TENDER NO. BMSIC/MEDICAL DEVICES/CONSUMABLE/18-03

Check list - I: Evaluation sheet to be used for preliminary evaluation of technical bids

Company Name : Allied Healthcare Pvt Ltd **Total Number of Pages Submitted in bid documents: 1 to 121**

Sl. No	SBD clause serial No	Descrption of the Clause/ Technical Eligibility Criteria as per SBD as mentioned in the Check List	Document/ fees submission status (Yes/ No)	Page number	Do the provided documents meet the eligibility criteria ? (Yes/ No)	Remarks
1	3. (a)	**Tender Fee (Non –Refundable) of Rs 10,000/- in form of Demand Draft** drawn in Favor of "Managing Director, Bihar Medical Services and Infrastructure Corporation Limited" payable at Patna. This fee is payable only once for one tender irrespective of items contained therein.	YES	95-96	YES	–
2	3.(b)	Bidder are required to submit **Earnest Money Deposit in the form of Demand Draft / Bank Guarantee** drawn in favor of Managing Director, Bihar Medical Services and Infrastructure Corporation Limited from any Scheduled/Nationalized bank payable at Patna as follows:- Upto 5 Medical Devices/Consumable- Rs 50,000/- (Fifty thousand only), for 6 to 10 Medical Devices/Consumable- Rs 1,00,000/- (One Lakh only), for 11 to 20 Medical Devices/Consumable- Rs 1,50,000/-(One Lakh fifty thousand only) and for More than 20 Medical Devices/Consumable Rs 2,50,0,000/- (Two Lakhs fifty thousand only)	YES	89-94	YES	–
3	3.(c)	Documentary evidence of the **constitution of the company/ firm/ Proprietorship such as Memorandum and Articles of Association, Partnership Deed** etc. should be submitted with details of the Name, Address, Telephone Number, Fax Number, e-mail address of the firm and of the Managing Director / Partners / Proprietor should be submitted.	YES	37-43	YES	–
4	3.(d)	The **details of Bidder** Name, Address, Telephone Number, Fax. Number, e-mail address of the bidder and of the Managing Director / Partners / Proprietor should be submitted in Annexure-V.	YES	29	YES	–

5	3.(e)	**Power of Attorney or Resolution of Board** by which the **authorised signatory** has been authorised by bidder firm to sign the documents. As per Clause 3(e) of the NIT. **Format to be used.**	**YES**	**45**	**YES**	–
6	3.(k)	Copies of the **Audited Balance Sheet and Profit and Loss statement** showing details of their annual average turnover not less than **5 Crores** for any three of the last four consecutive financial years (Auditor/CA certificate of turnover will not be accepted). **Self-attested copies** are to be submitted.	**YES**	**116-118-120**	**YES**	–
7	3.(l)	Copy of **Income Tax Return for any three of last four Consecutive Assessment years** should be submitted **(self-attested)**.	**YES**	**105-108**	**YES**	–
8	3.(o)	**Copy of PAN Card of the bidder company should be submitted (self-attested).**	**YES**	**114**	**YES**	–
9	3.(p)	**Copy of certificate of valid GST registration of the bidder company should be submitted (self-attested).**	**YES**	**98**	**YES**	–

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5/3/2019

TENDER NO. BMSIC/MEDICAL DEVICES/CONSUMABLE/18-03

Check list - II: Evaluation sheet to be used for preliminary evaluation of technical bids

Company Name: - M/s Allied Healthsciences Pvt. Ltd. **Total Number of Pages Submitted in bid documents:**

