

भारत सरकार / GOVERNMENT OF INDIA

बी.सी.जी. वैक्सीन प्रयोगशाला / B C G VACCINE LABORATORY

स्वास्थ्य सेवा महानिदेशालय / DIRECTORATE GENERAL OF HEALTH SERVICES

स्वास्थ्य और परिवार कल्याण मंत्रालय/ MINISTRY OF HEALTH & FAMILY WELFARE

110, 33 फीट रोड, माउंट रोड, गिंडी, चेन्नई 600032

110,33 FEET ROAD, MOUNT ROAD, GUINDY, CHENNAI 600 032 TAMILNADU

Admin.: 044-29871047
Stores : 044-22500172

website: www.dirbcglab.gov.in
e-mail : bcgvl.tnchn@nic.in

No. D-21016/02/2024-25(Stores)/ 020

Dated: 15.02.2025

To

M/s.....

.....

Dear Sir,

Sub. : Inviting Quotation for Supply of Sticker Label Roll for BCG
Vaccine Vial Labelling (Two Bid)-Reg.

BCG Vaccine Laboratory invites sealed bids for supply of Sticker Label Roll for BCG Vaccine Vial Labelling to this Laboratory for a period of one year in phased manner.

a.	Bid Reference	Tender No.D-21016/02/2024-25(Stores)/020, Dated:15.02.2025
b.	Date and time of receipt of Tender	Till 02.00 p.m. on 04.03.2025
c.	Date and time for Opening of Technical Bid	At 03.00 p.m. on 04.03.2025
d.	Date and time for Opening of Price Bid	To be intimated to bidders, who qualify in Technical Bid.
e.	Type of Tender	Two Bid System
f.	Validity of Tender	120 days

Technical and **Price bids** shall be sealed separately and enclosed in a single sealed big size envelope with Super scribed as "Supply of Sticker Label Roll for BCG Vaccine vial Labelling with Tender No. and Due date" and to be mailed to BCGVL. The Bidder should ensure that the quotation reaches BCGVL on or before the Due date as mentioned in BCGVL Tender documents for consideration. The tender submitted beyond due date and time, shall not be considered for the bidding and shall be rejected out – rightly.

The bid in sealed envelope can be sent to BCGVL on address:

**The Director,
BCG Vaccine Laboratory,
33 Feet Road, off Mount Road,
Guindy, Chennai – 600 032**

or could be dropped in Tender Box kept at BCGVL, Chennai.

Contd...2

:2:

BCGVL reserves the right to reject any or all bidder's quotes/tenders or to accept in part of offers given by Bidders/Tenderers without assigning any reason thereof. Decision of BCGVL in this regard will be final and binding on all the Bidders/Tenderers.

Thanking you,

Encl. As above

भवदीय / Yours faithfully,

(डॉ. आनंद एस. / Dr. ANAND S.)

पशुचिकित्सक / VETERINARIAN

कृते निदेशक / FOR DIRECTOR

Copy To:

