



TENDER DOCUMENT

NAME OF WORK: RATE CONTRACT FOR SUPPLY OF PRINTING ITEMS AT DIPHU MEDICAL COLLEGE & HOSPITAL, DIPHU PIN NO-782460, ASSAM.

TENDER NO.: SMED/DMC&H/TENDER/PT-II/2023-24/023/1503(A)

Dated:-05/10/2024

Date of issue	05-10-2024
Date of Submission of the tender	07-10-2024 to 19-10-2024 till 1.00 PM
Date & Time of Opening of Technical Bid	2.30 PM of 19-10-2024
Date & Time of opening of Financial Bid	Shall be communicated only to the Technical qualified bidders subsequently

ANNEXURE - I

Documents to be submitted:

1. Performance statement/Experience Certificate of similar items (previously supplied in Govt. institution/Department) including copies of supply order, work completion certificate from the competent authority.
2. Court Fee of Rs 8.25 and IPO of Rs. 10 for the bidders from the outside of the state of Assam. In case bidders are from the outside of the state of Assam, they must have registered office in Assam. Valid proof of document should have to be submitted along with the technical bid.
3. I.T. Clearance Certificate/I.T. Return of last three assessment years and PAN card. (photo copy duly attested).
4. GST Registration Certificate and up to date GST Clearance Certificate (photocopy duly attested).
5. Valid Trade License from competent authority. (Photo copy duly attested).
6. A notarized undertaking in original stamp paper of Rs.100.00 to the effect that the company/firm/distributor has not been blacklisted.
7. Financial Statement of last 3 Years from C.A is to be closed.
8. Financial sound Certificate from banker is to be enclosed.
9. Affidavit in original stamp paper of Rs.100.00 support of tender is to be enclosed in original (duly signed by the Notary public).
10. Original Document is to be shown during opening of technical bid or for scrutiny.
11. The bidder shall certify that the rates quoted are the lowest ones for any institution (Govt. or Private) in the state.

Sd/-

**Principal cum Chief Superintendent
Diphu Medical College & Hospital Diphu**

ANNEXURE - II

Terms and Condition:

1. Technical and Financial bids in separate envelope are to be submitted together in sealed envelope clearly indicating the Tender Ref. No on the envelope and addressed to the Principal, DMC&H, Diphu.
2. The rates against each items of the enclosed list should be quoted in figures and words and that shall be inclusive of all taxes, etc must be submitted in Financial bid.
3. The cover containing the tender should be super scribed as **“RATE CONTRACT FOR THE SUPPLY OF PRINTING ITEMS AT DIPHU MEDICAL COLLEGE & HOSPITAL, DIPHU”** in block letters.
4. Incomplete and defective tender shall not be accepted.
5. Tender Fee of Rs. 2000/- (Three thousand) only and EMD of Rs. 20,000/- (Twenty thousand) only in the form of Demand Draft of schedule Bank valid for one year pledged to the “Principal cum Chief Superintendent, Diphu Medical College & Hospital, Diphu” to be submitted. Any bid from a bidder who fails to furnish tender fees and EMD will be summarily rejected as the purchaser nonresponsive.
6. The authorized Supplier / Distributors or authorized dealers will have to supply the same percent of materials as specified in the supply order. In case of any discrepancy noticed regarding quality/quantity of the materials, the tenderers’ will have to bear the losses for such supply.
7. The work/supply order will be placed as and when requirement arises and payment will made subject to the availability of fund after observing all formalities. Any claim for advance payment will not be entertained. No interest will be paid for late payment (if any).
8. In the event of failure to supply the required materials as ordered in stipulated period, the order will be automatically cancelled and will invite forfeiture of the earnest money.
9. The rates shall be valid for one year from the date of acceptance of the tender.
10. Items have to be supplied within 14 (Fourteen) days from the receipt of supply order.
11. There should be provision for supply immediately in emergency basis as and when necessary.
12. Samples to be submitted during technical evaluation. Technically qualified bids will be taken up for financial bid evaluation.
13. Items supplied should be as per specifications and samples submitted.
14. In case of holiday next working date and time will be the last submission date & time of tender.
15. Canvassing in any form will make the tender liable for rejection.
16. Price escalation will not be allowed in any case.
17. The tender should be written neat and clean without any cutting/overwriting/erasing.
18. The Tender documents should be page marked with signature and seal on each page.
19. The undersigned reserve the right to accept or reject any or all tender or part thereof without assigning any reason thereof and under no any circumstances, the undersigned is bound to accept the lowest rate of the tender.
20. The Courts at Diphu shall have the jurisdiction to settle up any/all disputes if arises.

