



नेपाल सरकार
स्वास्थ्य तथा जनसंख्या मन्त्रालय
स्वास्थ्य सेवा विभाग
आपूर्ति व्यवस्था महाशाखा
टेकु, काठमाण्डौ

Anti Rabies Vaccine-10,000 Vial खरिदको लागि सार्वजनिक सुचना

सुचना प्रकासित मिति : २०७५/१/३

स्वास्थ्य सेवा विभागको निर्णय बमोजिम Anti Rabies Vaccine -10,000 vial तुरुन्त आपूर्ति गर्न सिलबन्दी प्रस्तावको लागि यो सुचना प्रकासित गरिएको छ । खरिद गरिने सामग्रीको स्पेशिफिकेसन विवरण, पालना गर्नुपर्ने सर्तहरु उल्लेख भएको कागजात स्वास्थ्य सेवा विभाग, आपूर्ति व्यवस्था महाशाखा बाट वा वेव साइट www.dohslmd.gov.np बाट डाउनलोड गरि प्राप्त गर्न सकिने छ । इच्छुक उत्पादक फर्म, कम्पनीहरुले मिति २०७५/१/९ दिनको १२:०० बजे भित्र स्वास्थ्य सेवा विभाग आपूर्ति व्यवस्था महाशाखामा सिलबन्दी रुपमा दाखिला गर्नहुन अनुरोध छ । प्राप्त हुन आएका सिलबन्दी प्रस्तावहरु मिति २०७५/१/९ दिनको १:०० बजे स्वास्थ्य सेवा विभाग आपूर्ति व्यवस्था महाशाखामा खोलिनेछ । यस सम्बन्धि अन्य विस्तृत विवरण यस महाशाखाको सुचनापाटी र वेव साइट www.dohslmd.gov.np मा उपलब्ध छ ।

PROPOSAL SUBMISSION FORM

[Location, Date]

To:
The Director
Logistics Management Division
Department of Health Services
Teku, Kathmandu, Nepal

Gentlemen,

We, the undersigned, offer to supply and deliver **Anti Rabies Vaccine - 10,000 Vial** in conformity with the requirements in accordance with your notice dated **2075.01.03**. We are hereby submitting our Proposal, which includes duly signed and stamped Compliance Requirement, Technical Specifications and Financial Proposal sealed under an envelope;

We have no reservations to the Proposal Documents. We undertake, if our proposal is accepted, to deliver the goods in accordance with the delivery schedule specified hereunder;

We agree to abide by this proposal for a Period of **7** (seven) days from the date fixed for proposal opening. It shall remain binding upon us and would be accepted at any time before the expiration of that period;

We declare that, we have not been black listed in any country and in any organization; we have no conflict of interest in the proposed procurement proceedings and have not been punished for an offense relating to the concerned profession or business;

Until a formal Contract is prepared and executed, this proposal, together with your written acceptance thereof and your notification of award, shall constitute a binding Contract between us;

We understand that you are not bound to accept the lowest proposal or any other proposal that you may receive.

We remain,

Yours sincerely,

Authorized Signature:
Name and Title of Signatory:
Name of Proposer:
Address:


DIRECTOR

**Compliance Requirement
For
Supply and Delivery of Anti Rabies Vaccine - 10,000 Vial**

1. The mentioned items shall be supplied and delivered at Central Vaccine Store of Logistics Management Division, Department of Health Services, Teku within one (1) week after the receipt of purchase order issued by this office.
2. The payment shall be made after issuance of acceptance letter by the purchaser.
3. Last date of sealed envelope submission: **12:00** hour of **09 Baisakh 2075 (22 April 2018)**, The envelope will be opened on **13:00** hour of **09 Baisakh 2075 (22 April 2018)** at LMD. Representative from your firm/organization are requested at the time of opening.
4. Proposer must submit stamped and signed Financial Proposal including signed copy of this Compliance Requirement and Technical Specifications attached herewith. The proposer should also submit relevant documents of Firm Registration, VAT/PAN Registration, and Tax Clearance Certificate of FY 2073/74.
5. If the supplied items found defective, the supplier should replace the defective items within 1 week.
6. The proposer shall mention the available stock which can be supplied within the above mentioned period.


DIRECTOR

Technical Specification

Specification (Inj. ARV with Syringe)		Bidder Remarks
Particulars	Inj. ARV with Disposable 1 ml syringe (with graduation of 100 units) with a needle of 28G or more gauge.	
General description	Tissue cultura anti rabies vaccine	
Dosage form	Injectable, Lyophilized + wáter for injection diluent	
Type	Inactivated, obtained from chick embryo fibroblats or purified Vero cells or duck embryo cell line or equivalent	
Administration	Intramuscular injection/ Intra-dermal injection	
Description of intended use	Active immunization against rabies	
Dosage size	Not less then 2.5 IU per vial, 0.5ml or 1.0ml volume after reconstitution, depending on the type of vaccine For Pre and post-exposure, Pre-exposure immunization consists of a series of three interamuscular injections of day 0,7,28 (or 21)	
Dose package	1 dose vial + diluents ampule	
Storage temperature	+2 to +8 ^o c	
Quality Standard	WHO Pre Qualified or WHO- GMP	

Financial Proposal

1	2	3	4	5	6	7	8	9	11	12
Slice No.	Product	Strength	Dosage form	Unit pack size	Qty. offered	Total Unit price with Currency	Total price per line item [6x7]	Name of manufacturer	Country of origin	Pharmaco- poeial standard
1	Anti Rabies Vaccine	As per specification	Vial	1 dose vial with diluents ampule	10,000					

Note:

(i) In the case of discrepancy between unit price and total price, the unit price shall prevail.

Total Bid Price:

Currency:

In figures:

In words:

Signed:.....

Dated:

In the capacity of: *[insert: title or other appropriate designation]*