Sl. No	SBD Clause serial No	Descrption of the Clause/ Technical Eligibility Criteria as per SBD, as mentioned in Check List	Document/ fees submission status (Yes/ No)	Page Number	Do the provided documents meet the eligibility criteria ? (Yes/ No)	Remarks
1	3.(d)	The **details of Bidder** Name, Address, Telephone Number, Fax. Number, e-mail address of the bidder and of the Managing Director / Partners / Proprietor should be submitted in Annexure-V.	Yes	29	No	Details are Incomplete
2	3.(e)	**Power of Attorney or Resolution of Board** by which the **authorised signatory** has been authorised by bidder firm to sign the documents. As per Clause 3(e) of the NIT. **Format to be used.**	Yes	44 -45	Yes	
3	3.(f)	In case of manufacturer, the bidder firm must have a valid manufacturing license or duly acknowledged renewal application with old license issued by the state licensing authority/Central licensing approving authority under Medical Devices Rules 2017 where ever applicable.	NA	-	-	
		Approved product list as per the license issued for quoted MEDICAL DEVICES/CONSUMABLE as Per Medical Devices Rules 2017.	NA	-	-	
		• Manufacturing License along with approved product list must be valid till the last date of the submission of tender	NA	-	-	
		In case of Importer, the bidder (importer) firm must have a valid import License with product registration certificate issued by the Drugs controller General of India as per Medical Device Rule 2017. All Quoted products should be accompanied by their invoices, statement and import License showing that the quoted product are being imported and sold in India by the bidder (Importer) firm minimum for Last three years. Import license must be valid on the last date of submission of tender.	NA	-	-	

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		In case of Non-drug item(s) where neither the D & C Act 1945 nor the Medical Device Rule 2017 is applicable the bidder must have a manufacturing license/import export certificate (IEC) with an undertaking/Self declaration in his letter pas as per Annexure-VII that the item(s) quoted by the bidder is/are non-drug item(s) i.e neither covered under D & C Act nor Under Medical Device Rule 2017 .	**Yes**	**50-53**	**No**	**IEC submitted in which validity date not mentioned**
4	**3.(g)**	Bidder must have Market Standing Certificate of minimum three years issued by the concerned Licensing Authority from Drugs Control Department/Concerned Government Department for the quoted product. Self-attested copies are to be submitted	**Yes**	**59-61**	**No**	**Issued by CA (Not issued by Concern Govt. Deptt.)**
5	**3.(h)**	Non Conviction Certificate (NCC) issued by the concerned Licensing Authority from Drugs Control Administration/Concerned Government Department of the state for last three years should be submitted. It should be not more than one year old. Self-attested copies are to be submitted.	**No**	**-**	**-**	
6	**3.(i)**	WHO-GMP/GMP (Good Manufacturing Practice) as per revised Schedule-'M'/COPP Certificate of the manufacturing unit issued by the Licensing Authority/ Drugs Control Department/BIS/ISI certificate issued from the concerned department. The GMP certificate should remain valid till the last date of submission of tender. Self-attested copies are to be submitted.	**No**	**-**	**-**	
7	**3.(j)**	Maximum Batch Production Capacity Certificate (section wise) issued by concerned Licensing Authority form Drugs Control Department/Concerned government Department highlighting the quoted product section. Self-attested copies are to be submitted. Importers will have also to submit Invoices/Evidence of import in items of said product with quantity details.	**Yes**	**80-85**	**Yes**	
8	**3.(m)**	The tenderer should give an affidavit sworn before first class magistrate / Notary stating that the firm & its quoted product is not black listed currently (as on the date of submission of the tender)by Central Government / Central Government agencies/any state government or any of the state government agencies / or any Drug procurement agencies or by BMSICL as per **Annexure-II.**	**Yes**	**87-88**	**Yes**	
9	**5.(k)**	An Affidavit (with stamp) regarding acceptance of tender conditions to be submitted by the bidding firm as per **Annexure-IV.**	**Yes**	**35-36**	**Yes**	
10	**5.(l)**	Filled check list as per given Annexure-VI to be submitted at the time of uploading the bid.	**Yes**	**31-32**	**Yes**	

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n of the Board by which the authorized signatory has irm should sign the documents in cases where person ctor/Managing Partner or sole Proprietor signs the document.	-	-	-	
rtificate to be uploaded as specified in bid, is not der shall attach a scanned copy of declaration in the ic document is not applicable/exempted for the bidder onnection to this tender.	No	-	-	
tandards for medical device.— conform to the standards laid down by the Bureau of nder section 3 of the Bureau of Indian Standards Act, notified by the Ministry of Health and Family Welfare al Government, from time to time. of any medical device has been laid down under sub- nform to the standard laid down by the International ation (ISO) or the International Electro Technical or by any other pharmacopoeial standards. ch have not been specified under sub-rule (1) and sub- onform to the validated manufacturer's standards.	(CE) ISO Yes	13~~-16~~	Yes	
e/ Lower Price Certificate.	No	-	-	

