



INDIAN INSTITUTE OF MANAGEMENT SHILLONG

East Khasi Hills, Umsawli Shillong- 793018

Phone No: 0364-2308011/8012

ENQUIRY NO: IIMS/S&P/NIQ/25-26/16

Email: spo@iimshillong.ac.in

Dated: 30.07.2025

Subject: Notice Inviting Quotation for Rate contract for Various Medicines & consumables required in IIM Shillong.

Quotations are invited on behalf of Director IIM Shillong from registered/ reputed dealer/supplier fortentative requirement of goods/services as per Terms & Conditions mentioned therein **in two packetsystem in two separate sealed covers duly marked “Techno-Commercial Bid” and “Price/ Finance Bid”, placed in another sealed cover/envelope.** The Quotation as per format given beloware to be submitted in **Sealed Envelope**, addressed to the Chief Administrative Officer, IIM Shillongwith the words **“Quotation for Rate contract for Various Medicines & consumables required in IIM Shillong”, with due date boldly superscripted on the top of the envelope.** The offers are to be sent by Speed Post/ Registered Post/ By Hand/Drop in Tender/Quotation Box **on or before 08.08.2025 by 12:00 noon.**

Format for Quotation Submission: **Kindly provide the rate and other details as per attached Annexures I and II.**

Delivery/Supply Time: **Required Items should be delivered within 10 Days ofproviding work order.**

Rate validity: **Quoted Rates should be valid for 6 months from the NIQ submission date**

Terms and Conditions

1. This is Notice Inviting Quotation (NIQ) only hence does not bind the Institute in any commitment to place order to any vendor.
2. Tender should be addressed to the Chief Administrative Officer, IIM Shillong. The offers are to be sent by Speed Post/ Registered Post/ By Hand/Drop in Tender/Quotation Box **on or before 06.08.2025 by 03:00 pm** under sealed cover failing which the quotation shall be rejected. Terms and conditions for supply should invariably be indicated otherwise would be taken on its face value. The rates may be quoted on separate sheets failing which the tender(s) will be rejected.
3. The Institute shall have the right to reject any quotation without assigning any reason thereof. No correspondence will be entertained in this regard. Only one best quality item according to Institute approved specification should be quoted against the item.

4. No counter proposal is acceptable to us and conditional/late tenders are liable to be rejected.

Quotation should invariably be submitted in two bid system containing two parts as detailed below:

Part-I: - techno-commercial bid (Annexure- I) in one sealed cover. Part-II:

- Price bid/Financial bid (annexure-II) in one sealed cover.

Both the sealed envelopes should then be put in outer cover indicating thereon:

i) Reference No. of the Quotation: _____

ii) Tender regarding: _____

iii) Due date for submission of the tender: _____

iv) Name and Address of the firm: _____

Please note that prices should not be indicated in the techno- commercial bid. the pre-qualification documents as required should invariable be accompanied with the techno-commercial bid.

Note: Offers submitted without following two-packet system procedure as mentioned above would be summarily rejected.

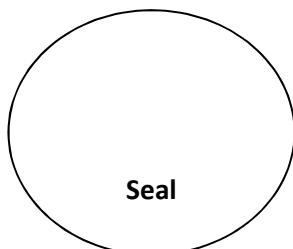
5. Vendors/Suppliers/ Contractor are required to submit copies of valid GST and PAN Registration with all associated spec. sheets and brochures in the Techno-Commercial Bid.
6. The Quotation should be submitted **as per the format given on Official Letter Head** of the vendor indicating GST No. & PAN. The Quotation submitted should be signed, seal of vendor affixed with date. The rate quoted should be Carriage and Insurance Paid (CIP) at Central Store IIM Shillong.
7. **It will be the prerogative of the Institute to place the supply order for the whole lot or in staggered manner depending upon the requirement of the Institute.**
8. The bidder must hold a valid Drug License issued by the respective State Licensing Authority or Central Licensing Approving Authority, wherever applicable.
9. The Institute shall have the right to reject any quotation without assigning any reason thereof. No correspondence will be entertained in this regard. Only one best quality item according to Institute approved specification should be quoted against the item.
10. Quotation will be accepted subject to the verification and inspection by competent authority of IIM Shillong.
11. Quotation will only be entertained when received within the stipulated date and time mentioned in the NIQ.
12. Validity of Quotation, Rate, GST & Delivery Period must be mentioned clearly in the quotation.
13. The NIQ queries (if any) should only be e-mailed on srmgr.stores@iimshillong.ac.in.

