

CENTRAL INSTITUTE OF HIMALAYAN CULTURE STUDIES

Dahung: West Kameng District: Arunachal Pradesh-790116

Website :: www.cihcs.edu.in, email:cihcsoffice@gmail.com

(An Autonomous Body of the Ministry of Culture, Govt. of India)

F.No.4-115/2021/CIHCS/2606-07

Dated the Dahung 3rd June, 2025

EXPRESSION OF INTEREST (EOI) TO UNDERTAKE SUPPLY OF MEDICINES AND MEDICAL PROCEDURES EQUIPMENT'S/APPARATUS AT CENTRAL INSTITUTE OF HIMALAYAN CULTURE STUDIES FOR THE FY 2025-26

Central Institute of Himalayan Culture Studies (CIHCS), Dahung invites "Expression of interest (EOI)" from authorized firms to undertake supply of medicines and medical apparatus to CIHCS, Dahung.

Interested authorized firms are requested to submit their EOI on the firm's letter head (as per Annexure – I) with the rates of various components (as per Annexure-II) within 21 days of publication of this EOI in the Institute website.

The last date of submission of EOI is 24th June, 2025 till 4:00 PM. All the bids received within the stipulated date and time shall be opened on 25th June, 2025.

All the bidders/representative/nominee must be present on the Tender Opening Day with all original documents for verification, failing which shall result in the disqualification of the tender submission.

The interested firm must fulfil the below mentioned mandatory terms & conditions, failing which; their quotation will be rejected.

The Mandatory Documents to be Submitted are as hereunder:

1. The fee for tender documents will be Rs. 1000/- (Rupees One Thousand) only. This fee shall be paid in the form of Demand Draft issued by a nationalized/scheduled commercial bank, drawn in favour of CIHCS (NP), Account No: 31652313308 payable at State Bank of India, Tenga Valley Branch, West Kameng District, Arunachal Pradesh. This fee is non-refundable and must be submitted along with the tender documents.
2. Copy of valid Trading License in the name of the firm.
3. Copy of valid PAN card.
4. Copy of the valid GST Registration Certificate.
5. Bank details of the firm duly verified by the proprietor of the firm
6. Non-Black listed certificate in the form of Affidavit duly signed by executive magistrate. (Sample annexed at annexure-III)
7. No Near Relation certificate as per annexure – IV
8. The supplier must have experience of at least 02 years of supplying medicines & medical equipment's in any PSU/Govt. organization. (enclose proof of certificate mandatorily, failing which experience mention if any shall not be considered)

The Mandatory Terms & Conditions are as hereunder:

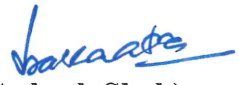
1. The rates quoted must be inclusive of all applicable taxes.
2. The expiry date of the medicines must be at least 01 (One) year w.e.f. the date of award of supply order.
3. Each and every page of the tender documents, including the enclosures, must be signed by the authorized signatory of the firm and seal of the firm must be put below the signature.
4. The quality of medicines and apparatus supplied must be as per specification mentioned at Annexure – II.
5. The Institute reserves all right to cancel the EOI at any point of time.

F.No.4-115/2021/CIHCS/2606-07

Sd/-
(**Director**)
CIHCS, Dahung
Dated the Dahung 4th June, 2025

Copy to:

- ✓ 1. Dr. Biraj Lahkar, Computer Instructor and Website In-Charge to upload the Tender in the website of Institute.
2. Office copy.


(**Aakash Shah**)
Administrative cum Accounts Officer
CIHCS, Dahung

ANNEXURE – I

(To be furnished in the letter head of the firm)

Tender No. Date:

To,

The Director
CIHCS, Dahung
West Kameng District
Arunachal Pradesh

Sub: Submission of Expression of interest (EOI) to undertake supply of Medicines and Medical Apparatus at central institute of Himalayan culture studies for the FY 2025-26.

Sir,

I/We, the undersigned, offer to supply the medicines and medical apparatus to Central Institute of Himalayan Culture Studies (CIHCS), Dahung in accordance with your Expression of Interest No. Dtd.....

I/We am/are hereby submitting our proposal under sealed covers and properly marked and signed along with all the supporting documents as required. We hereby declare that all the information and statements made in this proposal are true and accept that any misinterpretation contained in it may lead to our disqualification.

We confirm that this proposal will remain binding upon us and may be accepted by you at any time before the expiry date. We agree to bear all cost incurred by us in connection with the preparation and submission of the proposal and to bear any further pre-contract's cost.

We understand the CIHCS, Dahung is not bound to accept the bid or any proposal or to give any reason for short listing of for the rejection of any proposal.

I/We confirm that I/We have the authority of (Insert Name of the Agency/Firm) to submit the proposal and to negotiate on its behalf.

Yours Faithfully

Signature of the Proprietor of Firm/ Authorized
Representative with full address & Mob. No.

