

**Invitation of Expression of Interest (EOI) for the registration of manufacturers / suppliers for the supply of medicine, implants, surgical products, instruments, equipment's, optical etc. to HLL's retail outlets across India.**

It has been decided to invite Expression of Interest (EOI) for registration of manufactures / suppliers for the supply of surgical, implants, instruments, medicines, lenses, frames and surgical consumables for the Outlets of HLL inside the Government Hospitals /AIIMS across India.

### **I. Background**

HLL Lifecare Limited (HLL) is a Government of India enterprise under the Ministry of Health and Family Welfare. HLL, a world leader in contraceptives, has grown into a comprehensive healthcare company. A parallel world of service exists under HLL Lifecare apart from its products. Healthcare Services Division & Retail Business Division offers outsourcing partnerships to partnering institutions in the areas of diagnostic services, pharmacy and other specialist services.

### **II. Objective of the EOI**

HLL is setting up retail outlets and diagnostic services in various Govt. Hospitals across India as a joint initiative. The outlets will provide quality surgical, implants, instruments, medicines, lenses, frames and surgical consumables etc in the hospitals at an economical rate. The outlet will mainly cater requirements of all departments of hospital including super specialty.

Recent initiative launched by HLL, AMRIT (Affordable Medicines and Reliable Implants for Treatment) offers medicines for cancer and cardio vascular diseases at discounted rates at AIIMS and AIIMS like hospitals throughout India.

The success of our noble venture depends on the co-operation of the manufacturer/supplier. We expect the companies to give their best offer as a special case, as HLL intends to pass on maximum benefit to the patient.

In order to select the prospective manufacturer / supplier, we intend to pre - qualify / register them. Hence Expression of Interest is invited from the reputed manufacturers/ suppliers of surgical, implants, instruments, medicines, lenses, frames and surgical consumables to participate in this venture.

### **III. Mode of submission of Expression of Interest.**

Documents in electronic form will not be accepted. The attested documents should be submitted in a sealed envelope super scribed 'EOI FOR REGISTRATION OF VENDORS FOR HLL RETAIL OUTLETS' and should be delivered to the following address.

**The Deputy General Manager**

Sourcing Division  
HLL Lifecare Limited.  
HLL Bhavan, Poojappura  
Thiruvananthapuram  
Kerala-695012  
Phone-0471-2353932

Email: [registrationsd@lifecarehll.com](mailto:registrationsd@lifecarehll.com)

#### **IV. Documents to be submitted for Registration**

The manufactures/ firm/distributor shall be registered on the basis of their credentials submitted by them.

##### **A. For manufacturer**

Self-attested copies of the following shall be submitted.

##### **Mandatory documents**

1. Request for Registration
2. Valid manufacturing license (Copy)
3. Sales tax registration (Copy)
4. Permanent Account Number (copy)
5. Valid Quality certifications copy such as FDA, CE, ISO,GMP etc.
6. Certificate of incorporation.
7. Central Public Sector Enterprises/SSI Units registered with NSIC shall provide a copy of the certificate.
8. List of all Products with MRP and Special rate to HLL ( also Submit an Excel copy of the same )
9. Mention List of Supply point ( CFA) for each state with contact person's name and Number along with CFA/Authorized distributor valid drug license copy and RTGS details ( All India)

##### **Optional Documents**

1. Non Conviction Certificate for the last three years, either from the drug inspectorate or in the format attached as **Annex 1** (in Letter Head)
2. Names of Govt agencies/reputed private hospitals/institutes/retailers to which the firm is on panel for supplying Medicines and Healthcare needs. ( Proof to be attached )
3. Brief information about the company. (Company Portfolio – include details like date of establishment, total number of divisions and products)

##### **B. For Distributor/Importer/Marketer**

Self-attested copies of the following shall be submitted.

