## भारत सरकार/ GOVERNMENT OF INDIA अंतरिक्ष विभाग/ DEPARTMENT OF SPACE भारत अंतरिक्ष अनुसंधान संगठन/ INDIAN SPACE RESEARCH ORGANISATION विक्रम साराभाई अंतरिक्ष केंद्र/ VIKRAM SARABHAI SPACE CENTRE तिरुवनंतपुरम/ THIRUVANANTHAPURAM-22

## अभिरुचि की अभिव्यक्ति/ EXPRESSION OF INTEREST

संदर्भ. सं.6.40/वीएसएससी/सीएचएसएस/ईओआइ/2025 Ref. No. 6.40/VSSC/CHSS/EOI/2025

इसरों के अधीन सीएचएसएस हितभागियों को क्रेडिट आधार पर विविध स्वीकार्य दवाओं की आपूर्ति करने हेतु नामिकायित किए जानेके लिए केरल भर केविभिन्न वांछित स्थानों पर कार्यरत नामी ऑफ-लाइन रीटेल फार्मेसियों से अभिरुचि की अभिव्यक्ति आमंत्रित की जाती है।

"EXPRESSION OF INTEREST IS INVITED FROM REPUTED OFFLINE RETAIL PHARMACIES FUNCTIONING AT DIFFERENT DESIRED LOCATIONS ALL OVER KERALA TO BE EMPANELLED FOR SUPPLY OF VARIOUS ADMISSIBLE MEDICINES ON CREDIT TO CHSS BENEFICIARIES UNDER ISRO"

इच्छुक पंजीकृत फार्मेसियां/फार्मेसी ग्रुप संदर्भ सं. वीएसएससी/सीएचएसएस/ईओआइ/2025 का उद्धरण करते हुए दिनांक 08.08.2025 को या उससे पहले मोहरबंद लिफाफे में निम्नलिखित पते पर अपनी अभिरुचि की अभिव्यक्ति प्रस्तुत करें।

Interested registered pharmacies/ pharmacy groups may furnish their Expression of Interest in Sealed Envelope quoting the Reference No.6.40/VSSC/CHSS/EOI/2025 on or before 08.08.2025 to the following address:

प्रधान/ Head,

कार्मिक एवं सामान्य प्रशासन/ Personnel & General Administration एटीएफ क्षेत्र, वीएसएससी, इसरे पी ओ/ ATF Area, VSSC, ISRO PO, तिरुवनंतपुरम/ Thiruvananthapuram- 695 022.
फोन/ Ph: 0471-256 5604/ 5931

नोट : वांछित फार्मेसी स्थानों की सूची (अनुलग्नक-I) एवं अन्य शर्तें इस दस्तेवाज़ के साथ संलग्न हैं। Note: List of pharmacy locations desired (Annexure-I) and other conditions are enclosed with this document.

किसी भी प्रश्न/सहायता के लिए, कृपया संपर्क करें: For any queries/ assistance, please contact:

फोन/ Phone **☎**: 0471- 2565604/ 2565931 ई-मेल/ e-mail⊠: ao\_chss@vssc.gov.in

(हस्ताक्षरित/ Sd/-) प्रधान, पी एवं जीए/ Head, P& GA

ਰਿथਿ/ Date :24.07.2025

## भारत सरकार/ GOVERNMENT OF INDIA अंतरिक्ष विभाग/ DEPARTMENT OF SPACE भारत अंतरिक्ष अनुसंधान संगठन/ INDIAN SPACE RESEARCH ORGANISATION विक्रम साराभाई अंतरिक्ष केंद्र/ VIKRAM SARABHAI SPACE CENTRE तिरुवनंतपुरम/ THIRUVANANTHAPURAM-22

No. VSSC/CHSS/EOI/2025

## **INVITATION FOR EXPRESSION-OF-INTEREST**

"Expression-of-Interest to supply medicines to CHSS beneficiaries of VSSC/LPSC/IIST on credit, based on the prescription issued by Authorised Medical Officers of Vikram Sarabhai Space Centre".

#### 1.0 Preamble

Vikram Sarabhai Space Centre, hereinafter referred to as 'VSSC' located at Thiruvananthapuram, Kerala, a lead Centre of Indian Space Research Organisation (ISRO) under Department of Space (DOS), Government of India. VSSC is providing medical coverage to beneficiaries under Contributory Health Service Scheme (CHSS) through various Hospitals empanelled all over Kerala. As per existing practice, the beneficiaries under purchase medicines prescribed CHSS by AMOs/Empaneled Specialists/Specialists in empanelled hospitals through any licensed pharmacies on cash basis. It is proposed to empanel retail pharmacies at different locations all over Kerala where VSSC AMOs (Authorised Medical Officers) are engaged/empanelled or where empanelled hospitals exist, for supply of admissible medicines to CHSS beneficiaries on credit basis.