1. IT Section – with request to upload in BCGVL website.
2. Office Notice Board.

TERMS AND CONDITIONS

1. The vendor must have valid registration or trade license to carry / supply the item in question. (Shops and Establishment Registration or GST registration or Registered under certain enactment or any other certificate issued by Government or Government Agency). Copy should be submitted along with the bid.
2. The Vendor must have PAN No. and Bank Account in any of the Nationalised Banks / Scheduled Banks. (In case of Ltd./Pvt/ Ltd./Partnership Firm, the PAN and Account shall be in the name of the Firm / Company and in case of Individual Ownership, the PAN and Account may be in the name of Owner).
3. The tendering firm will have to give an undertaking to the effect that they have not been blacklisted or their business dealings with the Government departments have not been debarred. This undertaking should be furnished in the format given in Annexure II attached to this Tender document.
4. While submitting the tender for this work, the tenderer will be deemed to have read, understood and accepted all the terms and conditions stated in the tender document and shall be complied with.
5. If the successful Bidder fails to fulfil his obligations under this Tender, i.e., non-adherence to terms and conditions contained in this Tender, the BCGVL after due notice to the Supplier / Agency, may blacklist the Supplier / Agency. In such events, the Contract will stand terminated and the EMD / Performance Security (SD) of such Firm shall be forfeited by BCGVL.
6. Tender must reach this office not later than the time and date notified in the tender form stated in the Schedule of Tender. In the event of tender received after scheduled date and time, the tender will not be allowed in bidding and it will be rejected summarily.
7. Each page of the Tender and all its annexure shall be signed and stamped by authorised representative of Tenderer in token of acceptance of the terms and conditions laid under the Tender Document. No page should be removed / detached from the tender document.
8. All entries in the Tender form shall be legible and filled clearly. Any overwriting or cutting which is unavoidable shall be signed by the authorised signatory.
9. Tender incomplete in any form will be rejected out rightly.
10. Conditional Tenders will be rejected out rightly.
11. Annexure enclosed received without the signature of authorised signatory will not be entertained and will be rejected summarily.
12. Tenders not received in the prescribed format shall be ignored and no correspondence in this regard will be entertained.
13. Canvassing, in any form, by the tenderer or his representative with any of the officials of BCGVL Staff shall render the tender liable to be rejected.

14. This tender or contract and both are non-transferrable.
15. Rate of all items to be quoted should be on F.O.R. BCGVL (Free Delivery to BCGVL premises) in the prescribed format only given in Annexure IV attached to the Tender Document.
16. Tender will be finalised on the basis of L-1 item wise, exclusive of GST.
17. Defective or rejected goods, if any, should be collected after replacing the same on their own arrangement by the Vendor on the same day.
18. Checklist as in Annexure V to be submitted along with the tender.
19. Bidders are suggested to visit BCGVL before submitting their quotations for inspection of sample, during working hours, i.e. between 10.00 a.m. and 03.00 p.m.
20. The rates quoted by the selected firm and approved by this office shall remain valid for a period of 12 months from the date of placement of order.

21. ACCEPTANCE OF TENDER:

BCGVL reserves the right to accept or reject in part or whole, any or all the tenders received without assigning any reason, whatsoever BCGVL is not bound to accept the lowest tender. The decision of BCGVL in this regard shall be final and binding on all bidders.

22. OPTION CLAUSE:

- (i) 25% of the quantity ordered, will be applicable as repeat order.
- (ii) Quantity mentioned in the tender is approximate and may increase or decrease by 25%

23. TERMS OF PAYMENT:

100% payment shall be made after supply of materials and on receipt of acceptability from user end, against submission of Tax Invoice.

24. DELIVERY SCHEDULE:

Supply should be made in a phased manner as and when required, within 15- 20 days, on receipt of e-mail communication from BCGVL.

25. LIQUIDATED DAMAGES:

If the item is not delivered with in time specified in the order, BCGVL shall recover from the supplier as liquidated damages a sum of 0.5% (1/2 percent) of order value of undelivered items for each week of delay (or) past thereof. The total liquidated damages shall not exceed 5% of order value.

Tender No.D-21016/02/2024-25 (Stores)/020, Dated:15.02.2025
Supply of Sticker Label Roll for BCG Vaccine Vial Labelling

1. Name of the Firm
2. Nature of the Firm
3. Year of Establishment
4. Registration Number
5. Registered Postal Address
6. Telephone No.
7. E-mail ID
8. Address of Branches, if any
9. Name of Directors/Partners/Proprietor (as the case may be) with address & Telephone No.
10. PAN No.
11. Indian Income Tax Return Acknowledgement for the previous year (Attach Photocopy)
12. GST Registration No.
13. Name of Bankers & Branch with full address
14. Type of Account & A/C No.
15. Were you associated with BCGVL in any other contract in the past?
16. Are you currently having any contract with BCGVL?
17. Are you on the approved list of other Pharma/ Vaccine companies / Public Sector Undertakings / Govt. Dept. etc. If so, furnish copies of Certificates certifying your performance
18. Confirmed that Bank Guarantee will be provided For the Security deposit / performance security.
19. Certified that the firm has not been debarred / blacklisted by Department of Commerce or Ministry / Department concerned or any other Government organization.

