



MUMBAI DISTRICTS AIDS CONTROL SOCIETY

Established by

BRIHANMUMBAI MUNICIPAL CORPORATION



Regd. No. 891/980

No: MDACS /Quo/ 13 / PO-CST

Date: 01/03/2025

To,

Dear Sir,

Sub: Invitation for quotation for Procurement of Tab. Lamivudine 150mg for ART Centers.

1. You are invited to submit your most competitive rate for the following drugs:

Sr. No.	Brief Description for the Drug	Qty	Place of Delivery
1.	Tab. Lamivudine 150 mg	30,000 Tabs	MDACS office

2. **Delivery Period:** within 30 days from the date of receipt of purchase order.

3. **Bid Price**

- The contract shall be for the full quantity as described above. Corrections, if any, shall be made by crossing out
- All duties, taxes and other levies payable on the raw materials and components shall be included in the total price.
- GST in connection with the sale shall be shown separately.
- The rates quoted by the bidder shall be fixed for the duration of the contract and shall not be subject to adjustment on any account.
- The Prices shall be quoted in Indian Rupees only.

4. Each bidder shall submit only one Quotation.

5. **Validity of Quotation**

Quotation shall remain valid for a period not less than 45 days after the deadline date specified for submission. The withdrawal of the offer before validity period will entail forfeiture of EMD.

6. **Evaluation of Quotation**

The Purchaser will evaluate and compare the Quotation determined to be substantially responsive i.e. which are

- properly signed; and
- confirm to the terms and conditions and specifications

The quotations would be evaluated for each item separately.

GST in connection with sale of drugs shall not be taken into account in evaluation.

Acworth Complex, R. A. Kidwai Marg, Wadala (West), Mumbai – 400 031.

Tel No. 24100246/47 Telefax: 24100250 Email: mumbaimacs@gmail.com,



Life is precious Stop HIV/AIDS
Keep the Promise

7. Award of Contract

The Purchaser will award the contract to the bidder whose Quotation has been determined to be substantially responsive and who has offered the lowest evaluated Quotation price.

- 7.1 Notwithstanding the above, the Purchaser reserves the right to accept or reject any Quotations and to cancel the bidding process and reject all Quotations at any time prior to the award of contract.
- 7.2 The bidder whose bid is accepted will be notified of the award of contract by the Purchaser prior to expiration of the Quotation validity period. The terms of the accepted offer shall be incorporated in the purchase order.
8. Payment shall be made within 30 days from the receipt of bill along with report of the delivery with stamp and signature of authorized person as acknowledgement.
9. As per prevailing rules TDS / SGST / CGST will be deducted at source towards income tax / SGST / CGST from all the bills submitted to the department. The TDS / SGST / CGST certificate shall be generated online by the Finance section of Mumbai Districts AIDS Control Society.
10. Expiry (Shelf life) of the drugs should not be less than 18 months at the time of delivery of the drugs.
11. Quotations from the manufacturers and their authorized distributors / agent / stockiest / are invited. The Quotations from authorized distributors / agents / stockiest should accompany a **letter of authority** from the manufacturer authorizing item to quote for the drugs.
12. Quotationers should submit documentary evidence that they have requisite qualifications, experience, past performance and capacity to complete the supply successfully on time for the drugs offered.
13. Quotationers should submit Valid WHO GMP Certificate along with Pharmaceutical Products list.
14. Quotationers should also submit a copy of the valid FDA License.
15. Quotationers should also submit Quality Assurance Certificate from Govt. laboratory or recognized institute along with the supply.
16. Vendors should offer full quantity of the item.
17. The purchaser reserves the right at the time of contract award to increase or decrease the quantities indicated above by 25% without any change in the unit price or any other terms & conditions.
18. The quotation should be sealed with wax.
19. **Incomplete, irregular, unsealed, unsigned and Quotations received after the due date and time will not be considered.**
20. The Quotationers must fill up the rates in the format given along with the Quotations notice. The quotation must be stamped and signed by an authorized person. **If it is filled up in any other format, the same shall be rejected outright.**

21. The Quotationers must submit the **EMD of Rs. 5,040/- by Demand Draft or Banker's cheque or bank guarantee from any bank payment online in an acceptable form. The Demand Draft should be drawn in favor of Mumbai Districts AIDS Control Society.** The withdrawal of the offer before validity period will entail forfeiture of EMD. The EMD should be paid one day prior to the opening of the Quotation. A copy the EMD Receipt should be kept along with the Quotation. EMD Receipt no. should be mentioned on the Envelope.
22. Copy of GST Certificate & PAN card should be submitted.
23. The Quotationers must paginate the Quotation properly.
24. **Performance Security**

The successful bidder will have to pay 5% as **Security Deposit by Demand Draft, Banker's cheque or bank guarantee from any bank or payment online in an acceptable form only within 15 days on receipt of the purchase order.** If they fail to pay the Security Deposit within stipulated period, the contractor will be charged extra Rs. 100/- as a penalty.

