

TERMS AND CONDITIONS FOR REGISTRATION OF VENDORS/SUPPLIERS

1. ELIGIBILITY CRITERIA FOR REGISTRATION OF SUPPLIER FIRMS.

All reputed agencies, having a sound financial background, who are in the business of manufacturing, distributor, sole saling stocking or marketing of Surgical Consumables/Laboratory Reagents and consumables/X Ray films and consumables/Hospital Waste collection Bags/other items of hospital Use/Goods of specified categories as mentioned in the registration documents, are eligible for registration, subject to specific condition or restrictions stipulated in this document.

The firm should not have been banned/black-listed by any Govt./Private institution/Other organization. Categories of items for registration are mentioned at point no. 3 of the document.

2. BENEFITS OF REGISTRATION.

The firms registered with Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna will have the privilege of competing in all Limited Tender Enquires

3. CATEGORY WISE LIST OF ITEMS

Sl. No.	Category Name	Name of Items
1.	Category A (Laboratory Items)	Lab. consumables (Glass & Plastic)/ Lab. Reagents/ Vaccutainers/ Staining Material/ Kits & Chemicals etc.
2.	Category B (Surg. Consumables & disposables, Cath Lab Consumable, Nephrology Consumable, Neurology Consumable, R.I.O. Consumable, Dental consumables, X-Ray Films, CT-MRI, Ultrasound consumable and disposables)	Anti-septic & Disinfectants/ Disp. Syringe, Needles, Gloves & I/V Set/ ECG paper/Implants and IOLs & Consumables/ Disposables. Surgical Blades & Sutures/ Waste Collection Bags, Orthopedic Rehabilitative items, Dental Filling Materials/ RCT Materials & other Dental Procedure Related items, X-Ray Films CT,MRI & Ultrasound related spares, accessories, films reagents etc. Diagnostic Catheater, All Type , Guide Wire , Introducer Sheath, All Type, Luar Lock Syringe 10 ML, Act Cardradge Medtronic – 50pcs Pack, Manifold 3 Core, PTCA Kit, Inflation Device, PTCA Wire, Aspiration Catheater, Control Syringe, Protection Cover, Luar Lock Syringe, TR Band, Balloon Barman, Hemostatic Valve, Surgical Gauze Than, Bandage, Catheter etc.
3.	Category C Hospital Furniture/ Medical and dental Equip/ Instruments	Hospital Medical Furniture/Office Furniture/ Instruments & Equipments, Dental equipments/instruments etc
4	Category D Cloth for Hospital Linen	Clothes for Hospital Linens, Blanket, and Bed sheet etc
5.	Category E Printing & Stationery items	Printing of fomats of forms and Stationery Items
6.	Category F Electrical Goods	
7.	Category G Misc. Items	

Director, I.G.I.M.S. - Patna reserves all rights to modify or add any or all the categories as per the hospital requirement from time to time.

4. REGISTRATION PROCEDURE

- 4.1. The Vendors/Suppliers Registration shall be done separately for each Category of Items. The applicants should read, sign and agree to terms & conditions contained in all the pages of this document.
- 4.2. Firms having an Annual turnover of minimum Rupees Fifty Lakhs (50,00,000) per year for last 2 years are eligible to apply for the Registration.
- 4.3. Correct / relevant information / data have to be furnished by the vendors/supplier. Any wrong or misleading information given by firm, detected at any stage, shall render the Vendor/ Firm for de-empanelment & forfeiture of EMD. The suppliers/firms selected for registration for a particular Category shall be required to deposit a non-interest bearing sum of Rs. 10,000/- for 2 years as EMD for each respective category. The same is to be deposited in the form of a crossed D.D. in the name of Director, I.G.I.M.S., Payable at Patna. EMD amount will be returned after the completion of Registration period.
- 4.4. The applicant should make sure before applying for a particular type of Category, that it fulfills the required eligibility criteria & experience for that category of item.
- 4.5. Vendors / suppliers seeking registration shall have to pay the requisite application fee of Rs.1000/- (Rupees One Thousand only) along with the Application Form. The Application form can be downloaded from Institute website (www.igims.org).
- 4.6. The amount shall be paid by a demand draft drawn in favour of Director, I.G.I.M.S. – Patna.
- 4.7. Suppliers shall have to fill and submit the hard copy of downloaded & completed Registration Form along with required documents and application fees to Director Office.
- 4.8. Applications incomplete in any respect, viz. non-submission of any required document or information or fees in requisite amount are liable for rejection.
- 4.9. The sealed envelope containing the Registration Form, documents & fee should be clearly super-scribed on the top of the envelope as “APPLICATION FOR VENDOR / SUPPLIER REGISTRATION FOR THE CATEGORIES....., **Date of Opening 15/03/2016 at 3.00 P.M.**”

