

## **Notice for**

### **Expression of Interest**

**For**

**Empanelment of Distributor/Chemist/  
suppliers to provide Home delivery of  
Medicines on Credit basis BYPL  
Dispensaries**

**EOI No.CMC/BY/19-20/RB/SS/036  
Dt.30.07.2019**

**Due Date & Time for Submission of EOI: 16.08.2019, 14:30 HRS**

**BSES YAMUNA POWER LIMITED**

Shakti kiran building, Karkardooma, New Delhi – 110032

Corporate Identification Number: U74899DL2001PLC11525

Telephone Number: +91 011 39992060/39999928

# **BSES YAMUNA POWER LIMITED (BYPL)**

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**SECTION – I**

**INSTRUCTION TO BIDDERS**

- 1.1 BSES YAMUNA POWER LIMITED (BYPL), Delhi is jointly owned by Reliance Infrastructure Limited & Govt. of NCT, Delhi.
- 1.2 BSES Yamuna Power Limited intend to require Distributer/Chemists/Suppliers to provide home delivery of medicines for the employees of BSES Yamuna Power Limited on daily basis for various dispensaries in central, North, South, east, West Delhi and NCR.

BYPL is inviting expression of interest from eligible bidders who are interested for providing these services to BYPL. This expression of interest is meant for selection of service providers which in turn would be eligible to participate in limited tenders that would be floated for carrying out these services.

The bidder must qualify the requirements as specified. The interested bidders are required to submit documents in support of the qualifying requirement.

1.3 Schedule & EOI Details:

Cost of Tender form (Non-Refundable)	: Rs. 1180/-
Tender documents on sale	: 30.07.2019 (working days)
Date & time of Submission of Tender	: 16.08.2019 till 12:00 HRS

The tender document can be obtained from address given below against submission of non-refundable demand draft of **Rs. 1180/-** drawn in favour of BSES Yamuna Power Ltd, payable at Delhi:

Head of Department  
Contracts & Material  
BSES Yamuna Power Limited  
IIIrd Floor, A Block,  
Shakti Kiran Building,  
Karkardooma,  
New Delhi – 110032

The tender papers will be issued on all working days upto the date mentioned in clause 1.3. The tender documents & detail terms and conditions can also be downloaded from the website [www.bsedelhi.com](http://www.bsedelhi.com). In case tender papers are downloaded from the above website, then the bidder has to enclose a separate demand draft covering the cost of bid documents.

- 1.4 Offer Submission: The offer to be submitted in original to the following address. The offer shall be in sealed envelope with EOI No. clearly mentioned on the envelope:

Head of Department  
Contracts & Material  
BSES Yamuna Power Limited



Yamuna Power Limited  
IIIrd Floor, A Block,  
Shakti Kiran Building,  
Karkardooma,  
New Delhi – 110032

- 1.5 BSES Yamuna Power Ltd reserves the right to accept or reject any Bid and to annul the Bidding process and reject all Bids at anytime prior to finalization of enlistment, without thereby incurring any liability to the affected Bidder or Bidders or any obligation to inform the affected Bidder or Bidders of the grounds for the Company's action.
- 1.6 After bid evaluation, the list of qualified tenderers will be posted on BSES website.

## SECTION – II

### Scope of Work

1. BYPL have about 4500 nos of employee with their dependent
2. **Application / Software for collection of data will be provided by BYPL.**
3. Medicines should be supplied / take away from the pharmacy on credit basis and free of delivery charges.
4. Payment will be made within 30 days of submission of Bills.
5. Branded medicines will be provided by the pharmacy without any substitute and change of brand. If substitute is to be provided then permission of CMO /MO BYPL is required.
6. Emergency/Cancer medicines as required are to be arranged time to time by the pharmacy.
7. Tie up will only be for medicine & medical consumables prescribed by BSES Yamuna Power Limited doctors.
8. **Supply of Medicine:**

Employees will visit Pharmacy stores along with original credit slip issued by CMO/MO BSES and copy of Medical Book to collect his/her /their medicines. Pharmacy will issue prescribed medicine to beneficiary (in complete qty.) and keep original credit slip along with original medicine bill after taking receiving on slip.

