

SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL  
Acharya Donde Marg, Parel, Mumbai – 400 012.

KEMH/EOI/NEPH/684/2024

date: 07/02/2024

## Expression of Interest.

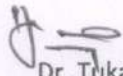
Subject- To Invite Expression of Interest Original Manufacturer/Vendor/Distributor to supply the medicines for patients of rare disease through the NPRD (National Policy for Rare Disease)-2021 fund received in PBCF (Poor Box Charity Fund) Department of K.E.M. Hospital.

**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 in-patients annually, the institute is among the top ranked medical institutes in India. KEM Hospital is one of the center 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, the KEM Hospital wishes to purchase medicines for patients of rare disease.

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 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 **Old Building, 3<sup>rd</sup> Floor, Department of Nephrology, KEM Hospital, Parel, Mumbai – 400 012** with Three Packet 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 envelopes (Packet A, Packet B & Packet C) are to be packed in single sealed envelopes, 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 committee.

**Specification For Drug for Department of Nephrology of KEM Hospital**

	Description
Name of Disease	Fabry Disease
Name of Drug	Recombinant Human Alfa – Gal – A
Specification of Drug	Agalsidase is administered intravenously once every 2 weeks in patients with Fabry's
Quantity of Package	Agalsidase <b>Total Quantity – 24 vials one year</b>



Dr. Tukaram Jamale  
Professor & Head  
Department of Nephrology  
KEM Hospital

**Dr. Tukaram Jamale**  
Professor & Head  
Dept. of Nephrology  
Seth G. S. Medical College  
& K. E. M. Hospital  
Parel, Mumbai - 12.

**SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL**  
**Acharya Donde Marg, 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
- 7) 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)

- 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) Valid Drug Selling License issued by FDA (as applicable)
- 3) 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** :-

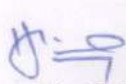
C. Rate Envelop


**SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL**  
**Acharya Donde Marg, Parel, Mumbai – 400 012.**

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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 Old Building, 3<sup>rd</sup> Floor, Department of Nephrology, KEM Hospital, Parel, Mumbai – 400 012.

  
**Dr. Tukaram Jamale**  
Professor & Head  
Dept. of Nephrology  
Seth G. S. Medical College  
& K.E.M. Hospital  
Seth GSMC & KEM Hospital  
Parel, Mumbai - 12.

  
**Dr. Akash Shukla**  
Professor & Head  
Nodal Officer for Rare Diseases  
Dept. of Gastroenterology  
Hospital & Seth G. S. Medical College,  
KEM Hospital, Parel, Mumbai - 400012.  
Professor and Head  
Department of Gastroenterology  
Seth GSMC & KEM Hospital.

  
**Dr. Ajay Rana**  
Deputy Dean  
Seth GSMC & KEM Hospital.  
**DY. DEAN**  
**K.E.M. HOSPITAL**  
**PAREL, MUMBAI-400 012.**

  
**Dr. Sangeeta Ravat**  
Dean (Chairperson)  
Seth GSMC & KEM Hospital.  
Dean, K.E.M.H. & Seth G.S.M.C.,  
Parel, Mumbai - 400 012.

**SETH G.S. MEDICAL COLLEGE & K.E.M. HOSPITAL**  
Acharya Donde Marg, Parel, Mumbai – 400 012.

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)		
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		

Authorised Signature of the Bidder  
With Official Seal & Address