Date

Signature of Tenderer

Place

Full Name & Address with seal

Tender No.D-21016/02/2024-25 (Stores)/020, Dated:15.02.2025

Supply of Sticker Label Roll for BCG Vaccine Vial Labelling

UNDERTAKING

To be Submitted in Letter Head

1. I / We, the undersigned, certify that I/We have gone through the terms and conditions mentioned in the tender document and undertake to comply with them.
2. The rates quoted by me/us are valid and binding upon me/us for the entire period of contract and it is certified that the rates quoted are the lowest quoted for any other institution / hospital in India. It is also certified that item quoted are of Standard Quality and workmanship.
3. I/We hereby undertake to supply the items as per directions given in the tender document / supply order within the stipulated period.
4. I/We give the rights to Director, BCGVL to forfeit the security money deposited by me/us, if any, delay occurs on my/our part of failed to fulfil the terms and conditions stipulated in this Tender.
5. There is no vigilance / CBI case or Court case pending against me/us/firm.
6. This is to declare & certify that neither myself nor my firm has ever been blacklisted / banned by any Government / Semi Government / Public / Private Institution.
7. I/We hereby certify that the firm possess all the required license / certification to perform the work.

Date

Signature of Tenderer

Place

Full Name & Address with seal

Tender No.D-21016/02/2024-25 (Stores)/020, Dated:15.02.2025
Supply of Sticker Label Roll for BCG Vaccine Vial Labelling

TECHNICAL COMPLIANCE SHEET

TO BE SUBMITTED BY VENDOR

S. No.	Name of the Item	Req. Qty.	Vendor Specification	Remarks
1	Sticker label Roll for BCG Vaccine Vial Labelling (1 Roll = 5,000 Labels) <u>Specification:</u> 1. Material- UPM PP white 2. Label Size: 47 x20mm 3. Repeat gap: 3mm 4. Across Gap 5. Radius : 1.5mm 6. Colors: Blue, Red, Black 7. Core size: 3" 8. Qty. per core: 5000	1000 Rolls		

Note: The labels should comply with the below mentioned requirements:

1. Adhesive used in the labels should withstand the temperature of + 2° C to + 8° C labels with high adhesive to be ensured.
2. Prints in the label must be durable for more than 3 years.
3. Tensile strength of the base paper roll should withstand during the operation of the machine without tearing.
4. Label should be easily peelable from base paper and stick to the vials during operation.
5. The requirement of sticker label roll is 1000 Rolls (1 Roll = 5,000 labels) and shall be supplied in a Phased Manner.
6. Modification in the sticker contents, if any as suggested by QA division/CDSCO in a later stage, shall be incorporated and printed.
- 7. Sample label roll to be provided for assessment and machine test for confirmation with a minimum of 1000 stickers in a roll .(along with tender)**

Modification in the sticker label content:

1. The modified content of the label specimen is enclosed herewith: Reconstitute with the entire volume of diluent supplied (0.9% w/v sodium chloride injection I.P).
2. The content added is entire volume which should be included.

The rates quoted by the selected firm and approved by this office shall remain valid for a period of 12 months from the date of placement of order.

