

LETTER OF SUBMISSION OF TENDER

ANNEXURE I

(see Cl.5.2)

MANUFACTURER'S OFFER FORM

(to be submitted by manufacturers)

No. Dated:

To
The Managing Director,
M/s. Kerala State Drugs Pharmaceutical Ltd. Kalavoor P.O.,
Alappuzha, Kerala
(Tender Inviting Authority)

Sir,
Tender No :
Equipment Name :

Having examined the tender document relating to the supply of Machineries comprising of the Tender Notice, Conditions of Contract, Specifications etc.. and having understood the provisions and requirements relating to the work, having conducted a thorough study of the job, location of the site, transportation and communication facilities and all other factors governing the work, I/We hereby submit our offer for the execution of the proposed work in accordance with the terms and conditions and within the time period specified in the tender document, at the rates quoted by me / us in the accompanying Price Bid. I/We agree to keep the tender open for One twenty days (120) from the date of opening thereof and not to make any modifications in its terms and conditions.

1. We (name of the OEM) declare that we are the original manufacturers of the above equipment having registered office at (full address with telephone number/fax number & email ID and website), and having factories at
2. No company or firm or individual have been authorized to bid, negotiate and conclude the contract in regard to this business against this specific tender.
3. We hereby declare that we are willing to provide guarantee/warranty and after sales service during the period of warranty/CMC/AMC as per the above tender.
4. We also hereby declare that we have the capacity to manufacture and supply, install and commission the quantity of the equipments tendered within the stipulated time.
5. I/We confirm having deposited earnest money of Rs..... (Rupees.....) by Demand Draft/Bank Guarantee No..... dated..... drawn on..... Bank, branch attached here to.
6. I / We further confirm that :
 - 6.1. I / We have successfully supplied and commissioned various pharmaceutical Machineries of similar nature and I / We have vast experience in handling large works of this nature.
 - 6.2. I / We have sufficient qualified manpower and necessary materials and equipments to execute the work efficiently.
 - 6.3. The quoted rates shall be valid up to the completion of the work.
 - 6.4. I / We further confirm that all chapters of the tender documents have been read, understood and signed and there is no deviation / discrepancy except that specially mentioned in deviation sheet enclosed with the tender.
 - 6.5. I/We hereby declare that I/We shall treat the tender documents and other records connected with the work as secret/confidential documents and shall not communicate the information derived there from to any person other than a person to whom I/We am/are otherwise to communicate the same or use the information in any manner prejudicial to the safety of the State.

Dated

Signature of the Tenderer
Postal Address

Witness
Signature
Name
Postal Address
Occupation

INSTALLATION CERTIFICATE

(to be filled jointly by the Tenderer, Representative of the Tender Inviting Authority individually for every equipment)

Department Name:		SUP.CODE/ Name of the Supplier	
EQPT CODE /Name of the equipment:		Model	
		Serial no.	
Original Equipment Manufacturer		Installation date	
Installed by	Service Er. Name/ID No	Mobile no	
Service center address			
Service Centre Manger's name Mob. No			
Installation location/department /Room No		Project name	
Purchase Order no	Dated	Value	
Comprehensive Warranty period	From	To	
Whether the sticker (as per cl 5.5.4 of the tender doc) affixed on all the key components of the equipment or on a conspicuous place in the installed room/storage area? YES/NO (tick one)			
Whether a digital Photograph of the installed equipment taken after affixing the sticker in the presence of the Department personnel? YES/NO (tick one)			
Accessories supplied			
Item Qty.	Serial No.	Remarks	
Whether the Demonstration of the equipment with accessories on the technical specification/key features was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Whether training was conducted to the satisfaction at the time of installation? YES/NO (tick one)			
Short Supply of items, if any			
Preventive maintenance schedule	Year 1	Year 2	Year 3
	2/4 Visits	2/4 Visits	2/4 Visits
Recommended to release 60% Yes <input type="checkbox"/> No <input type="checkbox"/>		The Equipment is working satisfactorily Yes <input type="checkbox"/> No <input type="checkbox"/>	
The equipment was installed and handed over on (Installation date to be filled in by the Head of the institution or by the end user)			
Signature of service Er.	Signature of end user	Signature of BME	Signature of
Name: ID No.	Name: Department	Name: Organization	Name: Organization
Date & Seal Supplier		Date & Seal of Dept. Head Sr. Manager.	

