

COMMAND HOSPITAL AIR FORCE,
P.O. AGRAM POST, BANGALORE - 560007

CREATION OF VENDOR DATABASE OF FIRMS AS APPROVED SUPPLIERS FOR
LOCAL PURCHASE OF MEDICAL STORES
FOR THE FINANCIAL YEAR 2022-23

1. Commandant, Command Hospital, Air Force, Bangalore invites applications for creation of vendor database for local purchase of Medical Stores. Financially sound and reliable vendors only are to apply. Vendors already registered with this hospital should also apply for renewal.

2. Vendors (Distributors / Retailers) are to submit all requisite documents for their registration as well as documents for approval of manufacturers whose items will be quoted / supplied by them. Manufacturers who are direct suppliers should also apply for the registration.

3. **Documents to be submitted by Wholesale Dealers (Distributors / Retailers) :**

a) Valid Drug Licence (wholesale / retail certificate) issued by State Drug Controller (Forms 20B / 21 B / 20G) for applicable categories of drugs. (Not applicable to Distributor for Non-drug items such as Surgical consumables / Devices and implants / Equipment)

b) 'Non Conviction' certificate with validity of one year issued by CDSCO (Central Drugs Standard Control Organization).

c) Annual turnover and statement of accounts for last three FY duly certified by CA.

d) PAN Card and GST Certificate.

e) Manufacturers' Authorization letter / Dealership certificate from reputed manufacturers whose items will be supplied.

f) Manufacturers' DGQA Registration OR WHO GMP (for imported Drugs) OR GMP Certificate issued by the State / Central authorities OR Proof of original inventor of the molecule / proprietary article.

a) For Importers: Import License on F-41 & F-10 as per Drugs & Cosmetic Rules 1945.

g) Affidavit on Rs 100/- non judicial stamp paper clearly stating the following:

(i) Name and Address of the proprietor of the Distribution Units.

(ii) Addresses of their Business Premises & Storage Facilities (Godown / Warehouse), which will be shown to the inspecting team.

(iii) Non-encumbrance in terms of sales tax, income tax, vigilance inquiry / litigation and black listing by any Govt. Organisation.

(iv) Undertaking that a Performance Bank Guarantee of 10% of the amount of supply orders received will be deposited with Command Hospital (AF) as security deposit.

(v) Self certification regarding quality assurance protocols followed. Supporting documents such as ISO Certification may be attached.

(vi) Undertaking that Vendor has not been barred / blacklisted with regards to business dealings of any pharmaceutical product by office of the DGAFMS or any Central / State Govt agency

(vii) Undertaking to honour all contractual obligations

4. **Documents to be submitted by Manufacturer who is a direct supplier:**

b) DGQA Registration OR GMP Certificate issued by the State / Central authorities OR Proof of original inventor of the molecule / proprietary article.

- c) Manufacturing and Marketing Certificate issued by the Central / State Drug Controller for three consecutive years with product list. (The condition will not apply to drugs which are introduced in India less than three years ago; however the vendor will submit a certificate from Drug Controller and Drug License in support of their claim.)
- d) For Imported drugs: WHO GMP Certificate / Certificate of Pharmaceutical Product (COPP) AND Import License on F-41 & F-10 as per Drugs & Cosmetic Rules 1945.
- e) 'Non Conviction Certificate' with validity of one year issued by CDSCO (Central Drugs Standard Control Organization).
- f) Annual turnover and statement of accounts for last three FY duly certified by CA. Annual turnover (of pharmaceutical products only) of more than Rs. 20 Crore per year for the last three consecutive years. Annual turnover/ Manufacturing / Marketing certificate of Foreign manufacturer if applicable.
- g) PAN Card and GST Certificate.
- h) Proof of registration with DGAFMS (Rate Contract), DGQA registration or any other Armed Forces Hospitals/ Copy of SO from any reputed civil/ Govt institutes if available

5. Applications are to be forwarded in a standard format which is available in www.chafb.org for further details contact telephone No. 080-25519020.

6. Applications for registration along with supporting documents are to be forwarded to OIC Medical Stores, Command Hospital Air Force, PO - Agram, Bangalore - 560007 by registered post / courier so as to reach **within 21 days** from the date of appearance **of this advertisement**.

7. Vendors who are already registered with this hospital are also be required to renew registration, fill the application and submit the documents as mentioned above. Past performance of existing vendors will also be taken into the consideration for renewal of their registration.

8. Incomplete / incorrect applications will be rejected and no correspondence in this regard will be entertained. Registration of vendors will be completed only after physical verification of business premises, documents & security clearance.

