

ELIGIBILITY CRITERIA FOR EMPANELMENT OF SUPPLIERS

Central Hospital, Garden Reach, South Eastern Railway, intend to prepare a panel of suppliers of medicines for day to day cash purchase section. The suppliers should fulfill the following criteria for empanelment:-

- 1) The suppliers should have trade license, drug license, current pharmacy registration certificate, VAT registration certificate and up to date IT return.
- 2) The suppliers should have their own shop with in 08 kms from Central Hospital, Garden Reach, South Eastern Railway.
- 3) Minimum discount 5% on MRP and firm offering more discounts will be given preference.
- 4) The suppliers must supply the orders within 18 hours in normal situation and **very shortly in** emergency cases.
- 5) Payment will be made through A/c payee cheque of CBI/Garden Reach.
- 6) Validity of contract for supply of medicines will be for 3 years.
- 7) The suppliers will be empanelled after inspection of premises by Competent Authority.
- 8) Failure to supply the medicines within 18 hours or denial of supply on more than three occasions will make the suppliers liable to be de-listed from panel with/without any intimation at any time during the contract.
- 9) Suppliers have their previous work experiences with government organization/PSU/Private sector will be given preference.
- 10) The Suppliers should submit their rate quotation for items of more than Rs 500/- each with specifying the discount as and when required.
- 11) Regarding empanelment of suppliers, decision of Central Hospital authority will be final and binding on everyone.

**Medical Director
Central Hospital/ GRC**

APPLICATION FORMAT

To
The Medical Director,
S.E.Railway/GRC,
Kolkata-700043.

Sub: Empanelment of Suppliers For Cash Purchase Section/ S.E.Railway /Garden Reach, Kolkata-700043.

Respected Madam,

In reference to your advertisement published on(Name of news paper)
dated..... the following particulars are given below.

| | | |
|-----|--|----------|
| 1. | Name of Supplier | |
| 2. | Name of proprietor | |
| 3. | Name of Registered Pharmacist | |
| 4. | Postal Address | |
| 5. | Email Address | |
| 6. | Telephone No (Office & Home) | 1. 2. |
| 7. | Bank Name & A/c No | |
| 8. | Distance from Central Hospital/ Garden Reach/S.E.Railway. | |
| 9. | Discount on MRP (Not less than 5%) | |
| 10 | Work Experience with Gov sector/PSU/Private Hospital if any. | |
| 11. | Certificate attached a) Drug license b) Trade License c) Current pharmacy registration certificate d) VAT registration certificate e) Current IT returns. f) Credential certificate if any | |

I/We(Name of proprietor) do hereby declare that the entries made in the application as well as the documents enclosed along with the application form are true to the best of my knowledge. In case of any misinformation/ incorrect documents produced by me, the Medical Director reserves the right to cancel/ terminate the application without prior notice/ assigning any reason whichever is applicable.

Official seal with date

Signature