Annexure -III**WARRANTY CERTIFICATE**

(to be filled jointly by the Tenderer, head of Department& Representative of the Tender Inviting Authority individually for every equipment)

Date :

KSDPL Supply order No : dated..... The equipment(Equipment Name) Model No..... bearing serial no Was installed successfully at(Institution Name) is offered with a comprehensive warranty for a period of Years starting fromto..... including all the following accessories;

Sl. No	Name of the accessory	Manufacturer's name	Sl No	Qty

Signature of the Supplier	Signature of the Department Head
Name:	Name:
Seal :	Seal :

Sticker of the Machine

	
kerala state drugs and pharmaceuticals ltd.	
a government of kerala enterprise	
factory & Office:kalavoor – 688 522, alappuzha, India	
phone : 258181, 258183, 258752, 258782, fax: 0477-258162, : 0477-258262	
Tender No.....	Date.
Eqpt. No.	
Purchase Order	Installed on
Warranty/CMC/AMC upto.	
For Repair/Maintenance/Service	
Toll Free Number:.....	

ONE MONTH PERFORMANCE CERTIFICATE

(to be filled by the head of Department individually for every equipment)

Date:

SUP.CODE/ Name of the Supplier		EQPT CODE /Name of the equipment:		
Manufacturer	Model	Serial no.		
Installation Date	Installation Location	Project		
Purchase Order No.	Dated	Value		
Whether Equipment working satisfactorily without any problem for one month?	Yes <input type="checkbox"/> No <input type="checkbox"/>			
If No, details of equipment failure in the first month (attach additional details if any in a separate sheet)				
DETAILS OF EQUIPMENT FAILURE				
Break date(s)	Attended Date	Rectified date	Attended by	Details of Breakdown/ service
Present status of the equipment		Working satisfactorily <input type="checkbox"/> Not working satisfactorily <input type="checkbox"/>		
Recommended to settle the final payment (2 nd Installment)		Yes <input type="checkbox"/> No <input type="checkbox"/>		
Recommended for Trail Run for one more month		Yes <input type="checkbox"/> No <input type="checkbox"/>		
PERFORMANCE ACCESSORIES SUPPLIED				
Further Training		Required <input type="checkbox"/> Not Required <input type="checkbox"/>		
Remarks of the Department Head				
One month Performance Certificate was issued on (Date to be filled by the end user)				
Signature of the Dept Head		Signature of the Department Head		
Name :		Name:		
Date:		Date:		
Date:		Date:		
Seal of Supplier		Seal of End user:		

KSDPL: Tender Document for the supply & installation of Machineries

CHECK LIST

Name of the Tenderer			
Vendor Registration No.			
Sl.No	Item	Whether included – Yes/No	Page No
A. Check list & Financial details.			
1	Check list as per Annexure VIII.		
B. Registration Documents * Registered KSDPL vendors need not submit the documents			
4*	General information about the tenderer as per Annexure IX.		
5	Power of Attorney as per format in Annexure XIV		
6	Registration documents proving the registration of the place of business and showing the details of partners / promoters / board of directors etc. (as applicable for the type of firm it is registered.) a. Memorandum of Association and Articles of Association / InCompany Certificate. b. Proprietary Registration Certificate c. Partnership deed. d. Society Registration Certificate.		
7*	Audited Accounts Statement of the following documents for the last 3 financial year a. Annual Report, Balance sheet, P&L Statement. b. Turn over statement as per Annexure XV c. IT Returns.		
8	Latest Sales tax clearance certificate .		
9	Details of Service centers as per Annexure XI.		
10	Documents showing service centre facilities in Kerala/South India. (Any valid address proof)		
C. Technical Documents			
11	The documents proving that the tenderer is an Original Equipment Manufacturer or their principal dealers/importers for Kerala/ South India/India (Annexure I or II)		
12	Technical literature, product data sheet with original brochure and other documents proving that the equipment meet all the technical parameters as laid down under Section IV.		

