

CORRIGENDUM-I

Tender for rate contract and supply of Medical Devices/ Consumables for different healthcare facilities of state of Bihar

Notice Inviting Tender Ref No.: - BMSIC/MEDICALDEVICES/CONSUMBALES/21-12.

Dated: -19-01-2022

(Only through E- Tender on website: -www.eproc.bihar.gov.in)

Bihar Medical Services and Infrastructure Corporation Limited (BMSICL) has invited E-Bids from the interested parties for **"Tender for rate contract and supply of Medical Devices/Consumables for different healthcare facilities of state of Bihar"**, vide Notice Inviting Tender No.- **BMSIC/MEDICALDEVICES/CONSUMBALES/21-12**. Detailed tender document containing eligibility criteria, selection mechanism, other terms and conditions are available on the website **www.eproc.bihar.gov.in**.

Also, Annexure-IX of the floated bid document may be read as Annexure IX attached to this Corrigendum.

In order to ensure wider participation, the revised extended tender schedule is as follows: -

Revised Tender Schedule

Tender Reference No.	BMSIC/MEDICALDEVICES/CONSUMBALES/21-12.
Date and time for downloading of bid document	Upto 31st January 2022 till 1800 Hrs.
Last date and time of submission of online bids	Upto 01st February 2022 by 18:00 Hrs.
Last date and time for submission of original bid documents with EMD and Tender Fees	Upto 02nd February 2022 till 14:00 Hrs.
Date, Time and Place of opening of Technical Bid	Upto 02nd February 2022 (at 15:00 Hrs.) on the website of www.eproc.bihar.gov.in in the office of BMSICL
Date and time of opening of Financial Bids	To be announced later on www.bmsicl.gov.in and www.eproc.bihar.gov.in
Validity of Tender	180 Days
Cost of the tender document	Rs. 10,000/- (Ten Thousand only) Non-refundable.
Bid Processing Fee	Rs 1180/- (One thousand one hundred eighty only) Non-refundable.

**Sd/-
GM (Procurement)
BMSICL**

ANNEXURE IX

PERFORMANCE STATEMENT						
(For the period of last three years)						
(Please furnish order copies of the client serially, the names of which are mentioned below)						
	Name of Bidder:			Name of the Item: (Performance statement in this format for each quoted item shall be submitted)		
	Name Manufacturer/ Importer:					
	Item Name with Drug NIT S.N.:					
S. N.	Order placed by (Address of purchaser) (attach documentary proof)*	Order no. & Date	Specification	Qty	Date of Completion	Have the items been supplied satisfactorily (attach documentary proof)
1						
2						
3						
4						
(Attach separate sheets if the space provided is not sufficient) *The documentary proof will be copies of the purchase order (during last three years) indicating P.O. No. and date.						

Authorized Signatory

Official
Seal:

Date

-END-