

MSACS/Proc/OST Drug/2022-23
Date : 01/09/2022

To,

Sub: Extension I - Quotation for “Procurement of Tab Buprenorphine 2 mg & 0.4 mg OST Drug Purchase F.Y. 2022-23.”

1. You are invited to submit your most competitive rate for the following drugs:

अ.क्र	Tab चे नाव	प्रति महिन्या करिता लागणारा साठा	६ महिन्या करिता लागणारा साठा (एप्रिल २०२२ ते सप्टेंबर २०२२)
A	B	C	D= C X 6
1	Buprenorphine 2 mg	2984	17904
	Buprenorphine 0.4 mg	124	625
2	Buprenorphine 2 mg	6000	36000
	Buprenorphine 0.4 mg	1000	6000

2. **Delivery Period:**

It will be binding on you to supply Procurement of Tab Buprenorphine 2 mg & 0.4 mg OST Drug within 30 days from the date of receipt of purchase order.

3. **Bid Price**

- The contract shall be for the full quantity as described above. Corrections, if any, shall be made by crossing out
 - All duties, taxes and other levies payable on the raw materials and components shall be included in the total price.
 - GST in connection with the sale shall be shown separately.
 - The rates quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
 - The Prices shall be quoted in Indian Rupees only.
4. Each bidder shall submit only one Quotation.

5. **Validity of Quotation**

Quotation shall remain valid for a period not less than 45 days after the deadline date specified for submission.

6. **Evaluation of Quotation**

The Purchaser will evaluate and compare the Quotation determined to be substantially responsive i.e. which are

- properly signed; and
 - conform to the terms and conditions and specifications he quotations would be evaluated for each item separately.
- GST in connection with sale of drugs shall not be taken into account in evaluation.

7. Award of Contract

The Purchaser will award the contract to the bidder whose Quotation has been determined to be substantially responsive and who has offered the lowest evaluated Quotation price.

7.1 Notwithstanding the above, the Purchaser reserves the right to accept or reject any Quotations and to cancel the bidding process and reject all Quotations at any time prior to the award of contract.

7.2 The bidder whose bid is accepted will be notified of the award of contract by the Purchaser prior to expiration of the Quotation validity period. The terms of the accepted offer shall be incorporated in the purchase order.

8. Payment shall be made within 30 days from the receipt of bill.

9. As per prevailing rules TDS / SGST / CGST will deducted at source towards income tax / SGST / CGST from all the bills submitted to the Maharashtra State AIDS Control Society.

10. Expiry (Shelf life) of the drugs should not be less than 36 months at the time of delivery of the drugs.

11. Quotations from the manufacturers and their authorized distributors / agent / stockiest / are invited. The Quotations from authorized distributors / agents / stockiest should accompany a letter of authority from the manufacturer authorizing item to quote for the drugs.

12. Quotation should submit documentary evidence that they have requisite qualifications, experience, past performance and capacity to complete the supply successfully on time for the drugs offered.

13. Quotation should also submit along with the Quotation Certificate of Pharmaceutical Products/Valid WHO GMP Certificate and Valid FDA License.

14. Quotation should also submit Quality Assurance Certificate from Govt. laboratory or recognized institute along with the supply.

15. Vendors should offer full quantity of the item.

16. Purchaser reserves the right at the time of contract award to increase or decrease the quantities indicated above by 25% without any change in the unit price or any other terms & conditions.

17. The quotation shall be enclosed in sealed envelope sealed with sealing wax only Male pasting on envelope will not suffice and such quotations will not be accepted.

18. Incomplete, irregular, unsealed, unsigned and Quotations received after the due date and time will not be considered.

19. The Quotation must fill up the rates in the format given along with the Quotations notice. The quotation must be stamped and signed by authorized person. If it is filled up in any other format, the same shall be rejected outright.

20. Copy of GST Certificate should be submitted.

21. Copy of PAN card with photographs should be submitted.

22. The Quotation must paginate the Quotation properly.

23. Penalty

a) For delay supply of drugs —1/2% per week or part thereof after the expiry of the delivery period subject to maximum 10%.

b) Failure of the supply — Earnest Money Deposit cum contract deposit will be forfeited and the material will be purchased at the risk and cost of the suppliers.

c) Variation in specification — material will be rejected and cost of the said recovered from the supplier.