13	Comparative statement of the technical specifications and compliance with the suppliers offered model, deviations and justifications. (ANNEXURE XVII)		
14	Offer form as per Annexure X		
15	List of Installations of the offered model in Kerala and South India (Government and private institutions separately with name/designation of the contact person, phone number/fax/e-mail). Ether as per Ann3exure III or separately.		
16	Preventive Maintenance check list as per Annexure XII		
17	Calibration Check list as per Annexure XIII		
18	Tender document terms & conditions acceptance declaration as per Annexure XVI signed & sealed by the tenderer or the authorised signatory.		
19	Supply order copies and performance reports for the last 3 calendar years of the offered model from the user institutions showing the following details.		
	a. tenderer and manufacturer have been in the business of the supply and installation of the equipment offered for the last three years		
	b. tenderer and manufacturer supplied and installed the same/similar equipment as per the schedule of requirements in any one of the last two calendar years in the country		
	c. Satisfactory performance certificate		

KERALA DRUGS & PHARMACEUTICALS LTD
GENERAL INFORMATION ABOUT THE TENDERER

1	Name of the Tenderer	
2	Registered Address of the company: (Address, tel, fax, e-mail, website)	
3	Office Address E-mail website	
4	Contact Person Designation Mobile Phone No Telephone No Fax No e-mail	
5	Key Personnel : (Chairman / Managing Director/Managing Partner etc)	
6	Whether the tenderer Original Equipment Manufacturer or the authorised dealer/representative? If authorised dealer/representative, then name of the Principals/OEM	
7	Registration No. & Date of InCompany of Company	
8	Principal Place of Business	
9	Act/Rule under which the firm was registered	
10	Type of Company (Limited, Pvt. Ltd, Partnership, Proprietary, PSU, etc.)	
11	Turn Over of the company 2016-17 2017-18 2018-19	
12	Number of offices / centers in Kerala/South India/India	
13	Whether any criminal case was registered against the company or any of its promoters in the past Yes/ No	
14	Other relevant Information provided *	

* here enclose the details such as presentation on the details of the tenderer in a CD preferably (please avoid submission of detailed leaflets/brochures etc, if possible)

Date : Office seal

Signature of the tenderer/ Authorised signatory

OFFER FORM

I. Having examined and accepting the conditions of the tender document no we here by submit this offer for the supply of equipment conforming the detailed technical specification and quantity mentioned in section IV of the tender document. The details of the equipment offered are as follows.

Name of the equipment	Model name (s) of the equipment offered	Original Equipment Manufacturer	Quantity offered

II. a) We also hereby declare that we have not supplied the same make or with same/lower/higher configuration of the offered equipment in any of the departments of Govt. of Kerala.

OR

(Strike out which is not applicable)

b) We hereby declare that we have supplied nos of equipment offered, with the same /lower/ higher configuration in any of the departments of Govt. of Kerala and the performance certificate obtained from nos in any of the departments of Govt. of Kerala.

Name of the institution	Name of the Equipment	Model	Original Equipment Manufacturer	Quantity supplied

Date : Office seal

Signature of the tenderer/Authorized signatory

Annexure IX**SERVICE CENTRE DETAILS**

Sl. No	Name and address of the service center (s)	Phone Nos.	Fax no	e-mail address	No of Service engineers
1					
2					
3					

Sl.No	Name of Service Engineer	Mobile number	Location
1			
2			
3			

Toll free no. (If any) :
Name of service Head :
Mobile no :
Date :

Office seal

Signature of the Tenderer/Authorized signatory

KERALA DRUGS & PHARMACEUTICALS LTD
PREVENTIVE MAINTENANCE CHECK LIST

Equipment Name :

Model :

Sl. No.	Activities carried out during Preventive Maintenance visit	Visit 1	Visit 2	Visit 3	Visit 4
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

(put 'Z' in the appropriate visit during which the activity is carried out)

Date :

Office seal

Signature of the tenderer/Authorized signatory

KERALA STATE DRUGS & PHARMACEUTICALS LTD
CALIBRATION CHECK LIST

Equipment Name :

Model :

Sl. No.	Parameters to be calibrated	Frequency of calibration required
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		
11		

Date :

Office seal

Signature of the tenderer/Authorized signatory

POWER OF ATTORNEY

(On a Stamp Paper of relevant value)