21. In case of any of the above mentioned dates being declared as a holiday the Bids will be sold / received / opened on the immediate next working day at the appointed time.
22. Any corrigendum related to this tender may be seen at the official website of the college.
23. Authority reserves the right for any modification in the bid documents if required 7 days before the tender submission last date
24. In case the bid documents are sent by post or by courier, the time and date of depositing the bid documents at the office is to be as per schedule date of submission. Authority will not be responsible for any postal delay in process of submission of Bids & necessary fees.
25. Payment will be made on receipt of the consignment with satisfactory certification by the concerned department HOD/ In-charge.

Sd/-
Principal cum Chief Superintendent,
Diphu Medical College & Hospital, Diphu

Annexure-III

Format for Technical Bid

SL. No.	Name of the items	Make	Pack size	Technical specification

Annexure-IV

Format for Financial Bid

SL. No.	Name of the items	Basic Rate per As Per Unit (exclusive of GST)	Rate of GST as applicable	Amount (inclusive of GST)

Annexure-V

Check List

Documents Submitted

- 1) Demand Draft
 - a) Tender Fees (Rs-2000/-) No.....Dt.....Bank Name.....
 - b) EMD fees (Rs-20000/-) No.....Dt..... Bank Name.....
- 2) GST Registration Certificate and up to date GST clearance certificate.
- 3) Court Fee of Rs 8.25 and IPO of Rs 10 for outsider bidders.
- 4) Valid proof of document regarding registered office (for outsider bidders)
- 5) Income Tax Clearance Certificate/IT returned of last three assessment year.
- 6) Trade Licenses
- 7) A notarized undertaking (in original) to the effect that the company/firm/distributor has not been blacklisted.
- 8) Financial Statement of last 3 Years from C.A is to be enclosed.
- 9) Financial sound Certificate from banker is to be enclosed.
- 10) Affidavit in support of tender is to be enclosed in original (duly signed by the Notary public).
- 11) Performance statement/Experience Certificate from competent authority.
- 12) Any other documents and Annexure required as per Tender document
 - a)
 - b)
 - c)
 - d)

Certified that above documents are true & legal as required for the tender. The original document will be produced at the time of opening /scrutiny of technical bid.

Signature of Tenderer

LIST OF PRINTING ITEMS REQUIRED AT DMCH, DIPHU		SPECIFICATIONS	SIZE	Pack Size
SL.NO.	NAME OF ITEMS			
1	APPLICATION FOR OBTAINING DISABILITY CERTIFICATE-A (BOTH SIDE)	70GSM	A-4	100 page
2	OTORHINO LARYNGOLOGY FORM- OPD (BOTH SIDE PRINT)	70GSM	A-4 PAD	100 page
3	OTORHINO LARYNGOLOGY FORM- IPD (BOTH SIDE PRINT)	70GSM	A-4 PAD	100 page
4	BLOOD GROUP LABEL-O, AB, B, A (PINK PAPER)	BALAPUR 1/16	A-16 PAD	100 page
5	BIOCHEMISTRY LAB FORM-C	70GSM	A4	100 page
6	CASE HISTORY SHEETS-RADIOLOGY	70GSM	LEGAL SIZE	100 page
7	CCL REPORT FORM (BLOOD R.E)	70GSM	A4	100 page
8	HISTO PATHOLOGY REPORT	60GSM	DEMY 1/4 PAD	100 page
9	INVESTIGATION SHEET (BOTH SIDE PRINT)	60GSM	HALF DFC	100 page
10	IPD REGISTER (100 PAGE)	DFC FULL 68GSM	SIZE NO.9	100 page
11	MEDICO LEGAL REGISTER (BOTH SIDE PRINT) (100 LEAFS)	60GSM	HALF DFC REGISTER BINDING	100 page
12	PATHOLOGY LAB. REQ FORM	60GSM	A4	100 page
13	SCNU LABOUR/BABY REGISTER (BOTH SIDE PRINT) WITH BOOK BINDING OF 100 LEAFS	70GSM	FULL DEMY	100 page
14	REPORT PRINTING PAD FOR THYROID PROFILE & FERRITIN TEST	70GSM	A4 PAD	100 page
15	ANTENATAL LABOUR RECORD	70GSM	A4	100 page
16	APPLICATION FOR PAYING CABIN	70GSM	A4	100 page
17	AUDIOGRAM CASE SHEET	75GSM	A4	100 page
18	AUDIOGRAM FORM	70GSM	A4	100 page
19	BP CHART	70GSM	A4	100 page
20	BABY ROOM FORM	60GSM	A5	100 page
21	BIOCHEMISTRY REQ. FORM	70GSM	A4	100 page
22	BIOCHEMISTRY LAB REPORTING	70GSM	A4 PAD	100 page