24. Last Date and time of receipt of Quotations:

The Quotation must fill up the rates in the format given along with the Quotations notice. Quotation should submit their sealed Quotation in sealed envelope sealed with sealing wax only duly superscribed on the envelope as “Quotation for Procurement of Tab Buprenorphine 2 mg & 0.4 mg OST Drug Purchase F.Y. 2022-23 due on 12.09.2022 latest by 3.00 p.m.

25. Quotations will be opened in the presence of the bidders or their representative who choose to attend at 3.30 pm on 12.09.2022 in the office of the Maharashtra State AIDS Control Society, Wadala, Mumbai — 400 031

26. We look forward to receiving your quotations and thank you for your interest in this Project.

Specifications & Terms and Conditions

1. Specifications

The Technical Specification for Buprenorphine were reviewed and approved by the committee as follows:

Product	Composition	Package requirements
Buprenorphine 2 mg	Each uncoated sublingual tablet contains Buprenorphine Hydrochloride IP equivalent to Buprenorphine 2 mg	Blister pack of 10 tablets and 10 blister packs per Box
Buprenorphine 0.4 mg	Each uncoated sublingual tablet contains Buprenorphine Hydrochloride IP equivalent to Buprenorphine 0.4 mg	Blister pack of 10 tablets and 10 blister packs per Box

- i) Expiry date of all the above drugs should be minimum 36 months from the date of delivery of offered drugs.
- ii) Stamp of "NACO/MSACS/Government Supply- Not/or Sale" should be put on drugs (on the strip / bottle / box)
- iii) Valid Certificate of WHO-GMP / COPP will be required.
- iv) Delivery Period : Within 30 days from the date of receipt of purchase order.
- v) The Shelf life of the drug should be 3 years form the date of manufacture
- vi) The supplier shall conform to the rules and regulations laid down in the Narcotic Drug and Psychotropic Substance Act during manufacturer, storage and transportation of the syrup Methadone.
- vii) Buprenorphine tablets should be colorless, tasteless, easy to dissolve when taken sublingually, does not disintegrate easily on taking out from packing with hardness range from 1.5-3kg.
- viii) The information regarding bioavailability of product should be quoted and probably it may be substantiated by relevant evidences.

AD Procurement
MSACS

Date :-

To,
The Project Director
Maharashtra AIDS Control Society
R. A. Kidwai Marg, Near Wadala Over bridge,
Wadala (W), Mumbai – 400 031.

Sub: Extension I - Quotation for “Procurement of Tab Buprenorphine 2 mg & 0.4 mg OST Drug Purchase — F.Y. 2022-23.”

Ref :- Your inquiry no. _____ date _____
Due on _____

FORMAT OF QUOTATION

अ. क्र.	Tab चे नाव	प्रति महिन्या करिता लागणारा साठा	६ महिन्या करिता लागणारा साठा (एप्रिल २०२२ ते सप्टेंबर २०२२)	प्रति Tab रक्कम रु.	एकुण महिन्या च्या Tab चे रक्कम रु.	Place of Delivery
A	B	C	D= C X 6	E	F=D X E	MSACS Office
1	Buprenorphine 2 mg	2984	17904			
	Buprenorphine 0.4 mg	124	625			
2	Buprenorphine 2 mg	6000	36000			
	Buprenorphine 0.4 mg	1000	6000			
Total Amount of Tab Buprenorphine 2 mg & 0.4 mg (Including All Tax)						

Gross Total Cost: Rs. _____

We agree to supply the above drugs in accordance with the technical specifications for a total contract price of Rs. _____ (amount in figures) Rs. _____ (amount in words) within the period specified in the invitation for Quotations.

We also confirm that the Expiry (Shelf life) of the drugs is _____ months shall apply to the offered drugs.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery.

Name & Address of supplier

Signature of supplier

Note: on your letterhead