The credit slip issued by BSES will be available at dispensary, which will be collected by allocated Pharmacy once a day at given time and the same will deliver to employee of BSES within the mutual time period.

9. Delivery Schedule: Within six(6) hours after getting the credit slip/list of medicines.
10. Expiry of Medicines: Medicines supplied will have sufficient expiry period.
11. The pharmacy will issue computerized genuine bills with batch no. And expiry date details that reduces pilferage.
12. The pharmacy should follow Good Retail practices and should follow protocols as per the Drugs and Cosmetics Act, 1948.
13. The pharmacy should have competent and trained staff round the clock serving customers and should follow all industrial Labour Laws.

## Section – III

### Eligibility & Evaluation Criteria

#### Qualification Criteria:

#### Pre qualification Commercial criteria:

The prospective bidder must qualify all of the following requirements to be eligible to participate in the bidding.

1. The bidder must be a door to door supplier of medicines having its outlets in NCT of Delhi or adjoining towns of NCR. The outlet should have adequate manpower for home delivery. The Head in charge of this outlet should be competent enough to take all decision. The pharmacy should have requisite skills, knowledge, expertise, experience and system as per the requirement of the BYPL.
2. Bidder should have valid Registration No. of GST and PAN No.
3. An undertaking that the bidder has not been blacklisted/debarred by any central/state government or by any other institution including electricity boards.
4. The bidder should also confirm and an undertaking is to be submitted that there is no pending litigation with government/other institution on account of executing any work order.
5. Company reserves the right to carry out capability assessment of the Bidders and company's decision shall be final in this regard without assigning the reasons thereof.

#### Award Decision

- a) Company intends to award the business on a Highest discount offered . The decision to place order/LOI solely depends on Company on the cost competitiveness across multiple lots, quality, delivery and bidder's capacity, in addition to other factors that Company may deem relevant.
- b) The Company reserves all the rights to award the contract to one or more bidders so as to meet the delivery requirement or nullify the award decision without any reason.
- c) In case pharmacy is found unsatisfactory during the execution process, the award will be cancelled and BYPL reserves the right to award other contractors who are found fit.

The bidder shall submit all necessary documentary evidence to establish that the Bidder meets all the above qualifying requirements

**Please Note:**

- 1) Pharmacies who are debarred/ blacklisted by Pharmacy Council will not be considered.
- 2) Company reserves the right to carry out technical/ commercial capability of the firms by inspection or by any other means and company's decision shall be final in this regard.

Also, the Pharmacy shall furnish the following commercial & technical documents along with the Tender:

- a) Covering letter on Letter Head.
- b) Notarized Power of attorney for signing of application
- c) Agency's Profile
- d) Financial capabilities of the firm:
  - Latest balance sheet
  - Detail of Banker & Cash Credit limit
  - Turnover certificate issued by C.A for the last three Financial Years.
- e) Details of constitution of the company (Proprietary/ Limited/ Pvt. Ltd.)
- f) Organization Chart of the company
- g) Details of manpower engagement capability
- h) Experience with credentials and performance certificates
- i) Copy of PAN/GST no.
- j) Details of Pharmacy outlets in Delhi and NCR

**IMPORTANT INSTRUCTIONS FOR FILLING THE FORM**

1. The Form is to be completed in all respects. If any field is not relevant, please write "Not Applicable".
2. Submission of incomplete Form/ short receipt of documents shall be sufficient cause for outright rejection and no further correspondence shall be entertained.
3. Physical verification of facilities as well as statements made/application/submitted will be carried out as necessary. Misinformation, if any, will make the application/ registration liable to be cancelled and may lead to debarring/blacklisting.
4. Quote Form No. in all future correspondences.
5. Enclose all relevant documents self attested by the authorised signatory for Statutory Compliance (Mandatory). The signing authority must have a valid power of attorney.
6. Each page of the Form to be duly signed and stamped at the bottom by authorized signatory.