23	BIOCHEMISTRYLABREQ.REPORT	70GSM	A4	100 page
24	BLOODBANK MONEYRECEIPT	60GSM	DEMY1/8SIZE	100 page
25	BLOODDONOR QUESTIONARY(BOTHSIDE)	60GSM	FS	100 page
26	BLOODGROUPINGREPORT-A,B,O	60GSM	DEMY1/8PAD	100 page
27	BLOODISSUE RECORDREGISTER	60GSM	FS	100 page
28	BLOOD REQUISITION FORM	70GSM	A4PAD	100 page
29	BLOODTRANSFUSIONREACTIONREPORT	70GSM	A4	100 page
30	CADAVER REPORTFORM	60GSM	DEMY¼PAD	100 page
31	DISCHARGE SHEET	70GSM	A4	100 page
32	CERTIFICATEOFMENTAL	70GSM	A4	100 page
33	CERTIFICATEOFPERSONWITHDISABILITY	70GSM	A4	100 page
34	CLINICALCARE RECORDCHART	70GSM	A4	100 page
35	CONSENTFORMUPPERGIENDOSCOPY	60GSM	DEMY1/8	100 page
36	CONSENT FORM FOR OPERATION (BI-LINGUAL)BOTH SIDEPRINT	60GSM	DEMY1/8	100 page
37	CPFFORM	70GSM	A4	100 page
38	CROSS MATCHING RECORD REGISTER (BOTHSIDE)	FULL-70GSM	FC	100 page
39	CTSCANREPORT	70GSM	A4	100 page
40	CULTURE &SENSIVITYREPORT (BOTHSIDE)	60GSM	DEMY¼PAD	100 page
41	DAILYISSUE BOOK(STORE)	60GSM	FS	100 page
42	DIABETICCHART	60GSM	DEMY¼PAD	100 page
43	DICHARGECERTIFICATE (PRINTINGREEN)	70GSM	A4PAD	100 page
44	DIETREQUISITIONFORM (PRINTINBLUE)	60GSM	DFC1/8	100 page
45	DISCARDRESISTERFORTILAB (BOTHSIDE)	60GSM	FS	100 page
46	DOCTORS ORDER	70GSM	A4PAD	100 page
47	DONORSCOLLECTION(BOTHSIDE)	60GSM	FS	100 page
48	ENTRYPASS(BOTHSIDE)	CENTURYCARD	A8	100 page
49	FEEDINGCHART	60GSM	FSPAD	100 page
50	TPR CHART	70GSM	A4	100 page
51	HISTORY SHEET(BOTHSIDEPRINT)	60GSM	DEMY¼PAD	100 page
52	INDOOR BEDHEAD TICKET (TOP SHEET) BOTHSIDE	70GSM	DFC¼	100 page
53	INTAKE& OUTPUT RECORD(BOTHSIDEPRINT)	70GSM	A4	100 page
54	INTRAOPERATIVE RECORDS	70GSM	A4	100 page
55	INVESTIGATIONCHART(PINKPAPER)	60GSM	DEMY	100 page
56	LABREQUISITIONMASTER	60GSM	DFC 1/8PAD	100 page
57	LABORATORYRECORD	70GSM	A4	100 page
58	LABORATORYREPORT	70GSM	A4	100 page
59	MANTOUXFORM	70GSM	A4HALF	100 page

