

TENDER FOR RATE CONTRACTING OF PHYSIOTHERAPY AND OCCUPATIONAL THERAPY

CHECK LIST CUM OPENING SHEET

TO BE SUBMITTED IN DUPLICATE.
(EACH PAGE IS TO BE SIGNED WITH SEAL AND DATE)

1. Name of the Tenderer –
 2. Address and telephone number –
 3. Tendering as : (Please Specify Manufacturer / Importer)
 4. Status of Manufacturer : P.S.U./Pvt. Limited / Limited/Others
 5. Registered Head Office –
 6. A. Bihar State based office with address and phone no. (if available) –
B. Name and Post of the officer with address & phone no., who should be contacted, if required (enclose proper authority letter, Board of Resolution etc.)
C. Locations of different manufacturing units/Factories (with complete address, manufacturing License Number, phone no. & Name of the officer, who should be contacted, if required)
 7. **Documents Enclosed** : - (page no. of the document must be mentioned)
- a. **Manufacturing Licence / Import Licence/Industrial License as per clause ‘b’ of NIT.**

Details of Licence & Renewal of Licence

Sl. No.	Particulars	Unit-I	Unit-II
1	Address of Mfg. Units		
	Mfg. licence Nos./ Import Licence No.		
	Date of Issue of Licence		
	Valid up to Page No.		
2	Date of Issue of renewal certificate		
	Valid up to		
	Page No.		
3	Product approval list (Enclosed/Not Enclosed)		
	Date of latest endorsement		
	Page No.		

4 a. A	Importer-Exporter Code (IEC) issued by Foreign Trade Development Officer		
	Number and Date of Issue		
	Valid upto		
	Page Number		

b. Annual Turn Over (in Rs.) as per Audited Annual Report as per clause 'c' and 'd' of NIT.

(Auditor / C.A. Certificate of turn over will not be accepted.)

Year	Turn over in Rs.	Audited Annual Report enclosed / not enclosed	Page No.
2010-11			
2011-12			
2012-13			

c. PAN and Last three years Income Tax Return as per clause 'f' and 'e' of NIT.

Sr. No.	Particulars	Enclosed / Not Enclosed	Page No.
i	PAN Card Write PAN No		
ii	IT Return submitted for the year 2011-12		
iii	IT Return submitted for the year 2012-13		
iv	IT Return submitted for the year 2013-14		

d. Sales Tax / VAT Registration Certificate as per clause 'g' of NIT.

i	Registration No.		
ii	Registration Certificate	Enclosed / Not enclosed	Page No.....

e. Bureau of Indian Standard (BIS) Certificate/CE certificate of the quoted products, wherever applicable as per clause 'h' of NIT.

i	Enclosed / Not enclosed	
ii	Date of issue	
iii	Valid upto	
iv	Page No.	

f. I.S.O. certificate of the firm for quoted products as per clause 'i' of NIT.

i	Enclosed / Not enclosed	
ii	Date of issue	
iii	Valid upto	
iv	Page No.	

- g. **Manufacturer must have minimum of three years Experience of supplying of Physiotherapy and Occupational Therapy Equipments/Instruments. User list with supply order/indent must be enclosed as per clause ‘j’ of NIT.**

i	Enclosed / Not enclosed	
ii	Number of Years	
iii	Page No.	

- h. **Affidavit from First Class Magistrate/Notary regarding Blacklisting /or de-registration/debar as per clause ‘k’ of NIT.**

i	Enclosed / Not Enclosed	
ii	Sworn before	Write the name and designation
iii	Sworning date	
iv	Page No.	

- i. **Non-Conviction Certificate as per clause ‘l’ of NIT.**

i	Enclosed / Not Enclosed	
ii	Issuing Authority	Write the name & designation
iii	Issue date	
iv	Page No.	

- j. **Production Capacity Certificate issued by the Industry Department/Inspector of Factory or Production Manager of the firm as per clause ‘m’ of NIT.**

i	Enclosed / Not Enclosed	
ii	Issuing Authority	Write the name & designation
iii	Issue date	
iv	Page No.	

- k. **Article of Association or Memorandum of Association or Partnership deed as per clause ‘n’ of NIT.**

i	Article of Association	Enclosed / Not enclosed	Page No.....
ii	Memorandum of Association	Enclosed / Not enclosed	Page No.....
iii	Partnership deed	Enclosed / Not enclosed	Page No.....

- l. **Earnest Money (original demand draft should be enclosed) as per clause ‘o’ of NIT.**

i	Amount	Rs
ii	Demand Draft No	Date -
iii	Page No.	

- m. **Power of Attorney holder and Extract of Resolution as per clause ‘p’ of NIT.**

i	Power of Attorney holder	Enclosed / Not enclosed	Page No.....
ii	Extract of Resolution	Enclosed / Not enclosed	Page No.....

n. **Attestation of documents submitted as per clause 'q' of NIT.**

i	If all the documents have been duly attested ?	Write Yes or No -
ii	By whom the documents have been attested ?	Write the name and designation -
iii	Are all pages of the documents serially numbered ?	Write Yes or No -

o. **Affidavit from First Class Magistrate/Notary stating that the rate quoted in the financial bid is at least 20% less than the MRP and the rate quoted in this financial bid, is not more than the rate quoted in any other Government/Organisation for supply.
(To be enclosed with the Financial Bid in both First and Second Copy)**

i	Enclosed / Not Enclosed	
ii	Page No.	
iii	Sworn before	Write the name and designation of the Magistrate
iv	Sworning date	

p. **Price list and MRP List
(To be enclosed with the Financial Bid in both First and Second copy)**

Price list in Form -V for drug item	Enclosed / Not enclosed
Price List/MRP List/Trade Price List for Non-drug item	Enclosed / Not enclosed

q. **List of equipments/instruments quoted (Proforma -B)**

i	Enclosed / Not Enclosed	
ii	Page No.	

r. **Proforma of Performance Statement (Proforma -C)**

i	Enclosed / Not Enclosed	
ii	Page No.	

s. **Annual Turnover Statement (Proforma -D)**

i	Enclosed / Not Enclosed	
ii	Page No.	

I/we do hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particular is found to be materially incorrect / misleading, my/our tender shall be liable to be rejected and I/we will be liable for penal action as per terms specified in the Terms and Conditions of the tender

Date

**Full Signature of the Tenderer & Seal
(Write Name and Designation of the
Authorised Signatory)**