## PHARMACY REGISTRATION FORM (CRF)

### 1. Pharmacy Information

Pharmacy Name \_\_\_\_\_

Jurisdiction:	_____	Phone:	_____
	_____	Fax:	_____
	_____	E-mail:	_____
Address :	_____	City:	_____
	_____	State:	_____
	_____	Country:	_____
	_____	Pin Code:	_____

### 2. Contact Information

Name:	_____	Phone:	_____
	_____	Mobile:	_____
Position/Title:	_____	Fax:	_____
	_____	E-mail:	_____
Address :	_____	City:	_____
	_____	State:	_____
	_____	Country:	_____
	_____	Pin Code:	_____

### 3. Application Type:

First time Application  
Contractors

Renewal for working

SAP Vendor Code:

\_\_\_\_\_

(Please mention your vendor code if already enlisted with BSES Yamuna Power Limited)

If processing fees is attached (Yes/No) \_\_\_\_\_  
(If yes fill following details)

Demand Draft details

Draft No	Date	Drawn on	Bank /Branch	Amount





Yamuna Power Limited

**4. Business Information**

A) In Business Since (Year of establishment): \_\_\_\_\_

B) Constitution of Firm:     Proprietary     Partnership     Pvt. Ltd.     Public Ltd.

C) Name(s) of Proprietor/ Partner/ Managing Director:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

D) Registration with Pharmacy Council : No. \_\_\_\_\_ Date \_\_\_\_\_

E) Registration with following Authorities:

a) Permanent Account No: \_\_\_\_\_

b) GSTIN No . \_\_\_\_\_

c) Work Contact Tax No: \_\_\_\_\_

d) Registration under Shops & Establishment Act \_\_\_\_\_

(F) Related Companies & Govt. Departments with whom registered as Approved Contractor:

(Mention Name & Contact Details of Industry References)

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

**6. Number of Employees:**

(Brief bio-data of all Pharmacist/ Technicians is to be submitted)

Full Time (Total): \_\_\_\_\_ Seasonal (Total): \_\_\_\_\_

Graduate: \_\_\_\_\_ Diploma : \_\_\_\_\_

IT Technician: \_\_\_\_\_ Skilled: \_\_\_\_\_ Unskilled \_\_\_\_\_

Administration: \_\_\_\_\_ Support Staff: \_\_\_\_\_

**7. Banking Information**

(Solvency certificate issued by the Bank in current financial Year is to be attached).

Bank Name :

Account \_\_\_\_\_

Manager: \_\_\_\_\_

Account No.: \_\_\_\_\_

Phone: \_\_\_\_\_

Ext.: \_\_\_\_\_

Fax: \_\_\_\_\_

E-mail: \_\_\_\_\_

Electronic \_\_\_\_\_

Clearance \_\_\_\_\_

Details: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Pin Code : \_\_\_\_\_

**8. Litigation**

Is your organization currently involved in any litigation?  Yes  No

If yes, please explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9. Black listed**

Have you ever been Black listed from any Company or Govt. Agency?  Yes

No

If yes, please explain fully:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**10. Turnover During last Three Years**

(Turnover certificate issued by Chartered Accountant is to be attached).

Year	Amount (Rs.)
2018-19	
2017-18	
2016-17	

**11. Balance Sheet**

For Financial Year \_\_\_\_\_

**Current Assets**

	Rs.
1. Cash on Hand in Banks	
2. Amount Receivable on Contracts other than Holdbacks	
3. Holdbacks on Contracts	
4. Contract Work in Progress Inventory	
5. Inventories	
6. Other Current Assets	
<b>(A). Total Current Assets</b> (Sum of 1 to 6)	

**Fixed Assets**

	Rs.
7. Land (Cost)	
8. Buildings (Cost)	
9. Furniture and Fixtures (Cost)	
10. Vehicles (Cost)	
11. Equipment (Cost)	
12. Other Assets	
<b>(B). Total Fixed Assets</b> (Sum of 7 to 12)	
<b>TOTAL ASSETS ( A + B)</b>	

**Liabilities**

	Rs.
13. Due to Banks	
14. Taxes Payable	
15. Accrued Salaries and Wages	
16. Due to Sub-Contractors	
17. Other Current Liabilities	
<b>(C). Total Current Liabilities</b> (Sum of 13 to 17)	

**Long Term Liabilities**

	Rs.
18. Secured Loan <b>Bank / Financial institute Name</b>	
<b>(D). Total Long Term Liabilities</b> (Sum of 18)	
19. Reserves	
20. Capital	
21. Other Surplus	
<b>(E). Total Capital Surplus</b> (Sum of 19 to 21)	
22. Contingent Liabilities	
<b>TOTAL LIABILITY (C+D+E+ 22)</b>	



Yamuna Power Limited

**12. Large Project Experience**

List the three largest projects completed by your company in the last three years.