## 2.0 Scope of Work

- 2.1 Empanelled registered retail pharmacy outlets (Vendor), shall supply admissible medicines to CHSS beneficiaries on credit basis, based on the prescription issued by AMOs/Specialists/Specialists from the recognized Hospitals of VSSC.
- 2.2 Duration of the empanelment shall be for two years initially, extendable by a similar period in steps of a year each time, subject to satisfactory performance.

## 3.0 Responsibilities of vendor

- 3.1 The vendor shall provide admissible medicine on production of valid prescription issued by AMOs/Specialists/Specialists from the recognized Hospitals of VSSC on credit basis. In the event of non-availability, the vendor may endeavor to supply the medicine within 24 hrs under due intimation to the beneficiary.
- 3.2 The vendor may have to supply high value medicines at recognized hospitals or at residence of senior citizen beneficiary, based on approval/ intimation from VSSC/LPSC/IIST.
- 3.3 The vendor has to ensure proper quality for dispensed medicines.
- 3.4 The vendor shall raise bill of each beneficiary and submit to VSSC accounts not less than fortnightly along with all prescriptions and bill against each transaction with consolidated statement, for the period.
- 3.5 The vendor should submit Bank Account number, IFSC code, name of bank and branch.

Date: 24.07.2025

#### 4.0 Responsibilities of VSSC

4.1 On receipt of fortnightly claim the same shall be paid directly by VSSC/LPSC/IIST within 15 days from the date of receipt of the bill.

#### 5.0 General

- 5.1 Vendors registered in India only need to participate.
- 5.2 The Vendor shall possess (a) a shop/outlet (b) valid Drug license from Central or State Drug standard Control organization, (c) GST registration.
- 5.3 Location of the outlet should be within 500 m from the identified location. Ascertaining this distance will be done by VSSC.
- 5.4 EOI shall be preceded by a pre-EOI discussion, mandatorily to be attended (See point 13.0 for more details)
- 5.5 EOI shall contain complete information of the VENDOR, its human resources, infrastructure, assets, financial standing, line of business and credentials.
- 5.6 Any data, information or any other documents that are received from VSSC shall be kept confidential and shall not be tampered with or disclosed to third parties without explicit written permission from VSSC/ISRO.
- 5.7 The Vendor shall submit the EOI in time as prescribed for receipt.
- 5.8 Based on the EOI, if required, VENDORS may be invited for further discussions at VSSC, Thiruvananthapuram for assessment of the capabilities stated in the EOI and for providing clarifications.
- 5.9 Vendor(s) shall submit a declaration in the prescribed format (Annexure-B).
- 5.10 VSSC/ISRO reserves the right to accept or reject Expression of Interest without assigning any reason thereof, at any stage, for one or more locations.
- 5.11 VSSC/ISRO reserves the right to verify all claims made by the VENDOR, which includes inspection and evaluation of infrastructure.
- 5.12 VSSC reserves the right to short close/ terminate by giving a month's prior notice for non-performance. This call for EOI does not carry with it any guarantee of allotment of work.
- 5.13 The Vendor has to give a notice of 3 months to VSSC for alternate arrangements in the event of stoppage.
- 5.14 VSSC reserves the right to enter into parallel contract(s) in any locality with PSU vendors or agencies.
- 5.15 The following documents to be attached while applying for empanelment:
  - a. Copy of Drug license from Central or State Drug standard Control organization
  - b. Copy of GST registration
  - c. Proper address of the shop/outlet.
  - d. % discount to be offered over and above MRP.
  - e. Copy of Income Tax Return filed for the last 3 years.

#### 6.0 Evaluation of offers

- 6.1 Vendor is required to quote a standard percentage discount across the board that can be offered to VSSC, as per the format mentioned in Annexure-C. Offer shall be standard percentage of discount across the board.
- 6.2 The final evaluation will be based on highest % of discount being offered by the vendor, if they fulfill other conditions of EOI, not below the minimum discount already enjoyed by VSSC.
- 6.3 Vendors indicating below benchmark percentage will be treated non-responsive.
- 6.4 Only one vendor will be empanelled for one location, as indicated.
- 6.5 Successful vendors will have to enter into a standard agreement with VSSC.

