# पटियाला लोकोमोटिव वर्क्स रेलवे चिकित्सालय पटियाला

PLW/MED/CDS/24

DATE 03/12/2024

AMM-III

**PLW PTA** 

SUB: Registration of local vendors for procurement of medicines through store deptt.

Please find here the documents attached along with for advertisement regarding the subject matter to be flashed on PLW website along with the link to the documents to be attached along with the application.

Sr DMO/Admin

**PLW Hospital PTA** 

GSTIN. NO. PROP.
DL.NO. MOB. NO.

## FIRM NAME AND ADDRESS

#### WHOLESALE CHEMIST AND DRUGGIST

Respected Sir,
I, sole Prop. of the above mentioned firm, hereby interested to give my participation in bidding process as a new bidder
My firm is registered with Indian Railways website i.e. ireps.gov.in. My ireps id is All the documents of my firm and qualified person are attached with it.
Kindly accept my proposal and allow me to bid in the following tender.
Your's Faithfully
medical Agencies

### <u>Supplier's Description for Registration</u>

Principal Chief Medical Officer PLW RAILWAY HOSPITAL PATIALA

Subject: Description of Wholesale So	uppliers/Chemist/	Distributor for reg	jistration at PLW PATIALA	
want to register fny firm in your organization. The				
Description of my firm is as given	below. It is reque	ested to register r	ny firm in your organization.	
l assure u that good quality of Med	dicines, Surgicals	and related items	s will be supplied to your organizationon	
time and with maximum rebated rates by my firm. It is also assured that the documents submitted for				
registration are true and best to my knowledge .If your organization finds any discrepancy in my				
documents then the competent a	uthority has the r	right to cancel my	registration at any time.	
Description of firm				
1)Name of firm				
2) Firm's address, contact, fax number and email I.D.				
3) Name of proprietor and address :				
4) Name and address of partner if any				
5) Whole sale license number (Self Attested):				
6) Drug License and date of validity(Self Attested):				
7) PAN number and photo copy of PAN card				
8) VAT/GST number and certificate photo copy:				
9) Is firm a trader (Yer>/no) If yes, then attached the authorization letter				
ofManufactures/Company				
10) Detail of supply by other Railway/Govt.Institutes if any				
11) Certificate of turn over for last three years and income tax re turns				
•	er, Name of Bank	k, IFSC Code, Bani	c code and Bank Statement of lastsix	
months:				
13) Details of authorized p	erson of the firm	:		
Name	Designation	Address	Phone/Mobile Number	
	1			

Date Signature and Stamp No. of enclosures Name

# <u>Terms and conditions for registration of wholesale suppliers of medicines, surgical, and other related items.</u>

- 1. All tenders will be uploaded to IREPS website, hence supplier must be registered with IREPS and must have digital signature certificate (DSC) key for participation in the tender queries.
- 2. Registration will be done for 03 (three) years.
- 3. The supplier must have valid wholesale license.
- 4. Preference will be given to those suppliers having experience of supplying to Railway/Govt./Corporate Hospitals of good reputation.
- 5. The supplier should quote the rates of only those firms/products which are registered with Indian Railways. (List can be checked from Indian Railway directorate website.)
- 6. Contract will be governed by IRS conditions amended from time to time.
- 7. Frequent non participation might lead to removal of vendor from the list
- 8. POs issued are likely to have only 10-15 days delivery period.