Sd/-
Sr. Mgr (Stores)
IIM Shillong

(To be provided on letter head of the firm)

Technical Bid format (Packet 1)**BIDDER's DETAILS**

Name of the Firm/Agency		
Full address with Pin code, Telephone No/Mobile No.		
Authorized Signatory Details		
Name		
Designation		
Telephone/ Mobile no.:		
Email id:		
a. GSTIN: (Copy to be attached) b. PAN: (Copy to be attached) c. Drug License (if any)		
Bank Details (Please attached a copy of cancelled cheque)	Account Number	
	IFSC Code	
	Bank Name	
	Branch Name	
Acceptance of T&C mentioned in the NIQ Accepted/ Not accepted		
Remarks (if any)		

Date:**Place:****Authorized Signatory****Name:****Contact No.:**

Financial quote Format (Packet 2)

Vendor/Company Name

Sr. No.	Medicine Name	Salt Composition	A/U	Required Number	Offered Medicine Name	Offered Medicine Brand	MRP (per unit i.e. strip/bottle /tube etc.)	Offered Rate (per unit)	GST %	Offered Rate (including all taxes)	Remarks (in the case of Tablets kindly mention the quantity of tabs in one strip)
	Kindly provide the rate of the various mentioned medicines in Annexure II.										

1. The medicine supplied should be of latest manufacturing date not earlier than 12 months from the date of supply.
2. Expiry date of the medicine should be minimum of 2 year from the date of supply.
3. It will be the prerogative of the Institute to place the supply order in staggered manner depending upon the requirement. Only institute approved specification should be supplied.
4. The rates shall be valid for 180 days from the date of this order.

Signature and Seal of Bidder

Date:

LIST OF MEDICINES

Sr. no	Medicine Name	Salt Composition	A/U	Total Indent
1	TAB.OFLOX-OZ	Ofloxacin (200mg) + Ornidazole (500mg)	TAB	800
2	TAB. AZEE	Azithromycin (500mg)	TAB	600
3	TAB. ZERODOL - MR	Aceclofenac (100mg) + Tizanidine (2mg)	TAB	300
4	TAB. VOVERAN -SR	Diclofenac (100mg)	TAB	150
5	TAB. SARIDON	Paracetamol (250 mg) + Propyphenazone (150 mg)+ Caffeine I.P.(50 mg)	TAB	300
6	TAB. ZERODOL-P	Aceclofenac (100mg) + Paracetamol (325mg)	TAB	300
7	TAB.DROTIN DS	Drotaverine (80mg)	TAB	150
8	TAB.PANTOP	Pantoprazole (40mg)	TAB	2000
9	SYP.DIGENE	Antacid Antigas Gel	BOTTLE	200
10	TAB. DIGENE	Aluminium Hydroxide (300 mg) + Magnesium Aluminum Silicate (50mg)+ Manesium Hydroxide (25mg)+ Simethicone (25mg)	TAB	250
11	TAB. ALLEGRA 180 MG	Fexofenadine (180mg)	TAB	200
12	TAB. ONCET CF / RHINOREST COLD	Cetirizine (5mg) + Paracetamol (500mg) + Phenylephrine (10mg)	TAB	2000
13	TAB. SHELCAL HD	Calcium Carbonate (1250mg)+ Elemental Calcium (500mg)+Vitamin D3 (500IU)	TAB	100
14	TAB. A TO Z	Multivitamin , Multiminerals , Antioxidants ,& Methycobalamine	TAB	1000
15	TAB. NEUROBION FORTE / BECOSULE CAPSULES	Vitamin B complex	TAB	300
16	VOLINI GEL / OMNI GEL / MOOV GEL / ZERODOL GEL / ARK GEL	Diclofenac, Capsaicin, Methyl Salicylate and Menthol (Pain Relief Gel)	TUBE	150
17	OCUREST EYE DROP (OR) IF2 EYE DROPS/ NEFACOL EYEDROPS	Naphazoline (0.05% w/v) + Phenylephrine (0.12% w/v)(OR)Olopatadine (0.1% w/v)	BOTTLE	50
18	INJ.DICLO	Diclofenac (75mg)	AMPULE	20
19	INJ. CEFTRIAXONE / INJ MONOCEF	Inj.Ceftriaxone (1g)	BOTTLE	5
20	BACTIGRAS DRESSING 10 cm x 30 cm	Soft Paraffin BP, 0.5% w/w Chlorhexidine Acetate BP.	PACKET	10
21	TAB.AVIL	Pheniramine Maleate (25 mg)	TAB	200
22	HANSAPLAST BANDAID / DETTOL BANDAID	Antiseptic Washproof Medicated Bandaidd	PIECE	800
23	GAUZE BANDAGING ROLLS - 5 cm x 4 m	white surgical cotton bandage	ROLL	100