## 7.0 APPLICABLE LAW, JURISDICTION AND ARBITRATION:

Any disputes, differences, or claims arising from the Contract shall first be resolved amicably through mutual consultation; if unresolved within 30 days, they will be referred to a sole arbitrator mutually appointed (or through institutions designated by the Kerala High Court under the Arbitration & Conciliation Act, 1996), with proceedings in English, shared costs as decided by the arbitrator, jurisdiction limited to courts in Thiruvananthapuram, and the arbitrator's decision being final and binding, while the Contractor must continue the work during arbitration unless directed otherwise by the Department.

#### 8.0 PERFORMANCE SECURITY/ SECURITY DEPOSIT

On receipt of the Contract, Security Deposit for Rs.10,000/-(Rupees Ten Thousand Only) should be submitted in the form of Fixed Deposit Receipt (FDR) drawn in favour of The Accounts Officer, Centre Accounts, VSSC or in the form of Bank Guarantee obtained in a non-judicial stamp paper of Rs.200/-, issued by a Scheduled Bank as per the format enclosed (Form. No. DOS:PM:07) and valid 2 months beyond the completion of this Contract. This interest-free Security Deposit shall be returned to you on successful completion of this Contract or shall be adjusted/forfeited against non- fulfillment of any contractual obligations.

#### 9.0 FALL CLAUSE

The discount offered, under no circumstances, be lower than the highest discount percentage extended by you for identical description to any other party during the period of this contract. If at any time, during the said period, you extend a higher discount to any other customer, it shall be forthwith notified to us and the charges payable under the contract for supply/service done after the date of such reduction of charges coming into force of, shall stand correspondingly reduced.

## 10.0 TERMINATION AND SHORT CLOSING OF CONTRACT/ AGRREMENT

Under the normal circumstances, Termination/Short Closing of the Contract/ Agreement is not foreseen. However, in case of continued non-performance of the Agreement resulting in inordinate delays and violations of any terms and conditions or that the work performance is not meeting the norms of Quality standards of VSSC, VSSC reserves the right to terminate the Contract wholly or partly by giving written notice of not less than 30 days.

#### 11.0 GENERAL:

## 11.1 Submission of Forged Documents:

If any of the Vendor submits any forged or false documents along with their EOI, such Offers will be summarily rejected and such pharmacies will be blacklisted.

## 11.2 Validity:

The Offer submitted by the Vendor shall be valid for a minimum period of <u>One Hundred</u> <u>and Twenty Days</u> (120 Days) from the date of receipt. This may be extended if agreeable to the vendor also.

#### 12.0 DUE DATE AND DUE TIME FOR SUBMISSION OF EOI

- 12.1 The due date and time for submission of EOI will be 08.08.2025 at 1700 hours.
- 12.2 The Vendor shall submit their EOI along with the prescribed Annexures A, B & C and supporting documents, complete in all respects, in a sealed cover superscribing the Ref. No. VSSC/CHSS/EOI/2025 and Due Date 08.08.2025 at 17.00 hours to the Head, Personnel & General Administration, ATF Area, Vikram Sarabhai Space Centre, ISRO PO, Thiruvananthapuram 695 022.
- 12.3 EOI received after the said Due Date and Due Time will **NOT** be considered.

### 13.0 Pre-EOI Discussion.

VSSC/ISRO also proposes to conduct a mandatory Pre-EOI Discussion/ meeting enabling the interested VENDORS to participate and understand the scope of empanelment, terms and conditions. The terms and conditions for dispensing medicines, bills and payment etc. shall be given in detail to the vendors while attending the pre-EOI meeting. Participation in the Pre-EOI Discussion is mandatory and only those VENDORS who participate in the said Pre-EOI Discussion will be eligible to submit their Expression of Interests. Interests of any VENDORS, who have not attended the Pre-EoI discussion will be summarily rejected. Participation of vendors based out of Thiruvananthapuram can be allowed online (Vendors who wish attend online shall submit intimation to e-mail: ao\_chss@vssc.gov.in at least one day prior to the discussion date). The date of the Pre-EOI Discussion is Thursday, 31.07.2025 at 1030 Hours and will be held at PRO Conference Hall, ATF Area.

14.0 Corrigendum, if any, towards this EOI will be issued only in the website: www.vssc.gov.in

#### Note:

For Clause No. 3.5 & 5.15, information provided by the VENDOR shall be supported with documentary evidences. Brochure, detailing the VENDOR profile may be submitted. Copy of the previous similar purchase/work orders executed by the VENDOR also shall be appended if any.

VENDORS meeting the requirements and are interested in associating with VSSC/ISRO for the aforesaid proposal may submit their interest in writing along with copies of supporting documents for verification/evaluation at VSSC, only after attending the pre-EOI meeting. Qualified VENDORS will be shortlisted and detailed proposals from such VENDORS will be solicited.