**New applicants or companies requesting a review of their experience must list their experience and attach Order Copy & completion certificate in their support.**

**Project 1 of 3**

Project Name: \_\_\_\_\_  
Year of execution \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Tender \_\_\_\_\_  
Price(Rs.): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Pin Code: \_\_\_\_\_

**Project 2 of 3**

Project Name: \_\_\_\_\_  
Year of execution \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Tender \_\_\_\_\_  
Price(Rs.): \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_  
Country: \_\_\_\_\_  
Pin Code: \_\_\_\_\_

**Project 3 of 3**

Project Name: \_\_\_\_\_  
Year of execution \_\_\_\_\_  
Company Name: \_\_\_\_\_  
Contact Name: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Tender \_\_\_\_\_



Yamuna Power Limited

Price(Rs.): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Country: \_\_\_\_\_

Pin Code: \_\_\_\_\_

**Note: If you want to add more projects, please attached separate sheet.**

### 16. Equipment Information

Do you have the necessary equipment to perform anticipated job/total work program?

Yes

No

### 17. **DECLARATION BY PHARMACY**

I hereby confirm that:

- i) **No** Employee or direct relation of any employee of BSES Yamuna Power Limited. is in any way connected as Employee / Consultant / Advisor / Director / Partner etc. with the applicant.
- ii) **If any** Employee or direct relation of any employee of BSES Yamuna Power Limited is in any way connected as Employee / Consultant / Advisor / Director / Partner etc. with the Contractor we will submit the BSES Yamuna Power Limited Employee Name, Employee Code to Contracts Division for further approval.

**Name of Employee (in BSES YAMUNA POWER LTD.):**

**Employee Code:**

- iii) I declare that the information furnished above is correct to the best of my Knowledge.
- iv) I undertake to inform you at the earliest any change in details mentioned above.

(Signature of Proprietor/Partner/Chief Executive)

Name (in Capital Letter)

Place:

Date

\_\_\_\_\_Stamp of Company\_\_\_\_\_

### 18. **Pharmacist's Statement**

We hereby certify that we are fully informed as to the affairs of

\_\_\_\_\_

and the information contained in this form is complete and accurate.

I understand that this information will be used to register this Pharmacy with the BSES Yamuna Power Ltd., Pharmacist Qualification. I also understand that registration in this system does not guarantee the availability or award of BSES Yamuna Power Ltd, Delhi and hereby waive all claims resulting from errors or omissions.

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Position \_\_\_\_\_  
Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Name: \_\_\_\_\_  
Signature: \_\_\_\_\_  
Position \_\_\_\_\_  
Date: \_\_\_\_\_

(Signature of Proprietor/Partner/Chief Executive)

Place: \_\_\_\_\_ Name (in Capital Letter)

Date \_\_\_\_\_  
\_\_\_\_\_ Stamp of Company \_\_\_\_\_

**ANNEXURE-A**

**Documents to be attached for enlistment**

The Contractor **must submit** the 'Self Attested Copy' of the following

- a. A Pharmacy License issued by Pharmacy Council.
- b. PAN No.
- c. GST Registration No.
- d. Audited Balance Sheet and Profit & Loss A/C for the last 3 years.
- e. Enclose a copy of blank Cheque leaf duly cancelled.
- f. Solvency Certificate/ Bank Credit Limit issued from the Bank in current Financial Year.
- g. Turnover certificate issued by Chartered Accountant for the last three Financial Years.
- h. Power of Attorney attested by Notary Public
- i. Order copies in support of work experience

**Note:** BSES Yamuna Power Limited reserves the right to reject this Enlistment at any stage without assigning any reason.