

DIRECTORATE OF HEALTH
SERVICES, GOVERNMENT OF
GOA, PANAJI.

TENDER DOCUMENT FOR
“**Outsourcing of Dental
Laboratory Work**” at various
Hospitals under Directorate of Health
Services, Panaji-Goa”

Tender Reference
No. 1/PT/ DHS/Dental Cell/2020-21/78

Dated: 24/07/2020

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NOTICE INVITING TENDERS (NIT)

Directorate of Health Services

Campal –Panaji, Goa

Website : <https://goenivida.gov.in>

Email: directorhealth_goa@yahoo.co.in

Email: dydir_dental@yahoo.com

Telephone Phone: 2225646/2225668/2225540

Tender Enquiry No. 1 /PT/ DHS/Dental Cell/2020-21/78

Dated: 24/7/2020

NOTICE INVITING TENDERS

The Director, Directorate of Health Services, Campal-Panaji, on behalf of the Governor of Goa invites tenders through e-tender mode from eligible service providers for “**Outsourcing of Dental Laboratory Work**” at various Hospitals under Directorate of Health Services, Panaji-Goa” as given in Section-IV.

Schedule of Events

Sr. No.	Description	Schedule
1	Date of uploading of Tender Enquiry Documents	24/7/2020
2	Website of Tender Enquiry Document	https://goenivida.gov.in
3	Last date and Time of uploading tender online mode only.	31/ 08/2020 at 5.00 pm
4	Time, Date and Venue of Opening of Technical Tender/Bid	10:30 a.m on 07/09/2020 in the Conference hall, Directorate of Health Services, Panaji-Goa
5	Time, Date and Venue of Opening of Financial Tender/Bid	Shall be intimated to the qualifying agencies by e-mail/tender website



Government of Goa
Directorate of Health Services
Dental Cell, Campal, Panaji Goa, Pin.Code:403001
Ph No: Office: 2225646/5540/5668
No: 1/PT /DHS/Dental cell/2020-21/78 **Date: 24 /07/2020**

E- TENDER NOTICE

TECHNICAL BID AND FINANCIAL BID TO BE SUBMITTED IN SEPARATE ENVELOPES

1. **E-tenders** are invited by the Director, Directorate of Health Services, Panaji, Goa on behalf of the Governor of Goa upto 31/08/2020 at 5.00 p.m. for “**Outsourcing of Dental Laboratory Work**” listed as in the Annexure attached.
2. The tender forms with terms and conditions and discription of the lab work, can be viewed and downloaded online at <https://goaenivida.gov.in>
3. As per notification no. 3/40/2003-IND(Part) dated 8th September 2011 issued by Industries Department, Government of Goa, Secretariat, Porvorim Goa, only those Micro and small Enterprises having turnover not exceeding Rs. 10.00 crores per annum for the preceding 3 financial years and acknowledged with Entrepreneurs Memorandum Part II by Director of Industries, Trade and Commerce shall be eligible for the benefit under this scheme. A copy of the certificate may be furnished. All other SSI units will be treated on par with other firms. Micro and Small scale enterprise registered with NSIC in order to claim benefits of scheme will have to be registered with Directorate of Industries Trade and Commerce Goa.
4. The tender No. 1/PT/DHS/Dental Cell/2020-21/78 dated 04/07/2020 should be submitted online. Last date of submission of quotation online is 31/08/2020 at 5.00pm. Non submission of tenders within the stipulated date and time will not be entertained.
5. The following payments to be made online through e-payment mode towards Tender document Fee (TDF), e-Tender Processing Fee (TPF), and Earnest Money Deposit (EMD) to be paid online through e-payment mode via:
National Electronic Fund Transfer (NEFT)/ Real Time Gross Settlement (RTGS)/ Axis Bank Over the-counter (OTC). Tenderer requires to download pre-printed challan towards credit of ITG available on e-tender website and make its payment through any of their bank.
Internet Payment Gateway (Debit/ Credit card of type VISA, MASTERCARD or RUPAY.
Net Banking: Payment can be made through the Internet Banking of Any Bank.
NOTE: Any Payments made through NEFT/ RTGS/ OTC will take 72 hours for its reconciliation. Hence the payments through NEFT/ RTGS/ OTC should be made at least THREE BANK WORKING DAYS in advance before any due date