Date

Signature of Tenderer

Place

Full Name & Address with seal

Tender No.D-21016/02/2024-25 (Stores)/020, Dated:15.02.2025
Supply of Sticker Label Roll for BCG Vaccine Vial Labelling
(To be submitted in the Letter head of Tenderer)

PRICE BID

S. No.	Name of the Item	Req. Qty.	Unit Price Rs.	GST @ %	Total Price With GST Rs.
1	Sticker label Roll for BCG Vaccine Vial Labelling (1 Roll = 5,000 Labels) <u>Specification:</u> 1. Material- UPM PP white 2. Label Size: 47 x20mm 3. Repeat gap: 3mm 4. Across Gap 5. Radius : 1.5mm 6. Colors: Blue, Red, Black 7. Core size: 3" 8. Qty. per core: 5000	1000 Rolls			

Note: The labels should comply with the below mentioned requirements:

1. Adhesive used in the labels should withstand the temperature of + 2° C to + 8° C labels with high adhesive to be ensured.
2. Prints in the label must be durable for more than 3 years.
3. Tensile strength of the base paper roll should withstand during the operation of the machine without tearing.
4. Label should be easily peelable from base paper and stick to the vials during operation.
5. The requirement of sticker label roll is 1000 Rolls (1 Roll = 5,000 labels) and shall be supplied in a Phased Manner.
6. Modification in the sticker contents, if any as suggested by QA division/CDSCO in a later stage, shall be incorporated and printed.
7. **Sample label roll to be provided for assessment and machine test for confirmation with a minimum of 1000 stickers in a roll. (along with tender)**

Modification in the sticker label content:

1. The modified content of the label specimen is enclosed herewith: Reconstitute with the entire volume of diluent supplied (0.9% w/v sodium chloride injection I.P).
2. The content added is entire volume which should be included.

The rates quoted by the selected firm and approved by this office shall remain valid for a period of 12 months from the date of placement of order.

Date

Signature of Tenderer

Place

Full Name & Address with seal

Tender No.D-21016/02/2024-25 (Stores)/020, Dated:15.02.2025

Supply of Sticker Label Roll for BCG Vaccine Vial Labelling

CHECK LIST

(to be submitted along with Bid)

Sl. No.	Description	Indicate Yes / No	Page No.
1.	Tender cover shall be superscribed with Tender No. & Date		NA
2.	Copy of Registration No. / PAN No. / GST No. enclosed		
3.	Tender Validity for 120 days given.		
4.	Sealed & Signed copy of complete Tender Document along with Technical Bid as a token of acceptance of all Terms & Conditions enclosed.		
5.	All documents enclosed with Bid should be clearly numbered and indexed		
6.	Undertaking to be submitted (Annexure II) on the Letter Head.		
7.	Compliance Sheet to be submitted (Annexure III) on the Letter Head.		
8.	Price Bid to be submitted (Annexure IV) on the Letter Head.		

Note: 1. The above check list must be submitted along with Bid.

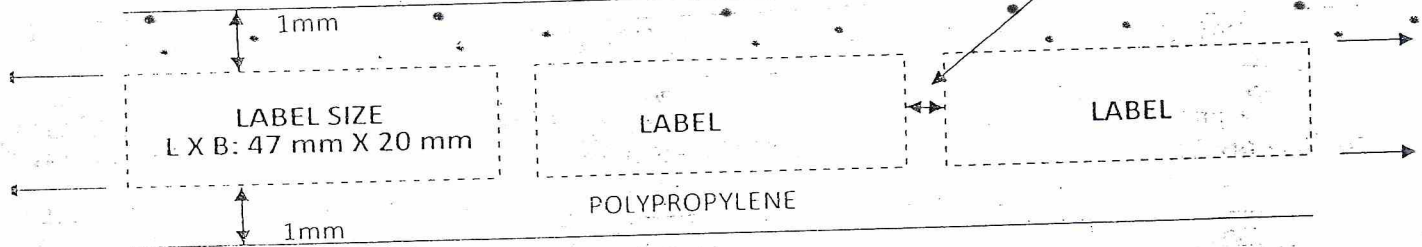
2. No price component should be mentioned in above checklist, otherwise tender will be rejected.

Signature & Seal of Tenderer.