60	MEDICAL CERTIFICATE	70GSM	A4PAD	100 page
61	MEDICAL CERTIFICATES OF DEATH	70GSM	A4	100 page
62	MEDICINEUTILIZATIONCHART	70GSM	A4	100 page
63	MEDICOLEGALCASEREPORT	70GSM	FS PAD WITH PINBINDING	100 page
64	MICROBIOLOGYREQ.REPORT	70GSM	A4	100 page
65	MRI REPORTING FORMAT	70GSM	A4	100 page
66	MRI REQUISITION FORM(BOTHSIDE)	70GSM	A4	100 page
67	NURSES DAILYRECORD(BOTHSIDE)	70GSM	A4	100 page
68	OPERATION RECORD	70GSM	A4	100 page
69	PATHOLOGYLABFORM-C	60GSM	DFC1/8	100 page
70	PATHOLOGYLABREPORT(BLOOD)	60GSM	DFC1/8	100 page
71	PATIENTREQ.SLIP(24HRSDIS.ROOM)	60GSM	DEMY1/6	100 page
72	POST OPERATIVESYSTEM	70GSM	A4	100 page
73	PRE-ANAESTHETIC CHECKUP FORM (BOTHSIDE)	70GSM	A4	100 page
74	PRE-OPERATIVESYSTEM	70GSM	A4	100 page
75	PROGRESSRECORD(BOTHSIDE)	70GSM	A4	100 page
76	PSYCHIATRYFORM(BI-LINGUAL)	60GSM	DFC1/8	100 page
77	RADIOLOGYREPORT(X-RAYREPORT)	70GSM	FS	100 page
78	JEELISA	70GSM	A4	100 page
79	LAB REPORT FORM (SEROLOGYIMMUNOLOGY)	70GSM	A4	100 page
80	RECOVERYCHART	70GSM	FS	100 page
81	REFERELMEDICALCERTIFICATE	70GSM	A4	100 page
82	REPORT OFTHEMEDICAL BOARD	70GSM	A4	100 page
83	REQ.FOR ECG	60GSM	DFC 1/8PAD	100 page
84	RADIOLOGICAL REQUISITION FORM	60GSM	DFC 1/8PAD	100 page
85	REQUISITION/SUPPLYORDERBOOK(INDENTBOOK)	60GSM	FSBOOKBINDING	100 page
86	SEMENANALYSISREPORT	70GSM	A4	100 page
87	SEROLOGY&MP	70GSM	A4	100 page
88	THERAPYBLOODTRANSFUTIONREACTIONREPORT	70GSM	A4PAD	100 page
89	TTILABRECORDREGISTER(BOTHSIDE)	60GSM	DFC	100 page

90	ULTRASONOGRAPHY(MALE)	70GSM	A4PAD	100 page
91	ULTRASONOGRAPHY(FEMALE)	70GSM	A4PAD	100 page
92	ULTRASONOGRAPHY(O&G)	70GSM	A4PAD	100 page
93	ULTRASONOGRAPHYREPORT	70GSM	A4PAD	100 page
94	VAGINALEXAMINATION	70GSM	A4	100 page
95	CASHMEMO(PRE-PRINTEDCONTINUOUS	80GSM	FSHALF(DFC1/8)	100 page
	SHEET IN FS HALF SIZE WITH PREFIXEDCARBON INDUPLICATE)			
96	MRD SHEETS (PRE-PRINTED CONTINUOUS SHEET IN 10×12SIZE WITH BOTHSIDEPRINT)	80GSM	10×12	100 page
97	REGISTRATION SLIP IN PRE-PRINTED CONTINUOUS SHEET WITH PREFIXED CARBONIN DUPLICATE)	80GSM	10×12	100 page
98	FORM4	70GSM	A4	100 page
99	FORM4A	70GSM	A4	100 page
100	PAYINGCABIN APPLICATIONFORM	70GSM	A4	100 page
101	CCL(PATHOLOGY)	70GSM	A4 BOTHSIDE	100 page
102	RAPID ANTIGEN TEST FORM	70GSM	01-Aug	100 page
103	ICMR SPECIMEN REFERRAL FORM FOR COVID-19(SARS-CoV2)	70GSM	A4 BOTHSIDE	100 page
104	ADVICE SLIP FOR ASYMPTOMATIC COVID POSITIVE INDIVISUAL FORM	70GSM	A4	100 page
105	FORMAT-1(TOBEMAINEDATSCREENINGLOCATION /TRIAGE)	70GSM	A4	100 page
106	UNDERTAKINGFORCOVID-19POSITIVE	70GSM	A4	100 page
107	DECHARGE CERTIFICATEFORCOVID-19PATIENT	70GSM	A4(BOTHSIDE)	100 page
108	TRIAGE AREA PATIENT DETAILS FORM FORCOVID-19 RATE POSITIVE/RTPCR CASES	70GSM	A4	100 page
109	ADVICESLIPFOROPD(MRD)/CASUALTY/EMERGENCY	70GSM	A4	100 page
110	UNDERTAKING FOR COVID-19QUARANTINE	70GSM	A4	100 page
111	PATIENT CONSENT FORM	70GSM	A4	100 page
112	BONE MARROW REQUISITION FORM	70GSM	A4	100 page
113	CYTOPATHOLOGY REQUISITION FORM	70GSM	A4	100 page