9. The Commandant, CHAFB reserves the right to reject any application without assigning any reason thereof.

Commandant
Command Hospital Air Force
Bangalore - 560007

COMMAND HOSPITAL AIR FORCE,
P.O. AGRAM POST, BANGALORE - 560007

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SUPPLIERS FOR LOCAL PURCHASE OF MEDICAL STORES
FOR THE FINANCIAL YEAR 2022-23

1. Commandant, Command Hospital, Air Force, Bangalore invites applications for creation of vendor database for local purchase of Medical Stores under price agreement. Financially sound and reliable vendors only are to apply. Vendors already registered with this hospital will also need to apply for renewal.

2. Applications for registration along with supporting documents are to be forwarded to OIC Medical Stores, Command Hospital Air Force, PO - Agram, Bangalore - 560007 so as to reach **within 21 days** from the date of appearance of **this advertisement**. For terms & conditions and Application form please visit www.chaf-b.org . For further details please call Tele No. 080-25519020.

Commandant
Command Hospital Air Force
Bangalore - 560007

REGISTRATION OF FIRMS / VENDORS FOR FIN YR 2022-23
COMMAND HOSPITAL (AF) BENGALURU-560007

APPLICATION FORM

1. **Particulars of Applicant**

<u>Name of the Manufacturing Firm / Distributor / Dealer</u>	
<u>Office Address</u> Landline No Fax No E-mail ID	
<u>Name/s of the proprietor / partners with contact details</u> Mobile No. Fax E-mail ID	
<u>Name of the contact person at Bangalore</u> Landline No. Mobile No. E-mail ID (Letter of authorization from competent authority of the firm to be attached)	
<u>Local Address of Warehouse / Godown at Bangalore</u> (Premises to be kept ready for inspection by Hospital Team)	
<u>Bank Details</u> Name of the Bank Branch Address Branch Code IFSC Code Account No	

Signature of Applicant

2. **Documents required to be submitted by Distributors / Retailers:**

SI No	Details of Documents		Copy Annexed
a)	Drug license valid in Karnataka State	Form Form Form Valid up to Valid up to Valid up to	Yes/No
b)	No Conviction Certificate	Valid up to	Yes/No
c)	PAN Number		Yes/No
d)	GST No		Yes/No
e)	Income Tax Returns of previous fin yr (3 yrs ITR for new vendors)		Yes/No
f)	Annual turnover duly certified by CA to confirm sound financial status	Number Valid up to	Yes/No
g)	Affidavit on Rs.100 Non judicial stamp paper (Sample attached)	(i) Name and Address of the proprietor of the Distribution units. (ii) Address of their business premises / storage / godown / warehouses, which will be shown to the inspecting team. (iii) An undertaking to honor contractual obligations (iv) Self certification regarding quality assurance protocol followed and Non-encumbrance in terms of sales tax, income tax, vigilance inquiry and litigation. (v) Undertaking that the vendor and the manufacturers whose items will be supplied by the vendor have not been barred / blacklisted with regards to business dealing of any pharmaceuticals product by office of the DGAFMS or any Central /State Govt agency.	Yes/No
h)	Copies of Supply Order issued to vendor from reputed Govt / Civil institutes	Give details below & attach the copy of the same (i) (ii) (iii)	Yes/No

J)	ISO/BIS/CE Certificate OR WHO GMP certificates of manufacturers represented by the vendor	Give details below & attach the copy of the same (i) (ii)	Yes/No
k)	For imported drugs: Import License WHO GMP certificate / Certificate of pharmaceuticals products (COPP as per Drugs & Cosmetic rules 1945).	Number _____ Dated _____ Valid Upto _____ Number _____ Dated _____ Valid Upto _____	Yes/No
l)	Annual turnover / Manufacturing / Marketing certificate of foreign manufacturers	Details	Yes/No