- 4.10. The following self-certified essential documents (as applicable) should accompany the Registration Form: (i). CST/VAT/TIN No. (ii). Trade License, Factory License. (iii). Income tax Permanent Account No. (iv). Memorandum and Article of Association, Certificate of Incorporation, Partnership Deed, Registration Certificate issued by the Registrar of Firms etc. (v). Current dealership agreement with Principal along with certificate. (vi). Annual Turnover CA certified Certificate for last 2 years. (vii). Bank Details for RTGS/NEFT payments (viii). Relevant ISO certificate, if any. (ix). A notarized undertaking on Non-Judicial stamp paper of Rs 100/- as per Annexure Enclosed below
- 4.11. On receipt of the Registration Form along with the requisite documents & tender fees as mentioned above and after scrutiny, the supplier shall be considered for registration with the **Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna.**
- 4.12. Vendors/Suppliers will be informed if their applications are successful. Following which vendors/suppliers will have to deposit a EMD of Rs.10, 000/- against each category.
- 4.13. After getting all the required fee, information and documents from the applicant, the registration number will be issued to the supplier with the following details: (i) Registration Number. (ii). Vendor Trade Group / Category No. along with description.
- 4.14. The firm shall be registered for an initial period of two years and will be considered for renewal for another year, subject to satisfactory performance of the firm during initial registration period. The vendor shall be evaluated for performance as per criteria adopted by the Hospital.

5. TERMS & CONDITIONS FOR REGISTRATION AS A SUPPLIER

- 5.1 **GENERAL CLAUSE** (i). The said registration qualifies a particular vendor/supplier for consideration for issue of tender papers in case of limited tenders for relevant category only for which vendor is registered. However, this will not give any claim to the party for an award of purchase order. (ii). Director, reserves the right to accept, consider or reject any or all applications without assigning any reasons thereof. The decision of Director in respect of registration of parties for various categories of items shall be final & binding on all concerned.

(iii). Vendors once registered, shall have to promptly reply to all the enquiries, execute order as per the order as & when placed. (iv). This document is treated as a valid contract between IGIMS and Vendor and adherence to all the aspects of fair trade practices in executing the purchase orders placed by IGIMS from time to time during the registration period. (v). In case, Registered Supplier is found in breach of any terms & condition(s) or supply order, at any stage during the course of supply, suitable legal action as per rules/laws, shall be initiated against the vendor besides debarring and blacklisting the vendor concerned for at least three years for further dealings & forfeiture of EMD. (vi). The vendor should not assign or sublet the registration or any part of it to any other vendor in any form. Failure to do so shall result in termination of registration. All those firms which are registered and confirmed shall be entertained for various queries. (vii). All registered firms are expected to maintain absolute integrity, follow a decent standard of business ethics and do nothing unbecoming of a registered supplier. In all future correspondence with IGIMS, Registered vendors are required to quote the Registration No. (viii). Director has all the rights reserved to add/delete/alter any of the items and to amend/add any of the terms and conditions included in the registration awarded to the Vendors/ firms with effect from any date, without assigning any reason(s) for the same. (ix) MS has the right to conclude parallel contract.

5.2 **PRICE VARIATION CLAUSE:** During the validity of the registration period including the extended period, if the vendor sells any item to any other department/Organization at a price lower than the price at which sold to IGIMS, the vendor must voluntarily pass on the price difference to IGIMS. On the body of the Voucher, the supplier will have to certify that, "The items being supplied through this voucher have not been supplied to any other organisation at lower rates than this.

5.3 **INDEMNITY:** The selected vendor shall indemnify the IGIMS against all third party claims of infringement of patent, trademark/copyright or industrial design rights arising from the use of the supplied items or any part thereof. IGIMS stand indemnified from any claims that the vendor's manpower may opt to have towards the discharge of their duties in the fulfillment of the purchase orders.

5.4 **TERMINATION OF THE REGISTRATION OF DEFAULTER (VENDOR/ SUPPLIER).**
(a) Default is said to have occurred (i) If the vendor fails to deliver any or all of the services/ ordered goods/ items within the time period(s) specified in the purchase order or any extension thereof granted by IGIMS (ii) If the vendor fails to perform any other obligation(s) under the registration. (iii) If the Vendor / Supplier dose not

respond to tender inquiry of this Hospital more than 3 times during the contract period. (b) If the Vendor, in either of the above circumstances, does not take remedial steps within a period of 15 days after receipt of the default notice from this Hospital (or takes longer period in spite of what this Hospital may authorise in writing), Director, IGIMS may terminate the registration / purchase order in whole or in part.

