



ଓଡ଼ିଶା ବିଦ୍ୟୁତ୍ ଶକ୍ତି ସଂଚାରଣ ନିଗମ ଲି.ଡି.
ODISHA POWER TRANSMISSION CORPORATION LIMITED

(A Government of Odisha Undertaking)

Regd. Office: Janpath: Bhubaneswar-751022.

Telephone: (0674) 2540051 (EPABX), Website: www.optcl.co.in

CIN:U4102OR2004SGC007553

No.- GL-02/2022(Pt.) HRD-04/2024-25,

ଡାଟି- 07.11.2024.

Invitation Of Expression Of Interest For Supply Of Medicines On Rate Contract / Empanelment For A Period Of Two Years To Power Hospital, OPTCL Colony, Bhoinagar, Bhubaneswar-22.

Odisha Power Transmission Corporation Limited (OPTCL), one of the largest Transmission Utility in the country was incorporated in March 2004 under the Companies Act, 1956 as a company wholly owned by Govt. Of Odisha.

OPTCL runs Power Hospital to render services to the employees of OPTCL / GRIDCO as well as outside patients. OPTCL intends to purchase branded medicines for Power Hospital, OPTCL, Unit-9 Bhubaneswar. Hence, willingness from reputed Pharmaceutical Firms/Agencies and Distributors having GST registration and valid Drug License / Pharmacy License are invited to participate in the limited tender call for supply of medicines for a period of 02 years on rate contract / empanelment.

The details of Tender Call Notice is available at General Administration Branch, 7th Floor, Tech Tower, OPTCL Hqrs. Office, Janpath, Bhoinagar, Bhubaneswar-22.

The interested Firms/Agencies fulfilling the conditions can submit their Expression of Interest in a sealed envelope before **4.00 PM on Dated, 13.11.2024** at at General Administration Branch, OPTCL Hqrs. Office. Thereafter, they shall be invited for participation in Limited Tender Call.

Anita Saha
#11/24
Sr.GM(HRD)

OPTCL Hqrs. Office

ANNEXURE-I**List of Medicines**

Sl. No.	Name of the item	Brand Name
1	Tb.S-Amlodipine 2.5 mg	S-Amcard 2.5
2	Tb. Olmesartan 20	Olmegeest 20
3	Tb. Olmesartan 40	Olmesafe 40
4	Tb. Metoprolol 25	Met-XL 25
5	Tb. Telmisartan 40	Tetan 40
6	Tb. Telmisartan 40 mg + Chlorthalidone 6.25 mg	CTD-T(6.25/40)
7	Tb. Telmisartan 40mg + Chlorthalidone 12.5mg	CTD-T(12.5/40)
8	Tb. Losartan 50mg + Chlorthalidone 6.25mg	CTD-L(6.25/50)
9	Tb.Losartan 50 mg + Chlortalidone 12.5 mg	Repace-H(12.5/50)
10	Tb. Bisoprolol 2.5	Bisoheart 2.5
11	Tb. Nifedipine 20	Calcigard Retard(20)
12	Tb. Rosuvastatin 10mg + Fenofibrate 160mg	Rosustat-F 160
13	Tb. Rosuvastatin 10	Rosustat10
14	Tb. Glimipride 1 + Metformin 500mg	Glycomet GP1
15	Tb. Glimipride 2 + Metformin 500mg	GlycometGP2
16	Tb.Metformin 500	Glycomet SR 500
17	Tb. Dapagliflozin 10	Udapa 10
18	Tb.Dapagliflozin+Metformin	Udapa-M(10/500)XR
19	Tb.Dapagliflozin+Sitagliptin+Metformin(10/100/500)	Udapa Trio
20	Tb. Vildagliptin 50mg + Metformin 500 mg	Vilatin/-M(50/500)
21	Tb. Voglibose 0.2 mg	Vobose0.2
22	Tb. Voglibose 0.3 mg	Vobose0.3
23	Tb. Thyroxin 25	Eltroxin 25
24	Tb. Thyroxin 50	Eltroxin50

EXPRESSION OF INTEREST FOR SUPPLY OF MEDICINES

SL. No.	Item	Details
1	Name of Chemist	
2	Constitution (Company / Partnership / Proprietorship)	
3	Details of Registration (Registering Authority, Registration No. & Date)	
4	Year of commencement of business	
5	Copy of Profession Tax Certificate	
6	GST Registration No.	
7	PAN	
8	Whether Manufacturer / Authorized distributor / Dealer / Agency	
9	Telephone No. Mobile No. E-mail address	
10	Mailing address	
11	Whether the chemist holds valid license (s) on the date of application for various categories of allopathic drugs issued by the Drug Control Authority of the State under the provision off Drugs and Cosmetics Act, 1940. Please furnish details of licenses.	
12	Names of Government / Public Sector / Corporate clients of the chemist for bulk supply of medicines. Also provide t h e name and contact number of the contact person.	
13	Name, address and phone number of the principal banker.	

I have read and understood the EOI issued by the Sr. GM(HRD) Gen. Admn., OPTCL, Bhubaneswar containing the eligibility criteria and the terms and conditions supply of Medicines to the Power Hospital, OPTCL, Bhubaneswar. I also understand that the OPTCL reserves the right to accept any or reject any or all of the applications without assigning any reason.

Name:

Designation:

Date:

Signature

Note: Complete Application in all respect in the above format may be submitted in a closed envelope super scribed as “Expressions of Interest for Supply of Medicines to the Power Hospital, OPTCL, Bhubaneswar” along with the copies of documents as indicated in the Notice. Applications should be addressed to the Sr. General Manager (HRD), General Administration, Hqrs. Office, OPTCL Tech Tower, Bhubaneswar-751007, Odisha by not later than 5.00 p.m. on 15.11.24.