114	HISTOPATHOLOGY REQUISITION FORM	70GSM	A4	100 page
115	BONEMARROWASPIRATION REPORT	70GSM	A4	100 page
116				
117	BONEMARROWTRIPHINEBIOPSYREPORT	70GSM	A4	100 page
118	CYTOLOGYREPORTFORM	70GSM	A4	100 page
119	HPLC/HBA1CREPORTFORM	70GSM	A4	100 page
120	CERVICALPAPSMEARREPORT	70GSM	A4	100 page
121	REQUISITIONFORBLOODCULTURE	70GSM	LEGAL	100 page
122	REQUISITIONFORMFORPLASMA	70GSM	A4	100 page
123	OPERATION LIST	70GSM	A4	100 page
124	REFERRAL SHEET	70GSM	A4	100 page
125	ICU recovery chart	70GSM	A4	100 page
126	ICU DRUG CHART	70GSM	A4	100 page
127	ICU INTAKE OUTPUT CHART	70GSM	A4	100 page
128	TO DO CHART	70GSM	A4	100 page
129	Pre-operative Direction sheet	70GSM	A4	100 page
130	Post-Operative DirectionSheet	70GSM	A4	100 page
131	Major OT Orthopaedic sheet	70GSM	A4	100 page
132	Dengue report FORM	70GSM	A4	100 page
133	Chest Xray report	70GSM	A4	100 page
134	Bony format	70GSM	A4	100 page
135	Radiology consent format	70GSM	A4	100 page
136	Spine format	70GSM	A4	100 page
137	USG BREAST FORMAT	70GSM	A4	100 page
138	USG PELVIC ORGAN FORMAT	70GSM	A4	100 page
139	USG ABDOMEN FORMAT (MALE)	70GSM	A4	100 page
140	USG ABDOMEN FORMAT (FEMALE)	70GSM	A4	100 page
141	USG OBSTETRICS (EARLY PREGNANCY)	70GSM	A4	100 page
142	USG OBSTETRICS (GRAVID FORMAT)	70GSM	A4	100 page
143	PLAIN FORMAT	70GSM	A4	100 page
144	CCL Pathology requisition form	70GSM	A4	100 page
145	CCL Biochemistry requisition form	70GSM	A4	100 page
146	CCL Microbiology requisition form	70GSM	A4	100 page
147	CCL Biochemistry report form	70GSM	A4	100 page
148	CCL Pathology report form	70GSM	A4	100 page
149	CCL Microbiology report form	70GSM	A4	100 page
150	URINE REPORT FORM	70GSM	A4	100 page
151	HEMATOLOGY REPORT FORM	70GSM	A4	100 page
152	CHEMICAL PATH/CYTOPATH/ OTHER EXAMINATION (FLUID FORM)	70GSM	A4	100 page
153	BLOOD GROUPING (PT,APTT) FORM	70 GSM	A4	100 page
154	SEMEN ANALYSIS FORM	70 GSM	A4	100 page
155	HAEMATOLOGY TYPING FORM	70 GSM	A4	100 page

156	HISTOPATHOLOGY REPORT FORM	70 GSM	A4	100 page
157	SPERMATOOZA DETECTIONN REPORT	70 GSM	A4	100 page
158	HISTOPATHOLOGY REQUISITION FORM	70 GSM	A4	100 page
159	ADVISE SLIP	60GSM	DFC 1/8PAD	100 page
160	TEMPARATURE SHEET	70 GSM	A4	100 page