

EMPANELMENT OF SUPPLIERS

Central Hospital, Garden Reach, S. E. Railway intend to prepare a panel of suppliers of medicines for day to day cash purchase section. The suppliers should fulfill the following terms and conditions/criteria for empanelment:-

1. The suppliers should have trade license, drug license, current pharmacy registration certificate, GST registration certificate, and current IT return.
2. The suppliers should have their own shop within 08 kms from Central Hospital, Garden Reach, S. E. Railway.
3. Minimum discount 12.5% 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 12 hour 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.1000/- each with specifying the discount as and when required.
11. Suppliers will be selected on above mention terms and conditions basis and also offer by the firms of percentage of discount on MRP.
12. Regarding empanelment of suppliers, decision of Central Hospital authority will be final and binding on everyone

APPLICATION FORMAT

To,

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

Sub: Empanelment of suppliers for Cash Purchase section, GRC, S.E.Railway, Kolkata-700043.

Respected Madam,

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

01.	Name of supplier	
02.	Name of proprietor	
03.	Name of registered pharmacist	
04.	Postal address	
05.	E-mail address	
06.	Telephone number (Office & home)	1. 2.
07.	Bank name & Account No.	
08.	Distance from Central Hospital/GRC/S.E.Railway	
09.	Discount on MRP (Not less than 12.5%)	
10.	Work experience with Govt. sector/PSU/Private hospital if any	
11.	Certificate attached :- (a) Drug License (b) Trade License (c)Current Pharmacy registration certificate (d) GST registration certificate (e) IT return (F.Y 2017-2018) (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 wrong information/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