Security Deposit will be refunded after two months from the completion of satisfactory supply.

25. Penalty

- a) For delay supply of drugs – ½ % per week or part thereof after the expiry of the delivery period subject to maximum 10%.
 - b) Failure of the supply – Earnest Money Deposit cum contract deposit will be forfeited and the material will be purchased at the risk and cost of the suppliers.
 - c) Variation in specification – material will be rejected and cost of the said recovered from the supplier.
26. Last Date and time of receipt of Quotations:

The Quotationers must fill up the rates in the format given along with the Quotations notice. Quotationers should submit their sealed Quotation in sealed envelope sealed with sealing wax only duly super-scribed on the envelope as "Invitation for quotation for Procurement of Tab. Lamivudine 150 mg for ART Centers." due on 10.09.2025 latest by 1.00 p.m. which will be opened on the due date at 3.00 p.m.

27. Quotations will be opened in the presence of the bidders or their representative who choose to attend at 3.00 pm on 10/09/2025 in the office of the Mumbai Districts AIDS Control Society, Wadala, Mumbai – 400 031
28. We look forward to receiving your quotations and thank you for your interest in this project.


Dy. Director (CST)
MDACS


DD (Pro.)
MDACS

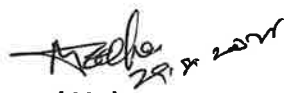

Addl. Project Director (I/c)
MDACS

Specifications & Terms and Conditions

1. Specifications

Sr. No.	Description of Drug	Quantity
1.	Tab. Lamivudine 150 mg	30,000 Tabs

- i) Expiry date of all the above drugs should be minimum 18 months from the date of delivery of offered drugs.
- ii) Stamp of **"NACO/MDACS/ Government Supply- Not for Sale"** should be put on drugs (on the strip / bottle / box)
- iii) **Delivery Period:** Within 30 days from the date of receipt of purchase order.


DD (CST)
MDACS

Bank Details for online EMD & SD Payment
MUMBAI DISTRICTS AIDS CONTROL SOCIETY
Acworth Complex, R.A. Kidwai Marg,
Wadala (W), Mumbai 400031

Name of the A/c.	:	MUMBAI DISTRICTS AIDS CONTROL SOCIETY DBS
Name of the Bank	:	BANK OF BARODA
Name of the Branch	:	WADALA
RTGS Code no.	:	BARB0WADALA (5th Character is Zero)
NEFT Code no.	:	BARB0WADALA (5th Character is Zero)
Saving Bank A/C No.	:	04210100016262

Note:

Kindly submit the details of Transaction ID to
mdacs.procurement@gmail.com & mdacsfinance@gmail.com after online
transfer of EMD/SD amount for further action.

FORMAT OF QUOTATION

Sr. No .	Description of Drugs	Name of the Manufacturer	Qty	Unit rate in Rs.	In Figures	In Words
1.	Tab Lamivudine 150 mg (as per specification & Terms and Conditions)		30,000 Tabs			
	Total ...					
	Add: GST% (HSN Code)					
	Gross Total ...					

Gross Total Cost: Rs. _____

We agree to supply the above drugs in accordance with the specifications for a total contract price of Rs. _____ (amount in figures) Rs. _____ (amount in words) within the period specified in the invitation for Quotations.

We also confirm that the Expiry (Shelf life) of the drugs is _____ months shall apply to the offered drugs.

We hereby certify that we have taken steps to ensure that no person acting for us or on our behalf will engage in bribery.

Signature of Supplier & Rubber Stamp

INFORMATION TO BE FILLED IN BY THE QUOTATIONER / TENDERER

Sr. No.	Particulars	To be filled by Quotationers / Tenderer
1	Quotation / Tender No and Date	
2	EMD Amount, Receipt no. and date	
3	Quotationers / Tenderer Firm Name	
4	Quotationers / Tenderer Address	
5	Name of Contact Person and Contact No.	
6	E-mail ID	
6	If is proprietary concern if so name of the owner	
7	If it partnership concern Name of Each partner	
8	Partnership deed and copy of registration certificate	
9	If it is company if so the documentary proof to show that the company is registered Name of the Director	
10	Details of the bank	
	1) Name of the bank	
	2) Name of the Branch	
	3) Address of the branch	
	4) Type of bank Account	
	5) Bank account No.	
	6) IFC Code	
	7) MICR Code	
11	Registration under GST Act	Yes / No
12	GST Registration No.	
13	GST Registration Certificate	
14	The Certificate of PAN documents and Photograph	Self-attested

Signature & Stamp of authorized person of concern Company/Quotationers/Tenderer