24	INJ. PARACETAMOL INFUSION 1G (100ML)	Paracetamol 1000 mcg (1g / 100 ml)	INFUSION	15
25	TAB. STEMETIL MD (5 MG)	Prochlorperazine Maleate Mouth Dissolving (5 mg)	TAB	80
26	KARVOL PLUS INHALATION	Camphor , Menthol , Eucalyptol , Chlorothymol , Terpineol Soft gelatin capsules	TAB	700
27	TAB.MONTAIR LC	Levocetirizine (5mg) + Montelukast (10mg)	TAB	1500
28	TAB. VIZYLAC/ BIFILAC	Streptococcus Faecalis T-110 JPC- 30 million, Clostridium buytricum 2 million , Mesentericus 1 million , Lactic Acid baillus 50 million	TAB	500
29	TAB. LIMCEE	Vitamin C - 500 mg	TAB	1700
30	TAB. CETRIZINE	Cetirizine 10 mg	TAB	200
31	COTTON ROLL - LARGE	Cotton Roll - Large	ROLL	3
32	ADULT NEBULISATION MASK (NEBULIZER MASK)	Nebulisation mask for adults	PIECE	10
33	ADULT OXYGEN MASK	Oxygen Mask for adults	PIECE	4
34	TAB. NORFLOX TZ	Norfloxacin 400 mg + Tinidazole 600 mg	TAB	100
35	TAB AVOMINE	Promethazine 25 mg	TAB	150
36	MOXIFLOXACIN EYE OINTMENT	Moxifloxacin (0.5 % w/w)	PIECE	30
37	KENACORT GEL	Triamcinolone (0.1% w/w)	PIECE	20
38	NEOSPORIN POWDER	Bactracin(400IU)+Neomycin(3400IU)+ Polymyxin B(50000 units)	BOTTLE	10
39	INJ.METRONIDAZOLE	Metronidazole Injection USP 500mg- (100ml)	BOTTLE	10
40	TAB.FLAGYL 400 MG	Metrodazole (400mg)	TAB	200
41	TAB.EVION LC	Levocarnitine (150mg)+Vitamin E (200mg)	TAB	300
42	TAB. IMODIUM / LOPERAMIDE 2 mg	Loperamide Hydrochloride Capsule 2mg	CAPSULE	100
43	CORN CAP	Salicylic Acid 40% In Adhesive Mass Q.S,100% W/W	PIECE	15
44	ACCU CHEK ACTIVE GLUCOMETER MACHINE	Accu -Chek Active- REF- 07444141022	PIECE	1
45	INJ PHERNERGAN 2ML	Promethazine Hydrochloride 25mg/ml	AMPULE	5
46	AUTOCLAVE WITH STERILIZER	Surgical Sterilizer Aluminium Portable Autoclave - 12" x 14" (24 Ltr)	PIECE	2
47	STERILE GLOVES- 6 to 6.5	Sterile Gloves- size 6 to 6.5	PACKET	500
48	NASAL PRONGS - ADULT	Nasal Prongs - Adult	PIECE	5
49	ISOPROPYL ALCOHOL 70%- 1 litre	Rubbing Alcohol - 1 Litre	BOTTLE	2
50	WHEELCHAIR	Wheelchair	Piece	2