



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR

Dated: 27th March, 2018

CORRIGENDUM

FOR

RATE CONTRACT

FOR

PROCUREMENT OF DRUGS (ANTIRETROVIRAL MEDICINE)

NIT No.	:	Admin/RC/13/2017-AIIMS.JDH
NIT Issue Date	:	28 th November, 2017
Earlier Last Date of Submission	:	09 th April, 2018 till 03:00 PM
Earlier Date of Opening	:	10 th April, 2018 at 03:00 PM
New Last Date of Submission	:	11th April, 2018 till 03:00 PM
New Date of Opening	:	12th April, 2018 at 03:15 PM

Page No.: 3 > Point No.: 11: > Purchase Preference to Local Suppliers:

For:

In pursuance of Government of India Order no. P-45021/2/2017-B.E.-II dated 15/06/2017 purchase preference shall be given to local suppliers in all procurements undertaken by procuring entities in the manner specified hereunder:

Read As:

In pursuance of Government of India Order No. P-45021/2/2017-B.E.-II dated 15/06/2017 purchase preference shall be given to local suppliers in all procurements undertaken in the manner specified hereunder and the procurement shall be made as per terms and conditions contained in the said order.

Page No.: 3 > Point No.: 12:

For:

Exemption of small purchases: Notwithstanding anything contained in paragraph 1 above, procurements where the estimated value to be procured is less than Rs 5 lakhs shall be exempt from this Order.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR

Read As:

DELETED

Page No.: 4 > Point No.: a.

For:

Minimum local content: The minimum local content shall ordinarily be 50%. The Nodal Ministry may prescribe a higher or lower percentage in respect of any particular item and may also prescribe the manner of calculation of local content.

Read As:

Minimum local content: The minimum local content shall ordinarily be 50% till the Nodal Ministry prescribes a higher or lower percentage.

Page No.: 4 > Point No.: b.

For:

Margin of Purchase Preference The margin of purchase preference shall be 20%.

Read As:

Margin of Purchase Preference: The margin of purchase preference shall be 20%. The Local supplier whose quoted price falls in the margin of purchase preference desirous of claiming benefit of the Order No. P-45021/2/2017-B.E.-II dated 15/06/2017 shall submit an undertaking within 7 days of opening of financial bid, that he would be ready to supply the product at L1 price. In case of non-receipt of the same, he would not be given purchase preference.

Page No.: 4 > Point No. 13:

For:

The bidders are required to submit the following annexure in compliance of public procurement (Preference to Make in India) order, 2017:

- i) Calculation of local content (Annexure-C) (To be submitted on letter head)
- ii) Affidavit of self-certification regarding local content (to be provided on Rs. 100/- stamp paper) Annexure-D.

Read As:

The bidders are required to submit the following annexure in compliance of public procurement (Preference to Make in India) order, 2017:

- i) Affidavit of self-certification regarding local content (to be provided on Rs. 100/- stamp paper) Annexure - D.



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR

Page No.: 18 > Annexure – C:

For:

Calculation of Local Content

Name of Manufacture	Calculation by Manufacturer (Cost per unit of product)			
Cost Component	Cost (Domestic Component) A	Cost (Imported Component) B	Total Cost (INR/ US \$) C=a+b	Percentage of Local Content D=(a/c)*100
I.				
II.				
III. Total Cost (Excluding tax and duties)				

Note:-

- I. Cost (Domestic Component): Sum of the costs of all inputs which go into the product (including duties and taxes levied on procurement of inputs except those for which credit/ set-off can be taken) which have not been imported directly or through a domestic trader or an intermediary.
- II. Cost (Imported Component): Sum of the costs of all inputs which go into the product (including duties and taxes levied on procurement of inputs except those for which credit/ set-off can be taken).

Read As:

DELETED



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR

Page No.: 19 > Annexure – D

For:

**Format for Affidavit of Self Certification regarding Local Content
(To be provided on Rs. 100/- Stamp Paper)**

I _____ S/o.D/o,W/o _____,
Resident of _____ do hereby solemnly affirm
and declare as under.

That I will agree to abide by the terms and conditions of the policy of Government of India issued vide order no. P-45021/2/2017-B.E.-II dated 15/06/2017.

That the information furnished hereinafter is correct to best of my knowledge and belief and I undertake to produce relevant records before the procuring entity or any authority so nominated by the Government of India for the purpose of assessing the local content.

That the local content for all inputs which constitute the said drugs has been verified by me and I am responsible for the correctness of the claims made therein.

That in the event of the domestic value addition of the product mentioned herein is found to be incorrect and not meeting the prescribed value-addition norms, based on Government of India for the purpose of assessing the local content, action will be taken against me as per Order No. P-45021/2/2017-B.E.-II dated 15.06.2017.

I agree to maintain the following information in the Company's record for a period of 8 years and shall make this available for verification to any statutory authorities:

- i) Name and details of the Domestic Manufacturer (Registered Officer, Manufacturing unit location, nature of legal entity)
- ii) Date on which this certificate is issued.
- iii) Medicine for which the certificate is product.
- iv) Procuring entity to whom the certificate is furnished.
- v) Percentage of local content claimed.
- vi) Name and contact details of the unit of the manufacturer.**
- vii) Sale Price of the product.
- viii) Ex-Factory Price of the product.
- ix) Freight, insurance and handling.
- x) Total Bill of Material.
- xi) List and total cost value of inputs used for manufacture of the medicine certificates from suppliers, if the input is not in-house to be attached.
- xii) List and cost of inputs which and imported, directly or indirectly.

For and on behalf of

(Name of firm/ entity)

Authorized signatory (To be duly authorized by the Board of Director)



ALL INDIA INSTITUTE OF MEDICAL SCIENCES

JODHPUR

Read As:

**Format for Affidavit of Self Certification regarding Local Content
(To be provided on Rs. 100/- Stamp Paper)**

I _____ S/o.D/o, W/o _____,
Resident of _____ do hereby solemnly affirm
and declare as under.

That I will agree to abide by the terms and conditions of the policy of Government of India issued vide order no. P-45021/2/2017-B.E.-II dated 15/06/2017.

That the information furnished hereinafter is correct to best of my knowledge and belief and I undertake to produce relevant records before the procuring entity or any authority so nominated by the Government of India for the purpose of assessing the local content.

That the local content for all inputs which constitute the said items has been verified by me and I am responsible for the correctness of the claims made therein.

That in the event of the domestic value addition of the product mentioned herein is found to be incorrect and not meeting the prescribed value-addition norms, based on Government of India for the purpose of assessing the local content, action will be taken against me as per Order No. P-45021/2/2017-B.E.-II dated 15.06.2017.

I agree to maintain the following information in the Company's record for a period of 8 years and shall make this available for verification to any statutory authorities:

- i) Name and details of the Domestic Manufacturer (Registered Officer, Manufacturing unit location, nature of legal entity)
- ii) Date on which this certificate is issued.
- iii) Article for which the certificate is produced.
- iv) Procuring entity to whom the certificate is furnished.
- v) Percentage of local content claimed.
- vi) Location at which local value addition is made.

I hereby declare that Local Content in the items quoted by me meets the minimum local content i.e. 50% except for the following items.

---[LIST OF ITEMS]---

For and on behalf of

(Name of firm/ entity)

Administrative Officer