Label specification

- 1) SIZE - Length 47 mm & Breadth 20mm
- 2) CONTENT - As in the enclosed sheet
- 3) THICKNESS - 70 ± 5 GSM (Gram per Square Meter)

4) ALIGNMENT

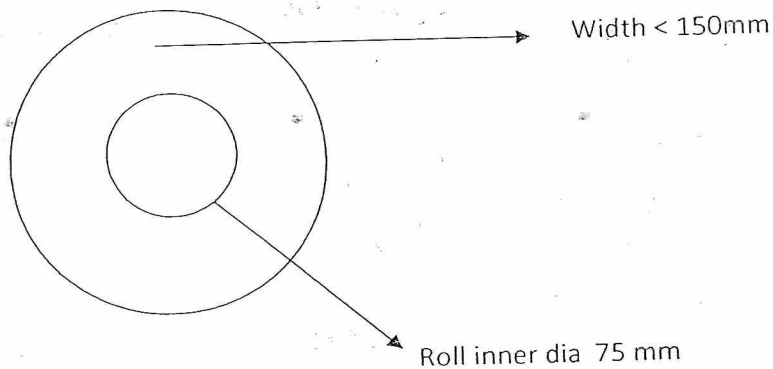


- a) At same level in a row on both top and bottom
- b) Inter-label gap should be in even of 3 mm
- c)

5) BASE PAPER

- a) Material - POLYPROPYLENE
- b) Dimension - Width 22 mm

6) LABEL ROLL



BACILLUS CALMETTE-GUERIN (BCG) VACCINE (Freeze Dried) IP (10 Doses)

Live attenuated Bacillus Calmette- Guerin with Monosodium L- glutamate as a Stabilizer. Each vial contains 1.5 to 6 million Colony Forming Units (CFU). Reconstitute with the entire volume of diluent supplied (0.9% w/v Sodium Chloride injection I.P). **Dose:** 0.05 ml Intradermal for infants below one month and 0.1 ml for infants above one month up to one year. Store in dark at +2° to +8°C. Protect from direct Sunlight. Use immediately and not later than three hours after reconstitution. Discard the unused portion.

Mfg.Lic.No. : TN00005466

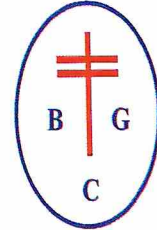
Batch. No. :

Mfg. Date :

Expiry Date :

Check VVM sticker before use

Manufactured in cGMP facility
By
BCG VACCINE LABORATORY
GOVT.OF INDIA
GUINDY,CHENNAI-600 032.



WARNING: Central Government Supply
NOT FOR SALE

V20125

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name	Vendor qualification Questionnaire		
Format number	Revision Number	Effective date	
QAD/SOP/GEN/003-01	01	01/12/2015	

Annexure -01

Vendor /manufacturer qualification query form

PRODUCT NAME:			
S. No	QUESTION	ANSWER	REMARKS
1.0 Administrative Information			
1.1	Vendor Name		
1.2	Address-: Head Office		
1.3	Address-: Manufacturing Unit		
1.4	Contact Person -: Technical Matters		
1.5	Contact Person -: Commercial dept		

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name	Vendor qualification Questionnaire		
Format number	Revision Number	Effective date	
QAD/SOP/GEN/003-01	01	01/12/2015	

PRODUCT NAME:

S. No	QUESTION	ANSWER	REMARKS
1.6	Contact Person -: Quality Assurance		
1.7	The firm intends to enter into the rate contract or intends to supply the following to the institute : chemicals/reagents/media/disinfectants/cleaning agents /others (please specify)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.8	Annex the list of your products		
1.9	Total Manufacturing Site Area		
1.10	Total Constructed Area		
1.11	Is your company ISO certified? If yes please specify the year and certification body & type of certification	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.12	Have your manufacturing facility been inspected by NRA/WHO agencies etc? if yes please provide the copy of NRA certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.13	Is the requested products as per Indian pharmacopeia and its version	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32