and upload the scanned copy of the challans in the e-Tender website as a token of payment and directly credit the amount to ITG account as generated by challan before by 5.00 pm and the copy of NEFT/ RTGS/ OTC/ debit card/ credit card/ net banking (Axis Bank) challan is to be scanned and uploaded along with the bid on the website prior to submitting the hard copies.

Note: For any query of FORM FEE, PROCESSING FEE and EMD (before doing the payment) please contact ITG help desk line two days before closing of tender date: Vibhav Rana – +919953256106, Sandesh Mandrekar – +919881740604.

Cost of tender document	Tender processing fee	EMD
Rs. 1,000.00	Rs. 1,500.00	Rs. 25,000/-

The EMD has to be paid through NEFT challans only.

6. The qualified bidder has to furnish a security deposit of Rs 30,000/- in the form of a Bank Guarantee from a scheduled bank, in favour of Director, Directorate of Health Services, Panaji-Goa after receipt of the order. The Bank Guarantee shall be valid for a period of 5 years from the date of commencement of the work.

This security deposit will be refunded only after the completion of validity period. Earnest money deposit (EMD) will be refunded fully after the receipt of security deposit in case of successful tenderers. If the successful tenderer does not submit the security deposit, the invoices for the same will not be settled for payment. Also the EMD will be forfeited in favour of Government. All Applications for the refund for earnest money deposit and security deposit furnished with the tender should be made only to The Director of Health Services with all the details of e-payments made along with the date and tender number for which it is submitted.

7. The Technical bid of all the tenderers will be opened online on 07/09/2020 at 10.30 a.m. No bid of the concerned bidders will be opened in case the bidders fail to make the e-payments towards the above costs after the mentioned date and time.
8. Hard copies of technical bids and financial bids of all the uploaded documents in two separate envelopes should also be submitted to this office separately along with the copy of NEFT/RTGS/OTC/debit card/credit card facility/ net banking (Axis bank) challans of cost of tender document, EMD and tender processing fees on or before 31/08/2020 by 5.00 p.m.
9. The quotation should be superscribed on the cover as **“Quotation for Outsourcing of Dental Laboratory work.”**

10. Bidder must ensure to quote rate of each item. The column meant for quoting rate in figures appears in sky blue colour (Rupees in words will be automatically taken). In addition to this, while selecting any of the cells a warning appears that if any cell is left blank the same shall be treated as “0”. Therefore, if any cell is left blank and no rate is quoted by the bidder, rate of such item shall be treated as “0” (ZERO) and will be treated as incomplete tender and will be rejected outright. Also name of the bidder should be entered in respective cell.
11. Tenders should be accompanied by following documents online.
- Copy of GST No. and Pan No.
 - NOC from the Fire Dept
 - NOC from Municipality/Panchayat
 - NOC from Health
 - Registration/License to operate the shop/establishment
 - The offer should be firm. Conditional offer will not be considered.
12. Tenders which are not accompanied by the above documents online will not be considered.
13. The laboratory work quoted is **likely to increase or decrease** and orders will be placed depending on the needs/ requirements at that point of time. The Directors decision in the matter will be taken as final.
14. Full details of laboratory / workshop should be submitted with names, contact number and address and should be available in the state of Goa.
15. The rates should be quoted online F.O.R. Destination, NDH Mapusa, Hospicio Hospital Margao, Sub District Hospital Ponda, Sub District Hospital Chicalim. Also, at Directorate of Health Services, Dental Cell, Campal, Panaji & any other Hospitals/ Centres under this Directorate of Health Services Goa.
16. The laboratory work will have to be collected from the respective hospital and delivered to the same hospital after completion. Trays to be returned back to the respective dental clinic/hospital
17. The delivery of the goods / completed laboratory work should be made within a period of 5 days from the receipt of the firm order.
18. Payments will be done after receiving a monthly invoice duly verified and signed by the concerned Doctor, and countersigned by the in-charge of the hospital.
19. The supplier may insure the goods at his own cost to safeguard the delivery of such goods dispatched by him to the consignee, as this Department will not be responsible for the damage or pilferage of goods during transit.