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TENDER NO. BMSIC/MEDICAL DEVICES/CONSUMABLE/18-03

Check list - III: Evaluation sheet to be used for preliminary evaluation of technical bids

Company name: - M/s Allied Healthsciences Pvt. Ltd. Total Number of Pages Submitted in bid documents:

Sheet to be used for verification of product approval and market standing

Sl. No	NIT Sl. No	Name of the Quoted MEDICAL DEVICES/CONSUMABLE		Specification		Pack Size		Product category	Approval Details			Last 3yrs market standing certificate/ New Drug
		As per NIT	As per Approval	As per NIT	As per Approval	As per NIT	As per Approval	(Drug/Non Drug)	First Approval	Approved Upto	Approved in Brand /Generic Name	
1	2	HB Testing Kit (Haemoglobein Colour Scale Kits)	Not Submitted	1. The technology of the system should be Colour Scale Based. 2. The Colour Scale for Hemoglobin should have a calibrated and dully validated laminated Hemoglobin Scale booklet with measurement of Hb in g/dl marked in 4,6,8,10,12 & 14 range for easy & accurate detection of Hemoglobin levels. 3. The Validation document from Confederation of American Pathologist Accrediated (CAP)/National Accreditation Board for Testing and Calibration Laboratories (NABL) must be attached with the tender otherwise the tenderer would be disqualified. The validation must be of the current batch to be supplied by the supplier. 4. The kit must contain one each of Colour Scale Card and 1x200 strips in a dispenser box that must contain 100 strips on each side of the box having 2 openings dispensing sides containing 100 strips on each side totaling to 200 strips. Kit should contain 200 lancets for finger prick. 40 8. Colour scale range should be as follows with an indication of Haemoglobin (in equivalent g/dl), (i) 4g/dl- Colour grade (ii) 6g/dl- Colour grade (iii) 8g/dl- Colour grade (iv) 10 g/dl- Colour grade (v) 12g/dl- Colour grade (vi) 14g/dl- Colour grade 9. Storage Conditions: - Dry, room temperature. The strip must be kept in their closed dispenser to avoid becoming damp when not actually being used. 10. Final Packaging:- Store shall be securely packed in normal trade packing of corrugated boxes to avoid loss or damage during the transit by rail/road.	Not Submitted	a) The kit must have a weather proof packaging for easy carrying and storage. A sample must be deposited along the tender. b) The colour scale booklet & test kits must have NHM Logo at the time of supply with the year of supply inscribed on the pack. c) Instruction for use should be included with the box pack. d) Steps to be followed for using colour Scale must be printed on the colour scale book both in English & Hindi. e) Guideline with sketch must be there with each test kit pack. f) Manufacturer details with production batch & expiry details must be printed on the test box along with shelf life after opening of the box. g) All Refill Kit sketch must be laminated or covered with plastic.	Not Submitted	Non Drug	Not Submitted	Not Submitted	Brand	Yes Issued by CA

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TENDER NO. BMSIC/MEDICAL DEVICES/CONSUMABLE/18-03

Check list - IV: Evaluation sheet to be used for preliminary evaluation of technical bids

Company name: - M/s Allied Healthsciences Pvt. Ltd. Total Number of Pages Submitted in bid documents:

Sheet for verification of licence details

Sl. No	NIT Sl. No	Name of the MEDICAL DEVICES/CONSUMABLE as per NIT	Manufacturer		Importer		Validity		GMP/ WHO GMP/ COPP (Import)/BIS/ISI	
			Forms Number	Manufacturing license Number	Forms Number	Import license Number	From	To	From	To
1	2	HB Testing Kit (Haemoglobein Colour Scale Kits)	NA	NA	IEC	503080969	09.03.2004	Not Mentioned	Not Submitted	Not Submitted

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