MUNCIPAL CORPORATION OF GREATER MUMBAI
CENTRAL PURCHASE DEPARTMENT
(MEDICINE TENDER SECTION)

Circular
2012-14
Circular No. Dy Dean / 6 / CPD dt.03.06.2013

Sub :- Tender sample testing / verification for various medicines, medical devices etc.

Various medicines & medical devices are procured through the Central Purchase Department for consumption in various Municipal Hospitals, Dispensaries, Maternity Homes etc., through e-tendering (public advertisement) process. During this procurement verification of the sample /testing of sample is done at two stages.

1. At the initial stage of submitting the tender document along with tender.
2. At the time of receiving the actual supply at respective hospitals.

As per present practice, at the time of tender submission stage, prospective bidders are required to submit the sample of the material along with pre-tested report of the samples from FDA approved laboratories. The samples submitted along with the bids are subsequently got verified / tested by concerned hospitals / institutions.

However, of late, it is observed that:-

1. The system of verification of the tender samples gives rise to various complaints from some of the bidders, on failure of their samples, with the representations and allegations of favouritism, by the labs in case of some of the bidders.
2. Due to e-tendering, the bidders uploading their bids from outside Mumbai, but their sample, if not reached physically in C.P.D. office before due date and time, become non-responsive as per tender condition.
3. Adequate number of samples are to be collected from all the tenderers participating in the tender, duly labeled which are to be preserved till the end of

contract period, resulting thereby occupying much office space and demands manpower to maintain the inventory/record.

4. From the stage of collecting the samples from the tenders to the stage deciding L-1, the procedure takes long time which gives time for complaints/allegations from tenderers.
5. During the prebid meeting, various medicines tenderers have requested to
6. discontinue the present cumbersome / lengty practice of sample verification.

Therefore:-

1. To avoid duplication of sample testing at tenderers level and at the supply level,
2. To avoid complaints from tenderers,
3. To increase the competition,
4. To make the tendering process more and more transparent, smooth & simple and,
5. To minimize the delay in finalization of tenders,
6. The present practice of sample acceptance / verification will be discontinued and following method shall be adopted for sample acceptance / verification

For Drug items which are covered under schedule FII standard of Drugs & Cosmetics Act / official ‘ Pharmacopoeial standard ’(Formulations) like IP/BP/ BPC/ NF/USP/NFI etc. are not required to submit the tender samples as there is sufficient control of concern FDA / Drug Control Authority and documents like Drug mfg. Lic. / Import Lic., No conviction cft., Performance cft., WHO-GMP cft. etc. are checked / verified during tender process. However, for these items manufacturer has to give / upload undertaking (Annex ‘E’ format) on his letterhead stating that the product is exactly as per schedule specification and complies with standards of schedule FII of Drugs & Cosmetics Act and pharmacopoeial standards.

Regarding other items which are not covered under Schedule FII, Drugs & Cosmetic Act, Tenderer has to upload latest pretested sample test reports as per tender condition in technical document envelope (packet B) to decide responsiveness and the lowest tenderer has to submit tender samples within 7 days after opening commercial packet & Verification of sample of lowest bidder (L1) will be carried out by concerned experts. (In case of division of allotment, (90%-10%) sample verification of both L1 & L2 will be carried out.) If sample of L1 is failed, He will be treated as non-responsive. Further, testing/verification of random samples at the time of supply of successful bidder will be carried out by supply receiving authorities before it is put in use.

If supply not found as per schedule specification then the action as per tender terms & conditions and circular No. KEM/70/TDR dt.11.12.90 "Regarding substandard / Inferior supply of schedule items to the Municipal Hospitals " will be initiated against the Tenderer / Manufacturer.

sd/- 03.05.2013
Dy. Dean (CPD)

sd/- 03.05.2013
C.A. (CPD)

sd/- 07.05.2013
Director (ME & MH)

sd/- 03.05.2013
DMC (CPD)

sd/- 08.05.2013
AMC (W.S.)

sd/- 17.05.2013
M.C.

Circular

No. Dy Dean/ 6 / CPD dt.3.06.2013

Copy to _____ for information and necessary action please.

Encl : Copy of circular No. KEM / 70 / TDR dt. 11.12.1990
Copy of Annex 'E'

Sd/-
Dy. Dean (CPD)

ANNEX 'E'

Undertaking from manufacturer on his letterhead

Schedule No. & due date :-

Name of Tenderer:-

Name of Manufacturer:-

Manufacturing place & Lic. No.:-

Items quoted in above mentioned Schedule are manufactured under our own Mfg. Lic. .

Items quoted are included and complies with official Pharmacopoeial standards/schedule FII standards as per Drugs & Cosmetics Act.(Test report is uploaded / submitted in packet 'B')

Items quoted are exactly as per the schedule specification mentioned in schedule copy.

Encl.- List of the quoted products (Formulations) with Pharmacopoeial standards/schedule FII of Drugs & Cosmetics Act.

Signature of Manufacturing Authority with seal

K.E.M. HOSPITAL, PAREL, BOMBAY – 400 012.

C I R C U L A R
1990-91

No. : KEM/ 70 / TDR of 11.12.90
Sub : Substandard / Inferior supply of schedule items to the Municipal hospitals.

The Head of the departments are hereby requested to note that the following procedure should be adopted for substandard drugs.

1. If the supply is rejected on purely visual and physical character test, then the supply should be returned to supplier immediately and ask to replace the same.
2. If the supply is declared substandard by F.D.A., CAL or any public laboratory (FDA approved) the supply should not be returned to the supplier but should be destroyed in the presence of FDA inspector and / or C.A. (FSV) and Dy. C.E. (S) Vigilance staff.
3. Penalty of 120% should be recovered from the supplier on entire batch with approval of D.M.C. (Hospitals).
4. The sub-standard supply should be treated as non-supply and regular R.P. procedure should be edopted.
5. Instead of 5% supervision charges for R.P. procedure 15% supervision charges should be recovered.
6. Every sub-standard supply received by the hospital should be immediately intimated to Medicine Tender Section, K.E.M. Hospital, without fail.

sd/-
D.M.C. (Z-II)

Circular
1990-91

No. KEM/ 70 / TDR of 11.12.90

Copy to _____ for information and necessary action please.

Sd/-
Dean (K.E.M.Hospital)