20. Qualified selected bidder should submit undertaking that the materials used will be genuine and of good quality and will be complied without delay.
21. The reduction in prices if any, will be accepted and the new reduced rate shall be the basis of contract.
22. The tenderer should scan/upload performance certificate that work is satisfactory, from any Government/Semi Government/Private Clinic, issued by the Director/ Head of the Department/Doctor of the clinic.
23. Previous record of Government outsourcing work done if any, should be submitted.
24. Tenderers who do not agree with above terms and condition may not submit their tenders.
25. In case of any complaints from Hospitals regarding quality of work, faulty work, the same will have to be repeated at your cost.
26. The quotation should be uploaded as per the following format.

A. Format technical Bid

Sr. No.	Name of the work	NOC from fire dept Yes / No	NOC from municipality /panchayat Yes /No	Registration / License from shop & establishment. Yes / No	NOC from Health Yes/ No

B. Format Financial Bid

Sr. No. (As per list attached)	Name of the work	Unit Price	SGST	CGST	Total Price

27. The payment towards the supply will be made only after receipt of the laboratory work and also after checking the same for the quality, specification, etc. The work which is not according to our specification or damaged in transit, will not be accepted and supplier should take back the rejected goods at his own cost.
28. Bills to be verified and certified by the concerned doctor/dentist to certify the work undertaken and completed.

29. Verified and certified bills are to be countersigned by the I/C of the hospital/Head of the institution, and then to be submitted to the office of Dy. Director, (Dental) Dental Cell, DHS, Panaji-Goa.
30. Bills to be submitted in quadruplicate, signed on a revenue stamp and submitted on a monthly basis.
31. The rates quoted should be uniform for State Government Undertaking. If there is any difference in the rates quoted, the lowest will be accepted.
32. No change in Rates quoted shall be entertained after the due date of opening.
33. **The rates quoted should be valid for minimum period of 60 months from the date of placement of first order.**
34. Rates are to be quoted in the respective Proforma attached. GST/other taxes wherever applicable should also be clearly mentioned separately.
35. If the tenderer requires interpretation of any clause, may contact Dy. Director (Dental), contact no. 9011025022. The decision of the Director of Health Services, Panjim should be taken as final.
36. Failure to comply with the above terms will disqualify the bidder
37. The Director of Health Services reserves the right to reject any or all tenders without assigning any reasons.
38. Financial Bid of all the tenderers, whether technically selected or rejected can be viewed online. However the technically rejected bidder will not be taken into consideration for gradation.
39. In the event of any dispute or difference between the parties hereto in relation to/ with this tender, the court in Goa shall have exclusive jurisdiction to adjudicate such dispute or difference.
40. Terms of payment: In Indian Rupees vide ECS.
41. Date for opening of Financial Bid will be declared at **<https://goenivida.gov.in>**

(Dr. Jose. O. A. D'Sa)
Director of Health Services

BIDDER'S AUTHORISATION LETTER

(To be submitted by authorized agent)

To

The Director,
Directorate of Health Services,
Campal-Panaji,
Goa.

Ref: Your Tender document No.-----, dated-----

Dear Sirs,

We,..... are the suppliers of -----

----- (name of services(s) and hereby confirm that;

1. Messrs ----- (name and address of the agent)
is our authorized agents for -----
2. Messrs ----- (name and address of the agent) have fully
trained and

experienced service personnel to provide the said services.

