**1. BID FORM**

Date: …………...

Chairman

Cabinet Appointed / Ministry/Corporation Procurement committee

……………………………………………………………

……………………………………………………………

**BID FOR THE SUPPLY OF OMEPRAZOLE DF PELLETS 8.5% W/W**

**BID REF** . : **SPMC/REG/DF/2025/1**

1. I/We, the undersigned hereby undertake to supply the goods referred to above procurement, in

accordance with the instructions, terms and conditions as per price quoted in the attached

statement of compliance.

2. I/We confirm that this offer shall be open for acceptance until and that it will not be

withdrawn of revoked prior to that date.

3. I/We attach hereto the following documents as part of my/our bid:-

1. Dully filled Statement of compliance
2. Duly filled Manufacturer Authorization Form
3. Authorization letter from supplier for local agency
4. Any other documents relevant to this procurement

4. I/We understand that you are not bound to accept the lowest bid and that you reserve the right

to reject any or all bids or to accept any part of a bid without assigning any reasons therefore.

5. We undertake, if our bid is accepted, to deliver the Goods in accordance with the delivery

schedule specified in the Statement of compliance

6. Until the formal final Contract is prepared and executed between us, this bid, together with your

written acceptance of the bid and your notification of award, shall constitute a binding Contract

between us. We understand that you are not bound to accept the lowest or any bid you may receive.

Signed:

Date:

In the capacity of *[ insert:* ***title or position****]*

Duly authorized to sign this bid for and on behalf of *[ insert:* ***name of Bidder****]*

**2. MANUFACTURER’S AUTHORIZATION FORM**

*[The Bidder shall require the Manufacturer to fill in this Form in accordance with the instructions indicated. This letter of authorization should be on the letterhead of the Manufacturer and should be signed by a person with the proper authority to sign documents that are binding on the Manufacturer. The Bidder shall include it in its bid, if so indicated in the BDS.]*

Date: *[insert date (as day, month and year) of Bid Submission]*

No.: *[insert bid identification No.]*

To: *[insert complete name of Purchaser]*

WHEREAS

We *[insert complete name of Manufacturer],* who are official manufacturers of *[insert type of goods manufactured],* having factories at [insert full address of Manufacturer’s factories], do hereby authorize *[insert complete name of Bidder]* to submit a bid the purpose of which is to provide the following Goods, manufactured by us *[insert name and or brief description of the Goods],* and to subsequently negotiate and sign the Contract.

We hereby extend our full guarantee and warranty in accordance with Clause 10 of the general conditions of contract & special conditions of contract, with respect to the Goods offered by the above firm.

Signed: *[insert signature(s) of authorized representative(s) of the Manufacturer]*

Name: *[insert complete name(s) of authorized representative(s) of the Manufacturer]*

Title: *[insert: title or position]*

Duly authorized to sign this Authorization on behalf of: *[insert complete name of Bidder]*

Dated on day of , *[insert date of signing]*

**3. STATEMENT OF COMPLIANCE**

SUPPLY OF **OMEPRAZOLE DF PELLETS 8.5% W/W IP 2022**

* 1. Duly filled statement of compliance should be sent with the Bid document.
  2. Specify whether offered specifications comply with required specifications.
  3. Bid may be considered as invalid if this statement of compliance is not duly filled.
  4. Bidders are instructed to send a covering letter in their company letter head with the official seal with the duly filled statement of compliance

|  |  |  |
| --- | --- | --- |
|  | **Description and Specification of REQUIRED Material** | **Description and Specification of OFFERED Material** |
| 1. | Item : **Omeprazole DF Pellets 8.5% W/W**  **IP 2022**  Specifications : A white spherical pellets  Pellets Size (ASTM)  NLT 95% pellets should be pass through 12 mesh  NMT 5% pellets should be pass through 16 mesh |  |
| 2. | Quantity – 10 kg |  |
| 3. | Delivery : 10 kg – Immediately |  |
| 4. | Packaging  10 kg nett in air-tight, light resistant, strong, well  closed, seaworthy plastic drums.    Stored at 250 C  Certificate of Analysis(COA) of the active material,  Valid GMP Certificate, and Drug Master File  (If wanted) should be submitted with Omeprazole IP  5gm.  Mfg. Date, Exp. Date, Lot No. & Drum No. should  be indicated on the label.  Tenderer to indicate the name of the manufacturer.  Detailed packing list should be submitted.  Each and every drum should be wrapped with  polythene. |  |
| 5. | Mode of payment |  |
| 6. | Mode of transport (Air) |  |
| 7. | **C&F price per kg**  **(Should quote only C&F price)** |  |
| 8. | Local Agent’s commission |  |
|  | **Description and Specification of REQUIRED Material** | **Description and Specification of OFFERED Material** |
| 9. | Total cost |  |
| 10. | Total Cost in Words |  |
| 11. | Shelf life  It should be declared the finished product shelf life  as two years after encapsulating/compression  within granule retest period, whereas minimum  residual shelf life of DC/DF granules as 2/3rd of the  retest period at the time of receipt in Sri Lanka. |  |
| 12. | Country of origin |  |
| 13. | Validity of offer - **29.12.2025**  (91 days from the date of closing) |  |
| 14. | State whether sample is included or not |  |
| 15. | Certificate of analysis must include above specifications. |  |
| 16. | Name & address of the manufacturer of the material |  |
|  | Telephone: |  |
|  | Fax : |  |
|  | e-mail : |  |
| 17. | Name & address of the Bidder (foreign) |  |
|  | Telephone: |  |
|  | Fax : |  |
|  | e-mail : |  |
| 18. | Name & address of the local agent (If applicable) |  |
|  | Telephone: |  |
|  | Fax : |  |
|  | e-mail : |  |
| 19. | Signature and official seal of the Bidder |  |