KEMH/EOI/ PED/MED/120/2024

date: 07/02/2024

### **Expression of Interest.**

Subject—To Invite Expression of Interest from Original Manufacturer/Vendor/Distributor to supply the medicines for patients of rare disease through the NPRD (National Policy for Rare Disease)-2021 fund received in PBCF (Poor Box Charity Fund) Department of K.E.M. Hospital.

King Edward Memorial Hospital is one of the leading tertiary care, public hospitals in the metropolis of Mumbai that provides basic as well as specialized services to needy patients from all over the country. With a glorious legacy of 98 years and currently catering to over 1.8 million out-patients and 85,000 inpatients annually, the institute is among the top ranked medical institutes in India. KEM Hospital is one of the Centers of Excellence (CoE) under the NPRD-2021 and provides facilities for diagnosis, prevention and treatment of rare diseases. Through the funds received under NPRD-2021, KEM Hospital wishes to purchase medicines for patients of rare diseases.

For purchase of the above drugs, it is proposed to invite EOI (Expression of Interest) from Original Manufacturer/Vendors/Distributor, to supply the same to KEM Hospital. Original Manufacturer/Vendors/Distributor should collect an application form from the Department of Pediatrics, KEM Hospital from 08/02/2024 to 12/02/2024 in working hours and all proposals with the required documents should be submitted on or before 13/02/2024 (by 4:00 pm) in the Department of Pediatrics Office, Outside Ward – 2, Ground Floor, Old Hospital Building, KEM Hospital, Parel, Mumbai – 400012 with ThreePacket System (i.e. Packet A is Administrative Documents, Packet B is Technical Documents & Packet C is Commercial). Do not disclose the price other than in the commercial packet. All envelops (Packet A, Packet B & Packet C) are to be packed in a single sealed envelope, all envelopes are to be submitted in sealed form. The packet will be opened in front of KEM Hospital Rare Disease Committee as per schedule decided by the committee.

### Specifications For Drug for Department of Pediatrics of KEM Hospital

1 1	Description		
Name of Disease	Tyrosinemia Type I		
Name of Drug	Tablet Nitisinone/NTBC		
Specification of Drug	<ol> <li>2mg per capsule, Gelatine capsule with capsule strength '2' printed on the body.</li> <li>5mg per capsule, Gelatine capsule with capsule strength '5' printed on the body.</li> <li>10mg per capsule, Gelatine capsule with capsule strength '10' printed on the body.</li> </ol> Packaging system: 60 capsules per bottle. Bottle should have a child proof screw cap. Storage at temperature not exceeding 30° C.		
Quantity with Package	with  19 bottles of 10mg for one year.  6 bottles of 5mg for one year.		

Dr. Sunil Karande
Professor and Head
Department of Pediatrics
Seth GSMC & KEM Hospital.

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PROFESSOR & HEAD,
DEPARTMENT OF PEDIATRICS,
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Dr. Mamta Muranjan
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DEPARTMENT OF PEDIATRICS SETH G. S. MEDICAL COLLEGE & K.E.M. HOSPITAL, PAREL, MUMBAI - 400 012.

# GENERAL REQUIRE MENTS:

### · Packet A :-

- A. Administrative Documents (Attested Copies)
- 1) EOI form
- 2) EOI form fee receipt (if applicable)
- 3) Signed & Stamp copy of EOI
- 4) Pan Card with Photograph as applicable
- 5) GST Registration certificate as applicable
- 6) Copy of Power of Attorney as applicable
- Copy of valid sales TAX/VAT/GST registration certificate (whichever is applicable)
- 8) Authority letter for appointment of Distributor (as applicable)
- 9) Photograph of individuals, proprietor of all partners as the case may be
- 10) Taxes bifurcation & HSN code mentioned on letterhead
- 11) Bidder's Profile

#### Packet B :-

- B. Technical Documents (Attested Copies)
- Valid Drug Manufacture License/Import License (Form 10)/Repacking License/Medical Devices License with approved product list issued by competent drug authority (as applicable)
- 2) Valid Drug Selling License issued by FDA (as applicable)
- Valid Product wise WHO-GMP certificate with approved Product List or Certificate of Pharmaceutical Products (COPP) issued by FDA.
- 4) Quality Control Test Report /FDA approved Lab/ Govt. aided Lab/In house Test Report form manufacturer as per D & C Act.
- 5) Rate should be quoted per number (unit should specified)
- 6) Sample along with Test Report should be submitted as & when asked
- · Packet C:-
- C. Rate Envelop

The supplier should be submitting documents mention in check list attached herewith.

If any doubts or any query about above mentioned work, you can contact Department of Pediatrics Office, Outside Ward - 2, Ground Floor, Old Hospital Building, KEM Hospital, Parel, Mumbai - 400 012.

30/1/2024 Dr. Sunil Karande. SUNIL KARANDE

Professor and Head OFESSOR & HEAD, Department of Pediatrics,
Seth GSMC & KEW H. S.S. MEDICAL COLLEGE &

Seth GSMC & KEM HospitalPITAL.

PAREL, MUMBAI - 400 012.

ARTMENT OF PEDIATRICS SETH G. S. MEDICAL COLLEGE &

Dr. Mamta-MaranjanuMBAI - 400 012.

Professor and In-charge of Genetic Clinic

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Dr. Akası Shuklar. Akash Shukla Nodal Officer for Rare Diseases nterology
Professor and Head ital & Seth G. S. Medical College,
Department of College, Department of Gastroenterology 400012.

Seth GSMC & KEM Hospital.

DY. DEAN

K.E.M. HOSPITAL Dr. Ajay Rana Deputy Dean PAREL, MUMBAI-400 012.

Seth GSMC & KEM Hospital.

Dean, K.E.M.H. & Seth G.S.M.C.,

Dr. Sangeeta Ragiel, Mumbai - 400 012.

Dean (Chairperson)

Seth GSMC & KEM Hospital.

Check list of Documents to be submit with EOI form as per the order given below.

Sr. No.	Administrative Documents	Sr. No.	Technical Documents
1	EOI Form	1	Valid Drug Manufacture License/Import License (Form 10)/Repacking License/Medical Devices License with approved product list issued by competent drug authority (as applicable)
2	EOI Form Fee Receipt (if applicable)	2	Valid Drug Selling License issued by FDA (as applicable)
3	Signed & Stamp copy of EOI	3	Valid Product wise WHO-GMP certificate with approved Product List or Certificate of Pharmaceutical Products (COPP) issued by FDA.
4	Pan Card with Photograph as applicable	4	Quality Control Test Report /FDA approved Lab/ Govt. aided Lab/In house Test Report form manufacturer as per D & C Act.
5	GST Registration certificate as applicable	5	Rate should be quoted per number (unit should specified)
6	Copy of Power of Attorney as applicable	6	Sample along with Test Report should be submitted as & when asked
7	Copy of valid sales TAX/VAT/GST registration certificate (whichever is applicable)		
8	Authority letter for appointment of Distributor (as applicable)	Thurs.	
9	Photograph of individuals, proprietor of all partners as the case may be		
10	Taxes bifurcation & HSN code mentioned on letterhead		4
11	Bidder's Profile		

Authorised Signature of the Bidder With Official Seal & Address