##### **Mandatory documents**

1. Request for Registration

2. Valid drug license.
3. Sales tax registration (Copy)
4. Permanent Account Number (copy)
5. List of all Products with MRP and Special rate to HLL ( also Submit an Excel copy of the same )
6. Mention list of Supply point (CFA/Authorized Distributor) for each state with contact person's name and Number along with RTGS Details. (not applicable for distributor)
7. Copy of import license (Applicable for importers)

### **Optional Documents**

1. Non Conviction Certificate for the last three years - either from the drug inspectorate or in the format attached as **Annex 1.** (in Letter Head)
2. Names of Govt. agencies/reputed private hospitals/institutes/retailers to which the firm is on panel for supplying Medicines and Healthcare needs.( Proof to be attached )
3. Distributor/Importer shall submit the declaration attached in **Annex 2.**
4. Authorization letter from manufacturer(copy)

### **V. RIGHTS OF HLL**

- a. HLL reserves the right to accept / reject the applications / offers received without assigning any reasons whatsoever, or may call for any additional information / clarification, if so required.
- b. HLL reserves the right to register and place orders on more than one supplier.

### **VI. COURT JURISDICTION**

This shall be subject to the exclusive jurisdiction of courts at Trivandrum, Kerala.

### **VII. MISCELLANEOUS**

In case any further clarification or information required, the following officer may be contacted:

#### **DEPUTY GENERAL MANAGER (SD)**

HLL Lifecare Limited,

HLL Bhavan,

Poojappura, Thiruvananthapuram,

Kerala. 695012.

Tel: +91- 471-2353932.

Email: registrationsd@lifecarehll.com, smithalg@lifecarehll.com

**Annex-1**

Date: \_\_\_\_\_

**To whom so ever it may concern**

**Non conviction certificate**

This is to certify that we \_\_\_\_\_ are holding drug licenses bearing no \_\_\_\_\_ issued by Drug Control Department and VAT Registration No \_\_\_\_\_ issued by Sales Tax Department.

It is further certified that we have neither been convicted by the courts of law in this state under the provisions of Drug and Cosmetics Act 1940 & rules thereunder.

Name

Signature:

Company Seal:

**Annex-2**  
**DECLARATION**

I/We Son of \_\_\_\_\_ residing at \_\_\_\_\_

\_\_\_\_\_  
(Complete Home Address) do solemnly affirm and declare:

1 That \_\_\_\_\_, I \_\_\_\_\_ am sole proprietor of M/S \_\_\_\_\_  
(Complete Address of the Firm ) .

2. That , in case of any drug / Medicine or any other item supplied by me/us becomes toxic / deteriorated /not fit for use within it's shelf life ,the same will be replaced by me immediately at free of cost .

3. My firm is authorized dealer for the pharmaceutical companies ,for which I have enclosed in the price list .( attach Photocopies of dealership certificate)

4. My firm has the drug license No \_\_\_\_\_ dated \_\_\_\_\_  
Valid till \_\_\_\_\_ . Photocopy of the same is enclosed.

5. My firm has valid VAT, TIN registration bearing No \_\_\_\_\_  
Photocopy of the same is enclosed for confirmation.

6. My firm is regular income tax payer and allotted with PAN card bearing No \_\_\_\_\_  
\_\_\_\_\_.Photocopy of the same enclosed for confirmation.

7. My firm is willing to supply the medicines /consumables as per the HLL approved price list.

8. That while abiding all the rules and regulations of your organization that may be framed from time to time ,I/We will provide prompt and effective services.

9. That, if any medicine/consumables supplied by us is not consumed within three months before the expiry it will be replaced free of cost with another batch having more residual life/equivalent moving items.

10. That, if any medicine/consumables supplied by us is not consumed and are non – moving, it will be taken back against credit note.

I/We \_\_\_\_\_ declare that all the statements and certificates submitted by me/us are true and correct to the best of my/Our knowledge and belief .If the above given information is found false at a later date ,I/We will be liable for legal action and can be blacklisted .

Place:

Date:

(Signature of the owner of the firm with seal)