## Office : Civil Surgeon Cum C.M.O. Ranchi.

## Checklist

1. (a) Name:
(b) Country/State of incorporation:
(c) Address of the corporate headquarters and its branch office(s)/ registered office, a:
(d) Date of incorporation and/ or commencement of business:
2. Brief description of the Company/Trust/Society including details of its main lines of business and proposed role and responsibilities in this Project:
3. Details of individual(s) who will serve as the point of contact/ communication for the Authority:
(a) Name:
(b) Designation:
(c) Company:
(d) Address:
(e) Telephone Number:
(f) E-Mail Address:
4. Particulars of the Authorised Signatory of the Bidder:
(a) Name:
(b) Designation:
(c) Address:
(d) Phone Number:
(e) E-Mail Address:

| S. No | Particulars | Yes/No |
| :---: | :--- | :--- |
| a. | Appendix-IA (Letter comprising the Technical Bid) including <br> Annexure I and supporting certificates / documents; |  |
| b. | Power of Attorney for signing the Bid as per the format at <br> Appendix-II; |  |
| c. | Copy of Memorandum and Articles of Association, if the Bidder <br> is a body corporate,; |  |
| d. | Aadhar Card/Any other address proof |  |
| e. | Pan Card |  |
| f. | Registration Certificate of the firm, if applicable |  |
| g. | Pharmacist Registration Certification |  |
| h. | Certificate of SC/ST/or physical Disability, if applicable |  |
| i. | ITR for last two years |  |
| j. | Bank statement for last 6 months |  |
| k. | Declaration of GST registration once threshold limits achieved |  |
| l. | Proof of Address of Registered office in Jharkhand |  |
| m. | Annual turnover of last financial year |  |
| n. | Experience in buying and selling of medicine with a copy of <br> Drug license or /and certificate issued by competent authority |  |
| o. | "Documents Fee" as per clause 1.2.2. |  |
| p. | "Bid security" as per clause 1.2.2. |  |
| q. | Any other documents as applicable in RFP <br> (please specify) |  |

स्वास्थ्य संस्थान का नाम -

| क सं | स्वास्थ्य संस्थान का नाम | अभियुक्ति |
| :---: | :--- | :--- |
| 1 | अनुमंडलीय अस्पताल,बुंडू |  |
| 2 | रेफरल अस्पताल, मांडर |  |
| 3 | सामुदायिक स्वास्थ्य केन्द्र, लापुॅग |  |
| 4 | सामुदायिक स्वास्थ्य केन्द्र, बेड़ो |  |
| 5 | सामुदायिक स्वास्थ्य केन्द्र, चान्हों |  |
| 6 | सामुदायिक स्वास््य केन्द्र, बुढ़मू |  |
| 7 | सामुदायिक स्वास्थ्य केन्द्र, कॉके |  |
| 8 | सामुदायिक स्वास्थ्य केन्द्र, ओरमॉझी |  |
| 9 | सामुदायिक स्वास्थ्य केन्द्र, अनगड़ा |  |
| 10 | सामुदायिक स्वास््य केन्द्र, नामकुम |  |
| 11 | सामुदायिक स्वास्थ्य केन्द्र, सिल्ली |  |
| 12 | सामुदायिक स्वास्थ्य केन्द्र, तमाड़ |  |
| 13 | सामुदायिक स्वास्थ्य केन्द्र, सोनाहातु |  |

असैनिक शल्य चिकित्सक सह मुख्य चिकित्सा पदाधिकारी,रॉची।

