

काशी हिन्दू विश्वविद्यालय

(संसद की 1916 की अधिनियम संख्या 225 द्वारा स्थापित)

मुख्य चिकित्साधिकारी कार्यालय,
विश्वविद्यालय कर्मचारी स्वास्थ्य सेवा संकुल
वाराणसी.221005



BANARAS HINDU UNIVERSITY

Phone - 0542-2307812

(Established by Parliament by notification No: 225 of 1916)
OFFICE OF THE CHIEF MEDICAL OFFICER IN-CHARGE
UNIVERSITY EMPLOYEE HEALTH CARE COMPLEX
VARANASI - 221005

Ref. No. UEHCC/CPC – ENQ/ 2014 –15/ 13

Date : 21.04.2014

To,

M/s

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Sub. : Submission of Quotation of Drugs on the prescribed enclosed proforma only for Hospital Supply for the Session 2014– 15.

Dear Sir/s,

Your attention is drawn on the subject cited above. In this context this is to inform you that we intend to purchase various medicines & dressing materials for the use of University Employees Health Care Complex/University Students Health Care Complex & S.S. Hospital, B.H.U. for the session 2014 –15.

You are therefore requested to send your Quotation of the Medicines & Dressing Materials in the prescribed enclosed proforma only for the Hospital Supply through Registered Post/Speed Post/Courier/ By hand along with a covering letter quoting above referred enquiry number & date observing the following points in a SEALED ENVELOPE mentioning on the top of the envelope "QUOTATION FOR HOSPITAL SUPPLY" in bold Block letters. Further, this is to add that the payment is assured through sequel within 30 days of the receipt of the goods in satisfactory conditions & quantity as per specification of the order. Please note the following :-

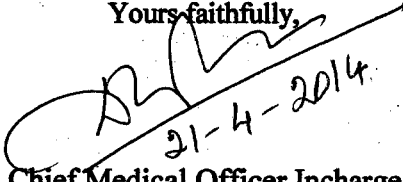
1. Only those companies are eligible to Quote their Hospital Rates who have an annual turnover of a minimum of Rs. 100 crores (A certificate to the same effect should be attached.)
2. The company Quoting for medicines have to attach the following documents in addition to above certificatae.
 - i. Registration Number of the Company.
 - ii. VAT Registration.
 - iii. PAN Number of the Company.
 - iv. Form No. 20 B and 21 B.
 - v. GMP certificate.
 - vi. Annual turnover certificate as mentioned above.
 - vii. List of product reviewed by drug control administration.
 - viii. Quality Assurance Certificate
3. Quotation of Drugs should be sent in the attached proforma, which is also available at our website i.e. <http://bhu.ac.in> which can be downloaded for the above purpose.
4. Period of validity of Quotation should be preferably for minimum one year i.e. upto the approval of new rate.

Contd 2/-

5. No upward revision of prices shall be entertained during the current financial session.
6. Please quote the rates of only those products, which you can supply positively on demand.
7. Specify the Trade Tax (Sales Tax) to be charged. Please note that we do not issue FORM 'C' or FORM III D.
8. An authenticated copy of products, if any, under rate contract with DGSD/DGHS/ESIC (Central Rate contract New Delhi.) Session 2014 -15 may be sent.
9. If Trade Price is being sent, please certify that the same is applicable for Hospital/Institutions
10. Name & Address of local Distributors/Stockist, if any, through which the supply is to be made.
11. Location of Depot in U.P., if any.
12. Special offer or rebate granted on bulk supply must be indicated clearly.
13. **Please note** that a VAT deduction @ 4% of the Actual Bill Amount (Actual Product Value) will be made while making payment to the firm and a certificate for the same will be issued from the B.H.U.

Your price list along with the above required information must reach in the office of the undersigned latest by **21th May, 2014.**

Encl : Quotation Proforma.

Yours faithfully,

21-4-2014
Chief Medical Officer Incharge