Signature of Applicant

3. **Documents to be submitted by Manufacturer who is also a direct supplier.**

a)	Three years manufacturing & marketing certificate issued by the State Drug Controller with product list	Number _____ Valid up to _____	Yes/No
b)	DGQA Registration OR WHO GMP Certificate OR GMP Certificate issued by State / Central authorities	Number _____ Valid up to _____ Number _____ Valid up to _____ Number _____ Valid up to _____	Yes/No
c)	If original inventor of the molecule	Details	Yes/No
d)	No Conviction Certificate	Valid up to _____	Yes/No
e)	PAN Number		Yes/No
f)	GST No		Yes/No
g)	Annual turnover (of only pharmaceuticals products) of more than Rs 20 crore per year for the last three consecutive years	FY _____ FY _____ FY _____	Yes/No
h)	Income Tax Returns and Statement of accounts duly audited & certified by CA of previous fin yr (3 yrs for new vendors)	FY _____ FY _____ FY _____	Yes/No

i)	Affidavit on Rs.100 Non judicial stamp paper (Sample attached)	(i) Name and Address of the proprietor of the Distribution units. (ii) Address of their business premises / storage / godown / warehouses, which will be shown to the inspecting team. (iii) An undertaking to honor contractual obligations (iv) Self certification regarding quality assurance protocol followed and Non-encumbrance in terms of sales tax, income tax, vigilance inquiry and litigation. (v) Undertaking that the vendor and the manufacturers whose items will be supplied by the vendor have not been barred / blacklisted with regards to business dealing of any pharmaceuticals product by office of the DGAFMS or any Central /State Govt agency.	Yes/No
j)	Copies of Supply Order issued to manufacturer from reputed Govt / Civil institutes	Give details below & attach the copy of the same (i) (ii)	Yes/No

Signature of Applicant

4. Details of registration with other institutes and experience

Whether Registered with other major institute. If yes enclose evidence in the form of approval letter received or supply order placed to applicant firm	O/o DGAFMS	
	CPP / GeM	
	Any other defence establishment	
	Other Govt and Major private institutions where you have business transactions	
	(a)	
	(b)	
	(c)	
	(d)	
(e)		
(f)		

Signature of applicant

5. Group applied for:

Sl.No.	Group	Remarks	Applied for (PI Tick)
1.	Drugs and Vaccines Group	All drugs and vaccines	
2.	General and specialized surgical consumables	All general surgical consumables, urology, GI, Onco, vascular, reconstructive and pediatric surgery, ENT, Eye, Lenses, Nephrology	
3.	Lab group	Lab chemicals, reagents and kits	
4.	Radiology & Nuclear Medicine	Films, contrast media, consumables	
5.	Fluids group	CAPD fluids, IV fluids	
6.	Medical Devices and Implants	Interventional devices used in cardiology, interventional radiology, Gastroenterology, Cardiovascular surgery	
7.	Orthopedics group	Orthopedic and Neurosurgical implants, orthotics and consumables	
8.	Medical gases	All medical gases	
9.	Hearing Aids	All Hearing Aids	
10.	Medical Equipment	All Medical Equipment	

Total groups applied for:

5. I hereby certified that I have submitted necessary originals and attested true copies of all documents required and I assure that they true to the best of my knowledge and belief.

Place:

Date:

Signature of applicant with office seal

GENERAL INSTRUCTIONS TO THE APPLICANTS

1. Applications are to be filled legibly in **BLOCK LETTERS**. Extra sheets may be added if reqd.
2. Signature and Firm's rubber stamp has to be placed in appropriate places.
3. The photocopies of all required documents are to self-attested and the original copy of the same to shown to Hospital team at the time of registration.
4. Validity of the licenses should be highlighted.
5. Valid authority letters have to be submitted form each manufacturer separately along with product list.
6. Any change in contact details or bank details have to be intimated immediately.
7. Outstation vendors should have a business premises and godown / warehouse at Bangalore for eligibility to apply.
8. Affidavit on stamp paper (Value Rs 100) with an undertaking to honor the contractual obligations) should be submitted as per format attached.
9. Any queries related to registration have to be addressed to OIC Med Store, Command Hospital Air Force, Bangalore – 560007.