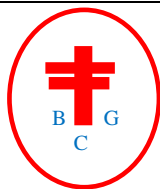


Format name	Vendor qualification Questionnaire		
Format number	Revision Number	Effective date	
QAD/SOP/GEN/003-01	01	01/12/2015	

PRODUCT NAME:

S. No	QUESTION	ANSWER	REMARKS
1.14	Have your facility been inspected by any regulatory body within last 2 years if yes please give the name of agency, date & status of audit?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.15	Do you inform us about the changes in your manufacturing facility and manufacturing process including change in the vendor of your input material?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.16	Details of Storage facilities	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
1.17	i) Will the firm (inclusive of its supply chain) be willing to be inspected by the institute's vendor audit team ii) If yes period of prior notice required for inspecting your firm	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name	Vendor qualification Questionnaire	
Format number	Revision Number	Effective date
QAD/SOP/GEN/003-01	01	01/12/2015

2.0 Technical Information

2.1	Do you have the written instruction and policies to implement Quality System?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.2	Whether Quality Unit is independent from the manufacturing department?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.3	Does the quality system include change control, deviation control, document control, self-inspection & vendor qualification policy?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.4	Does your company have annual training plan for the personnel?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.5	Do you have written validation program and validation is executed as per the program?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.6	Do you have the written calibration program for measuring & testing instruments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.7	Do you have the written preventive maintenance program for equipments?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.8	Do you have the IN-HOUSE testing facility under the control of QA/QC for testing and release the inputs and the finish products?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA
2.9	Does your warehousing and production facility have appropriate measures for the segregation of the material and prevention of mix-up and cross contamination?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name	Vendor qualification Questionnaire		
Format number	Revision Number	Effective date	
QAD/SOP/GEN/003-01	01	01/12/2015	

2.10	For Material manufactures- : Compliance to standards	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.0 Technical Package: Provide following information as technical package.			
3.1	Brief of the manufacturing site	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.2	Release and /or regulatory specifications	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.3	Impurity profile (if applicable)	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.4	Process flow chart	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.5	Process validation reports (If available)?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.6	Material release specification and standard test procedure	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.7	Drawing & Material of construction (MOC) certificate for packing material	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.8	Stability data	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.9	Equipment list with qualification documents.	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.10	Packing details	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	
3.1	Mode of despatch	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name	Vendor qualification Questionnaire		
Format number	Revision Number	Effective date	
QAD/SOP/GEN/003-01	01	01/12/2015	

3.2	If material is to be stored at or below temperature , how does the company ensure the material is held at the required temperature during transport		
3.3	Certificate of Analysis	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> NA	

Note:

1. Indian manufacturers/distributor/suppliers are required to ensure that their reply reaches us within 20 days of issue of this letter, while Indian agents/distributors(of foreign principals) are required to get details from their manufacturers and forward the same to us within 30days of receipt of this letter.
2. Please list out major consumer of your products in parental drug, vaccine and sera manufacturers.
3. Documents once submitted can only be modified with the permission of the committee.
4. All pages submitted should be signed in full and overwriting/corrections should be initialed.
5. IT PAN number and sales tax number.
6. All correspondence should be addressed to The Director, BCG Vaccine Laboratory, Guindy, Chennai – 32.

BCG VACCINE LABORATORY, GUINDY, CHENNAI-32



Format name

Vendor qualification Questionnaire

Format number

Revision Number

Effective date

QAD/SOP/GEN/003-01

01

01/12/2015

CERTIFICATE

I/We M/s _____ with office at
_____ do hereby undertake that the information provided are true to
my knowledge and any changes in the above form QAD/SOP/GEN/003-01 will be intimated to concerned
within 7 days of occurrence, failing which BCGVL.Guindy Will be in its powers to take any action as deemed fit.

Dated

Authorized Signatory

For _____

Name _____

Designation _____