Yours faithfully,

[Signature with date, name and designation]

For and on behalf of Messrs _____

[Name & Address of the Manufacturers]

Note:

1. **This letter of authorization should be on the letterhead of the manufacturing firm and should be signed by a top executive of the manufacturing firm.**
2. **Original letter shall be attached to the tender**

**ASSIGNMENT OF SIMILAR NATURE SUCCESSFULLY
COMPLETED**

DURING LAST THREE YEARS

Attach users' certificates (in original) regarding satisfactory completion of assignments.

Note: Attach extra sheet for above Proforma if required.

Signature.....

Name

Sr.No	Assignment contract No . & date	Description of work services provided	Contract price of assignment	Date of commencement	Date of completion	Was assignment satisfactorily completed	Address of organization with Phone No. where assignment done
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

PARTICULARS OF THE BIDDER'S COMPANY

(To be submitted by all tenderers / bidders)

1. Name :
2. Registered Address
3. Phone/Fax/e-mail id
4. Type of Organisation : Prop./Partnership/Company / Consortium / Trust / Not for Profit Organization
5. Address of Service centres in the region:
 - (a) Total No. of services personnel at the existing centres:
 - (b) Total No. of locations where organization currently has centres:
6. Number of service personnel:

Name	Qualification	Experience (Similar Service)
		(use extra sheet if necessary)

7. Whether the bidder has NABL/NABH/ISO or any other accreditation?
(If yes/ whether documents attached with techno commercial bid).
8. Registration. Nos.
 - (a) PAN No.
 - (b) GST No.

Signature of Bidders

Date:

Name

Place:

Office Seal

Forwarding Letter for Technical Bid

(To be submitted by all tenderers / bidders on their letterhead)

Date:.....

To
Director,
Directorate of Health Services,
Campal-Panaji,
Goa.

Sub: Tender for supply of services under Tender No....

Sir,

We are submitting, herewith our tender for providing Dental Laboratory Services for North Goa District Hospital Mapusa, South Goa District Hospital Margao, Sub District Hospital Ponda , Sub District Hospital Chicalim, and any other hospital under Directorate of Health Services.

We also enclose scanned copies of paid challans towards tender cost, EMD and tender processing fees to be attached outside to the envelope of the Technical bid.

We agree to accept all the terms and condition stipulated in your tender enquiry. We also agree to submit Performance Security/Bank Guarantee as per Point No. 6 of Section II page 5

We agree to keep our offer valid for the period stipulated in your tender enquiry.

Enclosures:

- 1.
- 2.
- 3.
- 4.
- 5.

Signature of the Tenderer.....

Seal of the Tenderer.....

FINANCIAL BID

1. The Quote is for **per unit cost** of Dental laboratory Work as mentioned in Annexure I & II
2. The bidder is expected to deliver the services for a minimum period of five years.
3. The successful bidder has to deposit **Rs.30,000/- (Rupees thirty thousand only)** as performance security in form of a Irrevocable Bank Guarantee issued on any Nationalised Bank, on any scheduled bank payable at Panaji in favour of Director of Health Services and remain valid for a period five years and in addition six months beyond the date of expiry of the contract.

Format of Financial Bid

Name of the Tenderer: _____

Refer to Annexure I & II for the format

Signature.....

Name.....

DECLARATION BY BIDDER

I / We agree that we shall keep our price valid for a period of five years from the date of approval. I / We will abide by all the terms & conditions set forth in the tender documents No. /PT/DHS/Dental Cell/ 2020-21/ dt / /2020.

I / We do hereby declare I / We have not been de- recognized / black listed by any State Govt. / Union Territory / Govt. of India / Govt. Organisation / Govt. Health Institutions.

Signature of the bidder:

Date :

Name & Address of the Firm:

Affidavit before Executive Magistrate / Notary Public in Rs.100.00 stamp paper.