LIST OF MEDICATIONS FOR THE YEAR-2025-26

Sl.No.	NAME OF MEDICATION (TABLETS)	Quantity
1	(Spas Moglen) Paracetamol and Dicyclomine Hydrochloride 20 Mg	20 Strips
2	Pantoprazole 40mg	50 Strips
3	Paracetamol 500mg	20 Strips
4	Sina rest 500mg	10 Strips
5	Cheston Cold and Flu (500mg)	50 Strips
6	Cetirizine 10mg	20 Strips
7	Nimesulide 100mg	50 Strips
8	Vitamin C Chewable 500 mg	300 Strips
9	Vitamin B Complex 200 mg	30 Strips
10	Metrogyl 400mg	10 Strips
11	Cofsil Tablet 1.2 mg	300 Strips
12	Combi flam 400 mg	30 Strips
13	Ondansetron 4 mg	10 Strips
14	Dulcoflex Bisacodyl 5 mg	20 Strips
15	Albendazole 400 mg	100 Strips
16	Azithromycin 500 mg	200 Strips
17	Augmentin 625 mg	200 Strips
	SYRUPS	
18	Cough Syrup Dextromethorphan Hydromide and Chlorpheniramine Syrup 100mg	50 Bottles
19	Multivitamin Syrup 200 mg	30 Bottles
20	Cofsil Syrup 100 ml	20 Bottles
21	Zedex (dry cough relief) 100 ml	200 Bottles
	OINTMENTS	
22	Vicks RUB (25ml)	200 Bottles
23	Moov/Omnigel Ointment (30 mg)	50 Tubes
24	Silver Nitrate Cream (20 mg)	
25	Moov/Omnigel Spray (35 g) (50ml)	100 Cans
	SOLUTIONS	
26	Povidone Iodine Solution (100ml)	
27	Dettol Solution Bottle (550 ml)	5 Bottles
28	Alcohol Solution (Sprit) (100 ml)	1 Bottle
29	Normal Saline (100 ml)	30 Bottles
30	(Betadin Mouth Gargle) (50ml) Povidone – Iodine Germicide Gargle 2% W/V Mint Flavor	200 Bottles
31	Budecort respules	10 Units
	INJECTIONS AND VACCINES	
32	Pantoprazole Injection (10ml, 40mg)	2 Dose
33	Tetanus Vaccine 0.5ml	6 Dose
34	Rabies Vaccine (Human I.P) 0.5 ml (5 doses for one duration)	3 Nos.
	SYRINGES	
35	2 ml Syringe	20 Nos.
36	5 ml Syringe	5 Nos.
37	10 ml Syringe	5 Nos.

Contd.....

	BANDAGES AND DRESSING MATERIAL	
38	Micro-Pore Tape Roll with Dispenser 3 x 10yards	20 Rolls
39	Crepe Bandage (8 cm)	100 Nos.
	REHYDRATION POWDER	
40	Oral Rehydration Salt Powder 21g Sachet	
41	Glucose D Powder (75gm)	100 Pkt
42	Epsom salt powder 250 gm	200 Pkt
	INSTANT PAIN RELIEVERS	
43	Pain Relief Plaster Patch 11cm x 17cm Pack Of 10 Patches	20 Packets
	PROCEDURE ITEM	
44	Compressor Nebulizer with built in storage	1 Nos.

ANNEXURE - III

(To be furnished in the form of affidavit)

CERTIFICATE OF NON-BLACKLISTING

EXPRESSION OF INTEREST VIDE NO:

I/We/ M/s _____ are registered
Company / Ltd Company / Proprietorship firm etc. as per Registration Certificate No.
_____ issued by _____ having registered office at

_____ and manufacturing/supply base at _____ do hereby
declare and solemnly affirm that I/We have not been Black-listed, nor mine/our Tenders have ever
been cancelled by any State/UT/Central Government or any partner or shareholder either directly
or indirectly connected with or has any subsisting interest in the business of my/our firm nor any
legal proceedings have ever been initiated/pending or any penalty has ever been levied due to delay
of non-completion of work/service/supply order by any State/UT/Central Government or by any
authority.

Signature of witness with name
Address & mobile no.

Signature of the tenderer with seal

SIGNATURE OF MAGISTRATE

ANNEXURE-IV

(To be furnished in the official letter head of the firm)

CERTIFICATE FOR NO NEAR RELATIVE (S) OF THE SUPPLIER
WORKING IN CIHCS, DAHUNG

I S/o Shri
.....

R/o
.....
.....

Hereby certify that none of my relative (s) is/are employed in CIHCS, Dahung as per detail given below.

In case at any stage, it is found that the information given by me is false/incorrect, CIHCS shall have the absolute right to take any action as deemed fit, without any prior intimation to me.

Signature of the bidder with seal

The near relative (s) means:

- a) Members of a Hindu Undivided family;
- b) They are husband and wife.
- c) The one is related to the other in manner as father, mother, son(s) son's wife (daughter-in-law), Daughter (s) daughter's husband (son-in-law) brother (s) and brother's wife, sister (s) sister's husband (brother-in-law)

In case of proprietorship firm, certificate will be given by the proprietor, and in case of partnership firm, certificate will be given by all the partners and in case of Ltd. Company by all the Directors of the company or company secretary on behalf of all directors). Any breach of these conditions by the company or firm or any other person, the tender/work will be cancelled and earnest money/security deposit will be forfeited at any stage whenever it is so noticed. The CIHCS will not pay any damages to the company or firm or the concerned person. The company or firm or the persons will also be debarred for further participation in the concerned unit.

Signature of the bidder with seal