



**MUMBAI DISTRICTS AIDS CONTROL SOCIETY**  
Established by  
**MUNICIPAL CORPORATION OF GREATER MUMBAI**



Regd. No. 891/980

No: MDACS /Quo/ 14 / PO-STI

Date: 08/09/2025

To,

Dear Sir,

**Sub: Quotation for Procurement of Syphilis Ultra Rapid Test Device (Whole Blood Serum Plasma) for STI.**

You are invited to submit your most competitive rate for the Rapid Plasma Reagin (RPR) Test kits for STI:

Sr. No.	Description	Specifications	Qty (in test)	Delivery Period	Place of Delivery
1	Syphilis Ultra Rapid Test Device (Whole Blood Serum Plasma) for STI	Separate Sheet attached	50,000 Tests	Within 15 days from the receipt of confirmation of batch validation	MDACS Office

**\* Note:** The responsive/lowest quotationers should supply 50 tests for batch validation.

**1. 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 Levis 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.

**2. Each bidder shall submit only one Quotation.**

**3. Validity of Quotation**

Quotation shall remain valid for a period not less than 45 days after the deadline date specified for submission.

**4. Evaluation of Quotation**

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

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

The Quotaitoners would be evaluated for each item separately.

GST in connection with sale of drugs shall 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**

## 5. 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.

5.1 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.

5.2 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.

6. 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.
7. As per prevailing rules TDS / SGST / CGST will deducted at source towards income tax / SGST / CGST from all the bills submitted to the department. The TDS / SGST / CGST certificate shall be generated on line by Finance section of Mumbai Districts AIDS Control Society.
8. Expiry (Shelf life) of the kits should not be less than 18 months at the time of delivery of the Kits.
9. 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 kits.
10. Quotationers should submit documentary evidence that they have requisite qualifications, experience, past performance and capacity to complete the supply successfully on time for the Kits offered.
11. Quotationers should submit Valid WHO GMP Certificate along with Products list.
12. Quotationers should also submit Quality Assurance Certificate from Govt. laboratory or recognized institute along with the supply.
13. Vendors should offer full quantity of the item.
14. 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.
15. The quotation should be sealed with wax.
16. **Incomplete, irregular, unsealed, unsigned and Quotations received after the due date and time will not be considered.**
17. The Quotationer must fill up the rates in the format given along with the Quotations notice. The quotation must be stamp and signed by authorized person. **If it is filled up in any other format, the same shall be rejected outright.**
18. The Quotationer must submit the **EMD of Rs. 10,080/- by Demand Draft or Banker's cheque or bank guarantee from any bank or 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 on one day prior to the opening of the Quotation. A Xerox copy the EMD Receipt should be kept along with quotation. EMD Receipt no. should be mentioned on the Envelope.

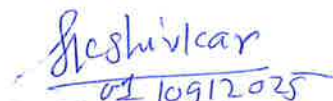
19. Copy of GST Certificate & PAN card should be submitted.
20. The Quotationers must paginate the Quotation properly
21. **Performance Security:**

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

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

**22. Penalty**

- a) For delay supply of Drug – 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.
23. Last Date and time of receipt of Quotations:
- The Quotationer must fill up the rates in the format given along with the Quotations notice. Quotationer should submit their sealed Quotation in sealed envelope sealed with sealing wax only duly super-scribed on the envelope as **"Procurement of Syphilis Ultra Rapid Test Device (Whole Blood Serum Plasma) for STI."** due on 16 . 09 . 2025 latest by 1.00 p.m., which will be opened on same day.
24. Quotations will be opened in the presence of the bidders or their representative who choose to attend at 3.00 pm on 16 . 09 . 2025 in the office of the Mumbai Districts AIDS Control Society, Wadala, Mumbai – 400 031
25. We look forward to receiving your Quotations and thank you for your interest in this project.