ANNEXURE I

Quotation for Acrylic work

Sr. No.	Items	Unit Cost	SGST	CGST	Total
	FULL DENTURES				
1.	U/L Setting to finish				
2.	U/L Flasking to finish				
3.	Single Denture Relining				
4.	Single Denture Rebasing				

	MISCELLENOUS (Per arch)	Unit Cost	SGST	CGST	Total
1.	Repair in cold Cure				
2.	Addition of single tooth in cold Cure				
3.	Baseplate Special Tray				
4.	Base plate Bite block				
5.	Acrylic Special Tray				
6.	Acrylic Bite Block				
7.	S.S. Clasp				

	PARTIAL DENTURES	Unit Cost	SGST	CGST	Total
1.	1 – 3 teeth				
2.	4 – 6 teeth				
3.	7 - 9 teeth				

ANNEXURE II

Quotation for Crown & Bridge Work

Sr. No.	Items	Unit Cost	SGST	CGST	Total
	Crown & Bridge Work				
1.	CAD CAM METAL Full Crown				
2.	CAST POST & CORE				
3.	a) Classic				
4.	b) Classic Facing				

	MISCELLENOUS (Per arch)	Unit Cost	SGST	CGST	Total
1.	Unit cost of Bridge				
2.					
3.					
4.					
5.					
6.					
7.					

CONTRACT FORMAT

CONTRACT FORM FOR Outsourcing Dental Laboratory Work

.....

.....

(Address of the Tender Inviting Authority/Office issuing the contract)

CM Contract No. _____ dated _____

This is in continuation to this office's Notification for Award of contract No dated

.

Name & address of the Service Provider:

.....

Reference: (i) Tender Enquiry Document No Datedand subsequent Amendment No, dated (if any), issued by the Tender Inviting Authority (ii) Service provider's Tender No Datedand subsequent communication(s) No

Dated (if any), exchanged between the supplier and the purchaser in connection with this tender.

THIS AGREEMENT made the Day of 2016 between (name of tender inviting authority) (hereinafter called the *Procurer*) of one part and (name of service provider) (Hereinafter called the *Service Provider*) of the other part:

WHEREAS the Procurer is desirous that certain services should be provided by the Service Provider, viz, (brief description of services) and the Procurer has accepted a tender submitted by the Service Provider for the Services for the sum of (Contract price in words and figures) (Hereinafter called the Contract Price),

NOW THIS AGREEMENT WITNESSETH AS FOLLOWS:

1. The following documents shall be deemed to form part of and be read and constructed as integral part of this Agreement, viz.:

- (i) Terms and Conditions;
- (ii) Job Description;
- (iii) Purchaser's Notification of Award.

2. In consideration of the payments to be made by the Procurer the Service Provider hereby covenants to provide the **Dental Laboratory Services** for the specified work in conformity in all respects with the provisions of the Contract.
3. The Procurer hereby covenants to pay the Service Provider in consideration of the services, the Contract Price or such other sum as may become payable under the provisions of the Contract at the times and in the manner prescribed in the Contract.
4. The bank guarantee valid till _____ [(fill the date)] for an amount of Rs. _____ [(fill amount)] shall be furnished in the prescribed format given in the Tender document, within a period of 15 (fifteen) days of issue of Notice for Award of Contract failing which the EMD shall be forfeited.
5. Payment terms: The payment will be made against the bills raised to the Procurer by the Provider on monthly basis after satisfactory completion of said period, duly certified by the designated official. The payment will be made in Indian Rupees.
6. Paying authority: _____ (name of the Procurer i.e. Office, Authority)

(Signature, name and address of authorised official)

For and on behalf of _____

Received and accepted this contract

(Signature, name and address of the supplier's executive duly authorised to sign on behalf of the Provider)

For and on behalf of _____

(Name and address of the Provider)

(Seal of the provider)

Date: _____

Place: _____