A checklist (Annexure A) for the supporting document to be submitted by the VENDOR along with the EOI is enclosed and places where pharmacies are required, are attached as Annexure I.



# **LOCATIONS FOR PHARMACY OUTLETS**

SI. No.	Place	Required Locations (The location of the pharmacy to be within 500 m radius of the landmark/ address given below)
1.	Parassala	Govt. Taluk Hospital, Parassala Thiruvananthapuram-695 502
2.	Neyyattinkara	Swadeshabhimani Park Neyyattinkara Thiruvananthapuram-695 121
3.	Karakonam	Dr. Somervel Memorial CSI Mission Hospital, Karakonam, Thiruvananthapuram- 695 504.
4.	Balaramapuram	Parvathy Hospital, Balaramapuram Thiruvananthapuram-695 501
5.	Pravachambalam	State Bank Of India Pravachambalam Thiruvananthapuram-695 020
6.	Pappanamcode	KSRTC Workshop Pappanamcode Thiruvananthapuram-695 018
7.	East Fort	Ga <mark>nap</mark> athy Temple, East Fort, Thir <mark>uv</mark> ananthapuram
8.	Vettukad	Nirm <mark>al</mark> a Hospital, Balan <mark>a</mark> gar, Vettukadu, Thiruv <mark>a</mark> nanthapuram- 695 021.
9.	Nedumangad	Post Office, Nedumangad, Thiruvananthapuram- 695 541.
10.	Sasthamangalam	Canara Bank, Sasthamangalam Jn, Thiruvananthapuram- 695 010
11.	Mannanthala	Mannanthala Junction, Thiruvananthapuram- 695 015.
12.	Nalanchira	Kurishadi Junction, Nalanchira Thiruvananthapuram- 695 004.
13.	Kesavadasapuram	Kesavadasapuram Junction, Thiruvananthapuram- 695004

SI. No.	Place	Required Locations (The location of the pharmacy to be within 500 m radius of the landmark/ address given below)
14.	Pottakkuzhy Junction	Pottakkuzhy Junction (Traffic island), Thiruvananthapuram- 695 033.
15.	Nanthencode	RBI Staff Quarters, Nanthencode, Thiruvananthapuram- 695 011.
16.	Jagathy	Jagathy Junction (4 way) Thiruvananthapuram- 695 014.
17.	Vazhuthacaud	Bharat Petroleum Fuel Station, Vazhuthacaud Junction, Thi <mark>ruva</mark> nanthapuram- 695 014.
18.	Statue Junction	Statue Junction (Madhavarayar Statue), Near Secretariat Thiruvanathapuram- 695 001
19.	Venpalavattom	State Bank of India ATM, Venpalavattom, Thiruvananthapuram- 695 029.
20.	Kazhakkuttom	P <mark>ost Of</mark> fice, K <mark>azhak</mark> kuttom, Th <mark>iruva</mark> nanthapuram-695 582
21.	Pothencode	Ke <mark>rala</mark> Gramin Bank, Pothencode, Thi <mark>ruva</mark> nanthapuram- 695 584.
22.	Chirayinkeezhu	Chi <mark>raya</mark> nkeezhu Post Office Chirayinkil Thiruvananthapuram-695 301
23.	Attingal	Krishi Bhavan, Attingal, Thiruvananthapuram- 695 101.
24.	Varkala	Punnammoodu,Varkala Thiruvananthapuram-695 141
25.	Venjaramoodu Junction	Venjaramoodu Post Office, MC Road, Thiruvananthapuram- 695 607.
26.	Kilimanoor	Kilimanoor Junction, Thiruvananthapuram- 695 601.
27.	Kottarakara	Market Junction Kottarakara Kollam-691 506
28.	Polayathode, Kollam	Polayathode Junction Kollam- 691 001