I/ We.....(name and address of the registered office) do hereby constitute, appoint and authorise Sri/Smt(name and address) who is presently employed with us and holding the position of As our attorney, to act and sign on my/our behalf to participate in the tender no..... for (Equipment name). I/ We hereby also undertake that I/we will be responsible for all action of Sri/Smt..... undertaken by him/her during the tender process and thereafter on award of the contract. His / her signature is attested below

Dated this the ____day of 201__

For _____
(Name, Designation and Address)

Accepted
_____(Signature)
(Name, Title and Address of the Attorney)
Date : _____

ANNUAL TURN OVER STATEMENT

The Annual Turnover of M/s_____for the past three years are given below and

Certified that the statement is true and correct.

Sl. No. Year Turnover in Lakhs (Rs)

1. 2018 - 2019 –

2. 2019 - 2020 -

3. 2020 - 2021 -

Total - Rs. _____ Lakhs.

Average turnover per year - Rs. _____ Lakhs.

Date:

Signature of Auditor/ Chartered Accountant
(Name in Capital)
Seal:

DECLARATION FORM

I/We M/s. _____ represented by its Proprietor / Managing Partner / Managing Director having its Registered Office at _____ do hereby declare that I/We have carefully read all the conditions of tender KSDPL/..... DATED for supply of floated by the Kerala State Drugs & Pharmaceuticals Ltd., ALAPPUZHA and accepts all conditions of Tender.

Signature of the tenderer/Authorized signatory

DEVIATION STATEMENT

Sr. No.	Item No. / Clause No.	Item / Clause Description as per Tender	Deviation asked for by Bidder	Reason for asking Deviation

Tender Inviting Authority has all the rights to accept/reject the deviations. if not accepted , Bidder has no rights to claim the deviations.

I /We hereby declare that the information provided above are correct and in accordance with the tender filled by us.
The deviation not mentioned in this document but observed in the tender will be sufficient reason for disqualifications of my / our tender.

Signature of the tenderer/Authorized signatory

FORMAT FOR COMPLETION SCHEDULE

Sl. No	Activities description	Responsibility	Period in weeks	
			Week starting	Week ending
1	Placement of order (effective date of order)	KSDP	--/--/---- (DD/MM/YYYY)- 1 st week	
2	Finalise contract agreement (ACCEPTANCE OF purchase/Work Order)	Supplier		
3	Visit KSDP collection of data required by supplier			
4	Submission of QAP/data/drawing by supplier to KSDP Engineer for reference /approval i)Load data ii) Foundation drawings iii)General layout/ arrangement drawings			
5	Procurement of materials			
6	Fabrication/Manufacturing			
7	Procurement of bought out items			
8	Shop testing/ painting			
9	Packing/ forwarding shipment			
10	Receipt at KSDP site			
11	Site Preparation			
12	Erection works			
13	Final inspection & testing			
14	Testing/ trials/Commissioning			
15	Performance guarantee test			
16	Finish painting			
17	Site documentation			
18	Handing over			

Signature of the tenderer/Authorized signatory

KERALA STATE DRUGS & PHARMACEUTICALS LTD.
KALAVOOR P.O., ALAPPUZHA

Annexure_17: AMC CHARGES (LABOUR ONLY) per unit

Equipment	Name/Component	Qty	AMC Charges after warranty				
			After warranty 1 st Year	After warranty 2 nd Year	After warranty 3 rd Year	After warranty 4 th Year	After warranty 5 th Year

Date : Office seal

Signature of the tenderer/Authorized signatory

DETAILS OF KEY TECHNICAL AND ADMINISTRATIVE PERSONNEL EMPLOYED BY THE FIRM / COMPANY

SL NO	Designation	Total Number	Names	Qualification	Professional Experience	Length of continuous service with employer
1	2	3	4	5	6	7

Note : additional information about Technical personnel , if any , may be submitted on separate sheet.

Signature of Applicant(s)

KERALA STATE DRUGS & PHARMACEUTICALS LTD
SPARES PRICE LIST

Equipment Name :
Model :

Sl. No.	Spare name	Cost (inclusive of all charges)
1		
2		
3		
4		
5		
6		
7		
8		
9		
10		

Date :

Office seal

Signature of the tenderer/Authorized signatory