sciences and the price payable for the Items supplied after the date of coming into force of such reduction or sale shall stand correspondingly be reduced for AIIMS and the supplier should attach an undertaking on non-judicial stamp paper of Rs 10/- duly attested by the notary to this effect otherwise quotation shall be summarily rejected.



**STORE OFFICER**  
**(Hospital)**