SI. No.	Place	Required Locations (The location of the pharmacy to be within 500 m radius of the landmark/ address given below)
29.	Ramankulangara, Kollam	DDRC Agilus Ramankulangara, Kollam-691 003
30.	Ettumanoor	Shivas Junction Pala Road, Ettumanoor Kottayam – 686 631.
31.	Thellakom, Kottayam	Caritas Hospital Junction, Thellakom, Kottayam- 686 637
32.	Illikkal Junction, Kottayam	Illikkal Junction, Kottayam- 686 003
33.	Muttom, Alappuzha district	Choondupalaka Junction  Muttom, Alappuzha- 690 511.
34.	Mavelikara	Kandiyoor Junction Mavelikara- 690 103.
35.	Eraviperoor, Tiruvalla	SBI Eraviperoor Thiruvalla
36.	Aroor	F <mark>edera</mark> l Bank, A <mark>roor J</mark> unction Al <mark>appu</mark> zha
37.	Tripunithura	Statue Junction Tripunitara PO Ernakulam-682 301
38.	Ernakulam	Jos <mark>e J</mark> unction, Erna <mark>ku</mark> lam
39.	Panampilly Nagar, Ernakulam	Mano <mark>r</mark> ama Junction, Pana <mark>m</mark> pilly Nagar Ernak <mark>u</mark> lam-682 036
40.	Kadavanthra	Kadavanthra Junction, Ernakulam- 682 020
41.	Ponekkara	Ponekkara, Edapally, Ernakulam- 682 041
42.	Angamaly	TB Junction, Angamaly- 683 572.
43.	Aluva	Taluk Hospital, Thottakkattukara PO Aluva – 683 572
44.	Perumbavoor	Perumbavoor Pvt. Bus Stand Perumbavoor

SI. No.	Place	Required Locations (The location of the pharmacy to be within 500 m radius of the landmark/ address given below)  Ernakulam-683 542
45.	Thrissur	Ayyanthole Junction Thrissur-680 003
46.	Palakkad	Fort Maithan Palakkad- 678 001
47.	Kozhikode	Jail Road Puthiyara Calicut-673 004
48.	Kannur	Dhanalakshmi Hospital Kannothumchal Road Kannur-670 002



## Checklist for the supporting documents.

(Duly filled checklist to be submitted by the Vendor along with the Expression of Interest)

SI. No.	Document / Proof	Attached or not-attached with EOI	Remarks
1.	Drug license from Central or State Drug standard Control organization		
2.	GST registration		
3.	Brief introduction on capabilities related to the proposed work		
4.	Documents in support of prior experience in the relevant field		
5.	Copies of Income Tax Returns filed for the last 3 years		
6.	Brochure		
7.	Copies of similar purchase/work orders executed by the Vendor for established Govt. organisations		
8.	PAN No		
9.	Shop License from Local Body		
10.	Copy of Bank Account details/ Passbook		

I/We affirm that, the information submitted is complete in all respects and true to the best of our knowledge and that I/We am/are authorized to submit this application. I/We understand that the information furnished in the form above is liable to be verified and any misrepresentation may lead to my/our disqualification from the tendering process.

Name:

Signature of the authorized:

Designation:

Date:

# **DECLARATION BY THE VENDOR**

(To be provided by the Pharmacy with their Offer on the letter head of the Pharmacy)

(Proprietor/Partner/Director/Authorized Signatory of the Firm), I a sign the declaration and execute this Offer	am competent to
sign the declaration and excede this offer	
<ol> <li>I/We have carefully read and understood all the enclosed terms as undertake to abide by the same.</li> </ol>	nd conditions and
The information/documents furnished along with the above applica authentic to the best of my knowledge and belief. I/We am/are version fact that furnishing of any false information/fabricated document rejection of our Offer at any stage besides liabilities towards pappropriate law.	vell aware of the nt would lead to
, <b>,</b>	ure of Authorized atory with Seal)
Date: Name in full:	

# FORM FOR SUBMISSION OF OFFER (TO BE PROVIDED IN THE VENDOR'S LETTER HEAD)

Ref. No.	
Due Date & Time for submission	
Due Date & Time for opening	
Vendor's Reference No. and Date	

vendor's Reference No. and Date
From:
To Head, Personnel & General Administration Vikram Sarabhai Space Centre, ATF Area ISRO PO., Thiruvananthapuram - 695 022
Dear Sir,
1. I/We hereby offer to supply the medicines as per procedure detailed in the EOI at the discount percentage hereunder quoted and agree to hold this offer open till [Date]. I/We shall be bound to provide the services hereby offered upon the issue of the Contract communicating the acceptance thereof on or before the expiry of the last mentioned date.
Bid:
Standard discount (%) on MRP across the board to be specified:
2. I/We have understood the items of the EOI annexed to the invitation to EOI and have thoroughly examined the scope of the work as detailed in the invitation to EOI and am/are fully aware of the nature of the services required and my/our offer is to provide the services strictly in accordance with the requirements subject to the terms and conditions stipulated in the enquiry and contained in the Contract communicating the acceptance of this Offer either in whole or in part.
3. I / We understand that the decision for award of Contract will be made based on the information furnished by me in this form.
Date: (Signature of Authorized Signatory with Seal)