

Inviting Expression of Interest (EOI) for Supplying of Medicine to NCRA-TIFR Pune

1.
 - a) National Centre of Radio Astrophysics (NCRA) is a premier Centre of Tata Institute of Fundamental Research (TIFR), an autonomous institute under administrative control of Department of Atomic Energy (DAE), Govt. of India. The NCRA office is located in SP Pune University Campus adjacent to Aundh-Khadki road. NCRA operates Giant Meterwave Radio Telescope (GMRT), which is the world's largest radio telescope at meter wavelengths and also operates Ooty Radio Telescope (ORT) in Tamilnadu.
 - b) NCRA provides medical facilities including supply of medicines to its employees (serving & retirees) and their dependent family through its medical scheme namely NCRA contributory Medical Scheme (NMS), under which a no. of hospitals and laboratories are empaneled. NCRA also operates a clinic in its Pune campus from 1000 hrs to 1700 hrs, with Part Time Medical Officers, Nurse and admin staff, from Monday to Saturday (except closed holidays).
2. Though it is not assured, but our past records reveal that the yearly turnover of dispensing of medicine through a medical shop may be around Rs. 125 to 150 Lakhs.
3. We hereby invite well established pharmacy/medical shops, **preferably located near to NCRA Pune campus**, to supply medicine to NMS beneficiaries at our clinic from 1030 hrs. to 1430 hrs (04 hrs) daily from Mon to Sat (except closed holiday), in an agreed discounted rates.
4. **The successful party will be decided among the parties who;**
 - (i) Accept the 'Terms and Conditions' as mentioned in the successive paragraphs.
 - (ii) Offers maximum discount on the Maximum retails price of the Medicine and ` other medical related items.
 - (iii) If finalized, the successful party will have to enter into an agreement/contract with NCRA. This agreement will be on a trial basis initially for a period of 03 months. The agreement may be extended further for a total period of 03 years, on the same Terms and Conditions, 01 year at a time, based on the yearly performance review.
 - (iv) In case, the discount offered by 02 or more pharmacy shops are equal then preference would be given to the pharmacy shop, which is located nearest to the NCRA Pune, if otherwise found suitable
5. **How to apply:**
 - (i) Please fill the details in prescribed format for supply of medicine to NCRA-TIFR Pune.
 - (ii) Please fill the discount offered and other details in prescribed format for offering discount.
 - (iii) Please pack both duly filled format in separate envelopes and write down 'Details for supply of medicine to NCRA-TIFR Pune' and 'Details of discount offered' on top of the respective sealed envelopes.
 - (iv) Pack both the above envelopes in a suitable size of envelop and seal it.
 - (v) Send sealed envelope to:
The Administrative Officer
NCRA-TIFR, Pune, Post Bag no. 03, GaneshKhind post Office
Pune University Campus, Pune-411014
OR
Sealed envelope may be dropped at Tender Box Kept at NCRA-TIFR Pune reception.
5. Last date for receipt of duly filled and sealed envelope by both mode as described above is **30.6.2023.**
6. In case of any further query, Administrative Officer on Ph. 0202571- 9227, may be contacted.

Terms and conditions

1 Eligibility:-

- 1.1 You should have a valid license under the relevant rules for storing and dispensing medicines along with computerized billing system.
- 1.2 You should have a sufficient trained manpower to deliver the medicine timely as mentioned below.
- 1.3 The owner/Manager/Director of the pharmacy shop should be available for any clarification, as and when required basis.

2 Delivery of medicines:-

- 2.1 You should depute your representative to collect prescriptions from our Medical Officer minimum thrice a day between 10.30 am. and 01.30 pm. from Monday to Saturday.
- 2.2 Medicines should be delivered within 30-45 minutes from such collection of prescription, in the clinic under acknowledgement of beneficiary on the bill.
- 2.3 Substitute medicines should not be dispensed and if necessitated, should be under the authorization of Medical Officer, NCRA.
- 2.4 If any beneficiary demands any medicine that is not prescribed by MO, it should be billed separately to him/her and amount to be collected directly. The Institute will not be responsible for payment towards any dispensation other than what is prescribed.

3 Billing System:-

- 3.1 You should submit the duly acknowledged **computerized bills** with original prescription.
- 3.2 OPD bill statement is to be submitted to the Administration Section on 10th, 20th, 30th of every month (subsequent day if any of the above dates happen to be holidays).
- 3.3 Payment for the claims generally will be released by cheque/NEFT within 30 days, provided it is completed in all respects.
- 3.4 You will have to explicitly indicate the discount amount in all the bills, once you agree upon.

4 Quality and Ethics:-

- 4.1 The medicines dispensed by the pharmacy should be of good quality/brand as specified in the prescription.
- 4.2 No spurious items shall be supplied.
- 4.3 At any point of time, if it is observed that the medicines supplied are of spurious nature or duplicate of authentic brands, the same will be reported to the Central / State Drugs Standard Control Organization or other appropriate authorities for suitable action and the tie up arrangement will be stopped forthwith.
- 4.4 The details/data of the transaction between the pharmacy and the NCRA should not be passed on to any third party for any purpose.
- 4.5 The above terms and conditions are indicative. The NCRA administration reserves all the rights to reject any or all RFPs without assigning any reason. Further, NCRA reserves all rights to review/update the above terms and conditions depending up on the operational requirements and any feedback received.

Prescribed format for supplying of medicines to NCRA medical beneficiaries

Name of the Pharmacy Shop	
Valid licence number & date of issue of licence	
Whether copy of valid licence is attached (Yes or No)	
Do you have computerized billing system (Yes or No)	
Do you accept the terms and conditions attached to this letter? (Yes or No)	
Medicines which cannot be supplied in bits and pieces i.e. the medicines where strip needs to be supplied.	
Name, Signature ,date & stamp by Proprietor of Pharmacy Shop	

Prescribed format for offering a discount

(To be submitted in a separate envelope
super scribing as "Prescribed format for offering a discount)

<u>Sr. No.</u>	<u>Name of the Pharmacist along with address and phone number</u>	<u>% of discount offered</u>

Signature: _____

Date: _____

Name and stamp of the Medical Shop: _____