  
Dy. Director (STI)  
MDACS


  
DD (Procurement)  
MDACS

  
Addl. Project Director (I/c)  
MDACS

**Specifications & Terms and Conditions**

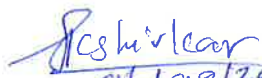
Sr. No.	Particular	Specifications	Qty (in test)
1	Syphilis Ultra Rapid Test Device (Whole Blood Serum Plasma) for STI	Separate Sheet Attached	50,000

- i) Expiry date of all the above Kits should be minimum 18 months from the date of delivery of offered kits.
- ii) Stamp of **"NACO / MDACS - Government Supply - not for Sale"** should be put on kits (on the strip / bottle /box)
- iii) **Delivery Period:** Within 15 days from the receipt of confirmation of batch validation.
- iv) The responsive/lowest quotationers should supply 50 tests for batch validation.

  
01/09/2025  
**DD (STI)**  
**MDACS**

### Technical Specification for Syphilis Rapid Kit

1. To provide early diagnosis of Syphilis infection
2. Qualitative test kits capable of detecting syphilis infection in all stages of infection by detecting antibodies to Treponema Pallidum in human serum/ plasma/ whole blood
3. The test should be able to detect Total Anti-Treponema Pallidum Antibody (IgG,IgM)
4. Pre -Coated with recombinant Treponema pallidum antigens (17KDa,15KDa) on test band region
5. Pallidum antigens-Colloid gold conjugate(17KDa,15KDa)
6. Pack size of the kit- 25-50 Tests
7. The test kit should be packed in such a way that there is provision to conduct single test at a time
8. Each test card/cassette should be provided with desiccant individually packed in a hermetically sealed and non-permeable pouch
9. It should be based upon the principle of Lateral Flow Immunochromatographic Assay
10. It should give Result in  $\leq 30$  minutes
11. Sensitivity (%) should be  $\geq 95\%$ , Specificity (%) should be  $\geq 95\%$  and the declared sensitivity and specificity should be claimed by the manufacturer in the kit literature
12. The kit should contain an internal control dot/band for the confirmation that the test has been performed correctly
13. The control dot/band should be able to detect the presence of human immunoglobulin and not be just a procedural control or meant merely for checking the flow of reagents or integrity of antigens except in lateral flow technology
14. Supplier should maintain cold chain during storage and transportation of Kits at  $2^{\circ}\text{C}$  to  $30^{\circ}\text{C}$
15. Adequate document detailing principle, components, methodologies, validity criteria, interpretation of results, performance characteristics, bio-safety, limitations of assay, storage condition, manufacturing & expiry date and method of disposal should be provided.
16. Kit should contain Test Card/Cassette with Desiccant, Sample Dropper, Assay Buffer (if any) and All the components shall be in the quantity as per pack size
17. Original kit literature (not photocopy) should be provided with each kit
18. The kit should be compliant to Medical Device Rules (MDR) 2017 as amended till date
19. Availability of valid drug license for the product issued from the competent authority defined under Drugs and Cosmetic Act 1940 and Rules made there under as amended till date should be provided
20. Manufacturing unit certification should be provided - CE/ ISO(Latest)/ USFDA/CDSCO
21. All necessary certifications, licenses and test reports should be submitted to the buyer at the time of bid submission or along with supplies
22. Shelf Life from the date of manufacture (in months)should be 18- 24 months
23. Minimum shelf life of the product at the time of delivery to the consignee should be 3/4th of Total Shelf Life
24. The supplier should agree to provide advance sample of the product for buyer's approval before commencement of supply.

  
02/09/2025  
DD (STI), MDACS

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

Name of the A/c.	:	MUMBAI DISTRICTS AIDS CONTROL SOCIETY DBS-NDBS
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](mailto:mdacs.procurement@gmail.com) & [mdacsfinance@gmail.com](mailto: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	Total Qty (in test)	Unit rate in Rs.	Rs. In Figures 6 (4X5)	Rs. In Words 7
1	2	3	4	5		
1	Syphilis Ultra Rapid Test Device (Whole Blood Serum Plasma) for STI		50,000 Tests			
	Total ...					
	Add: GST% (HSN Code)					
	Gross Total ...					

We agree to supply the above kits 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 kits 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 Quotationer / Tenderer
1	Quotation / Tender No and Date	
2	EMD Amount, Receipt no. and date	
3	Quotationer / Tenderer Firm Name	
4	Quotationer / 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	<b>Yes / No</b>
12	GST Registration No.	
13	GST Registration Certificate	
14	The Certificate of PAN documents and Photograph	<b>Self-attested</b>

**Signature of authorized person of concern Company / Quotationer / Tenderer**