UNDERTAKING

To

Commandant
Command Hospital Air Force
Agaram Post
Bangalore-560007

1. I _____
(Proprietor/Partner/Authorized Signatory)
 - a. Of
M/s _____
 - b. Certify that I have gone through the terms and conditions for registration of vendors and undertake to comply with them.
2. I hereby bind myself to the Commandant, Command Hospital Air Force, Bangalore for supply of various items to the Command Hospital during the period of registration.
3. That the items supplied will be of the best quality and as per the requirement of the institution.
4. That the items demanded by the Hospital will be delivered at Medical Stores, Command Hospital Air Force, Bangalore.
5. That the supply of items in full quantity will be delivered within the stipulated time mentioned in the supply order (SO). Should any failure or delay in supplies occur at the stipulated place and date, Commandant, Command Hospital may purchase those items from any other source and I will be liable to pay the difference in price.
6. That in case of emergent requirement, drugs will be supplied within minimum possible time within 24 hours) against delivery challan (DC) on supply order being placed telephonically by MOIC Medical Stores on behalf of Commandant, Command Hospital Air Force, Bangalore.
7. An Undertaking that, Performance Security Deposit in the form of a Performance Bank Guarantee (PBG) of 10% of contract value (supply order) when placed will be deposited with Command Hospital Air Force Bangalore. It will remain valid for a period of sixty days beyond the success completion of all obligations under the contract, including warranty and not merely up to delivery of stores.
8. I guarantee that the said stores conform to the description and quality aforesaid for entire life period. Inspection of drugs from DGQA/NABL certificate is mandatory in case the supply orders total value for the subject medicine/consumable/stores exceeds Rs. 1,50,000 (one lakh fifty thousand only).
9. I will be obliged to provide quality test report from DGQA Lab (Govt. of India) and NABL accredited Labs whenever asked to do so and the cost of testing will be borne by the suppliers. In case of items found defective, the total quality of the same would be immediately

replaced at the cost of vendor. The item should be of the latest manufacture, conforming to the current production standard and having 100% defined life at the time of delivery.

10. I would ensure that the stores supplied should not have passed more than 1/3rd of their useful life from the date of manufacturing at the time of delivery to the consignee and the remaining useful life that shall still be left would not be less than 2/3rd of the shelf life. I will replace the unconsumed stocks three months prior to expiry of shelf life.

11. If the stores are found to be defective I will replace the entire ordered quantity of the batches declared defective and the same will be destroyed locally by consignees and at the cost of the supplier. The cost of the entire ordered quantity of the batches declared defective would be recovered from the firm.

12. I / We declare that the my / our firm has not been blacklisted / debarred by any Government institution, nor are we encumbered in terms of GST / Income Tax, vigilance enquiry or litigation.

Affirmation

I pledge and solemnly affirm that the information submitted in the registration documents are true to the best of my knowledge and belief. I further pledge and solemnly affirm that I have not concealed any information related to the subject registration and if the purchaser notices any deviation from the contents of this undertaking the Commandant, Command Hospital, Air Force Bangalore will have full authority as deemed fit, to reject the registration without assigning any reasons thereof.

Place:

Signature of Vendor / Firm

Date:

Official Stamp of the Vendor / Firm

CHECK LIST FOR VENDOR REGISTRATION: NEW APPLICANT

Type of Vendor:.....

Sl	Description	Remarks
1.	Address & Tele No (No duplicate of address and phone Number by two different firms)	
2.	Local Address (for out station applicants)	
3.	Valid Drug License	
4.	No Conviction Certificate	
5.	PAN Card , GST, TIN, Regd certificates	
6.	Annual Turnover for last three F/Y	
7.	Income Tax Returns of previous three financial years	
8.	Annual turnover duly certified by CA	
9.	Affidavit on Rs. 100 Non Judicial stamp paper	
10.	Authorization Certificate for manufactures whose products will be supplied by the vendors	
11.	ISO/BIS/CE Certificate OR WHO GMP certificates of manufacturers represented by the vendor	
12.	For imported drugs: Import License WHO GMP certificate / Certificate of pharmaceuticals products	
13.	Annual turnover / Manufacturing / Marketing certificate of Foreign Manufacturers	
14.	Copies of Supply Order issued to vendor from reputed Govt / Civil institutes	
15.	<u>Documents from Manufacturers, as applicable</u> (a) Three years manufacturing & marketing certificate issued by the State Drug Controller with product list	
	(b) DGQA Registration OR WHO GMP Certificate OR GMP Certificate issued by State / Central authorities,	
	If original inventor of the molecule	
16.	Whether Registered with other major institute (O/o DGAFMS /GeM/ Any other Defence establishment	
17.	Group Applied for, indicated or not	
18.	Mobile Number for SMS (To be noted down)	

APPLICANT FOR RENEWAL OF REGISTRATION

Sl	Description	Remarks
1	Name of Firm	
2	Address & Tele No (No duplicate of address and phone Number by two different firms)	
3	Valid Drug License	
4	<u>For Manufacturers</u> : Manufacturing & marketing certificate issued by the State Drug Controller with product list	
5	No Conviction Certificate	
6	Annual Turnover for last one financial years	
7	Income Tax Returns of last one financial years	
8	Fresh authorization Certificate for manufactures whose products will be supplied by the vendors	
9	Group Applied for, indicated or not	
10	Mobile Number for SMS (To be noted down)	