- 5.5 **ARBITRATION:** That the parties have agreed that any dispute, difference or controversy arising out of the agreement, or touching this agreement or its items and conditions or relating to purchase of system/items, custom clearance and transportation, installation and maintenance warranty; shall be referred for Arbitration to the Arbitrator appointed with consent of both the parties. Both the parties agree to the appointment of Director, I.G.I.M.S. – Patna as sole arbitrator for the purpose of arbitration in the matters as stated above if required. The arbitrator will give award as per the provision of the arbitration act 1996 and award will be final and binding on the parties. The arbitrator will give a reasoned award.
- 5.6 All disputes in this connection shall be under Patna jurisdiction only.

**Director,
I.G.I.M.S.- Sheikhpura , Patna-800 014**

Date of Closing of the tender: 14/03/2016 4.00 P.M.

Date of Opening of the Tender: 15/03/2016 at 03:00PM

Tender Application Fee: Rs. 1000/-00

APPLICATION FORMAT FOR VENDOR/ SUPPLIER REGISTRATION

1. Name of the Company _____

2. Addresses:

A) Head Office/Registered Office _____

Telephone No _____

Fax No. _____

Email _____

Web site (if any) _____

Date of Establishment _____

B) Branch office in Patna, if any _____

Telephone No _____

Fax No. _____

3. Name of Chief Executive / Proprietor / Partners _____

Telephone No _____

Fax No. _____

Email _____

4. Name of Contact person _____

Telephone No _____

Fax No. _____

Email _____

5. Type of Organization Documents (as applicable) to be enclosed

- a) Proprietary Trade License
- b) Partnership Partnership Deed, Trade License
- c) Private Limited Company Memorandum of Article
- d) Public Limited Company Certificate of Registration
- e) Public Sector Trade License

6. Nature of Business

Manufacturing Dealership

Stockiest others (specify _____)

7. Category for which registration is desired.

Category A : (Laboratory Items) **Category B:** (Surg. Consumables & disposables, Cath Lab Consumable, Nephrology Consumable, Neurology Consumable, R.I.O. Consumable, Dental consumables, X-Ray Films, CT-MRI, Ultrasound consumable and disposables) **Category C:** (Hospital Furniture/ Medical and dental Equip/ Instruments) **Category D:** (Cloth for Hospital Linen) **Category E:** (Printing & Stationery items) **Category F:** (Electrical Goods) **Category G:** (Misc. items)

8. Audited Annual Turnover for the last 2 years (Rs. In Lakhs) (Enclose Chartered Accountants certificate) – Yes/No

9. Commercial Information for Registration (Enclose Attested Copy wherever Applicable)

- a) CST /VAT Regn. No. _____
- b) State ST Regn. No. _____
- c) Tin No. _____
- d) Excise Canter No _____
- e) Trade/Factory License No. _____
- f) Service Tax Regn. No. _____
- g) PAN _____
- h) Relevant ISO Certificate, if any

10. Details of Major Customers

Names of Autonomous institutions/Government department/Major Public sector undertakings/Research and Development institutions where your firm is registered:

S.No. Name of the Institution

11. Details of Application Fee(Rs.1000/-)

D.D. No: _____ Date: _____

Bank: _____

(Signature of Proprietor/Partner/Chief Executive)

Name.....

(In Capital letter)

(Seal of Vendor)

ANNEXURE

DECLARATION BY VENDOR TO BE SUBMITTED ON RS 100/- STAMP PAPER

I/ We, owner of/ representing hereby solemnly declare & confirm that

- 1) No employee or direct relation of any employee of IGIMS in way connected as Partner/Shareholder/Director/Advisor/Consultant/Employee etc. with the Company.
- 2) The information furnished is correct to the best of my knowledge and belief. If any information furnished by me is found to be false/ misleading, at any stage, my application/ registration shall be liable for cancellation and forfeiture of EMD.
- 3) My/ our firm has not been black listed by any institution of the Central/State government/any PSU/ other Institute etc. in the past.
- 4) I/ We understand and authorise the Director to reserve the right to add/delete/alter any of the items and to amend/add any of the terms and conditions included in the registration awarded to the Vendors/ firms with effect from any date, without assigning any reason(s) for the same.
- 5) The decision of the Director shall be acceptable & binding upon me.
- 6) I/We agree to abide by the terms & conditions mentioned in the tender ref..... during the entire period as registered Vendor for Indira Gandhi Institute of Medical Sciences, Sheikhpura, Patna.

.....
(Signature of Proprietor/Partner/Chief Executive)

Name.....

(In Capital letters)

(Seal of Vendor)

Place.....

Date.....

PROFORMA FOR PAYMENT THROUGH RTGS/ECS/NEFT

1.	Name & Address of the Firm, Including Phone No., Fax no. And email	
2.	Name of the Bank	
3.	Name of the Branch & Address	
4.	Bank Branch Code	
5.	Type of Account : SB/CC/CA	
6.	Bank Account No.	
7.	IFSC code	
8.	MICR Code	
9.	Bank E-Mail Address	

Authorised Signature & Seal of the Firm