

SOUTH CENTRAL RAILWAY  
MEDICAL DEPARTMENT, DIVISIONAL RAILWAY HOSPITAL,  
GUNTUR

===

Chief Medical Superintendent, Divisional Railway Hospital, Guntur, Guntur Division, South Central Railway invites EOI (Expression of Interest) up to 16.00 hrs of dt.23.03.2023 in the Medical Stores, Divisional Railway Hospital, Guntur for the following subject.

**DIVISIONAL RAILWAY HOSPITAL, S.C.RAILWAY, GUNTUR DIVISION, GUNTUR INVITES EOI (EXPRESSION OF INTEREST) FOR EMPANELMENT OF MEDICAL STORES/FIRMS AS VENDORS FOR SUPPLY OF MEDICINES/SURGICALS/LAB.ITEMS/CONSUMABLE ITEMS ON DAY TO DAY BASIS FOR LOCAL PURCHASE FOR A PERIOD OF TWO YEARS FROM 25.03.2023 to 24.03.2025.**

The last date and time for receipt of EOI applications will be dt.23.03.2021 up to 16.00 hrs.

For more details visit our website [www.scr.indianrailways.gov.in](http://www.scr.indianrailways.gov.in)



Ch. Srinivasu  
(डॉ. सीएच श्रीनिवासु)  
(Dr.CH.Srinivasu)  
अपर मुख्य चिकित्सा अधीक्षक (प्रभारी)/गुंटूर  
ACMS/ADRH/GNT

No.EOI/B/MD/01

Office of the CMS/GNT  
Dt.18.03.2023.

Copy to CPRO/SC (6 copies) of the above notice are sent herewith. It is requested to arrange for publication of the same in local edition Newspapers of Guntur in Telugu and other National languages on or before 21.03.2023 and paper cutting of the same may please be sent to this office for record. This has approval of Competent Authority.

Allocation No.: J-215-21

Copy to Sr.DFM/GNT,  
Copy to Notice Board of CMS/o/GNT

**ANNEXURE-A****FORM FOR EXPRESSION OF INTEREST (EOI) – DIVISIONAL RAILWAY HOSPITAL, GUNTUR  
FROM 25.03.2023 TO 24.03.2025**

S. No.	Description	Information to be provided by the supplier	documents attached (YES/NO)
1.	Name of the Firm/Medical Shop		
2.	Address		
3.	Distance from Railway Hospital, Guntur		
4.	No. of years of existence in the same field (Copies of licenses held for the last Two years are to be enclosed)		
5.	Drug License Number issued by Drug Control authority of the state (enclose a copy)		
6.	Trade License No. With period of validity (enclose copy)		
7.	Annual turnover in Rs. (certificate from C.A. to be enclosed)		
8.	GST registration No. (enclose copy)		
9.	PAN No.(enclose copy)		
10.	Registration No. of the vendor in IREPS (enclose copy if any)		
11.	Particulars of empanelment in any other State/Central organisations (enclose a copy)		
12.	Performance certificate from other state/central government institute if any (enclose copy)		
13.	Authorised Person's Mobile Number/Land Line Number		

**DECLARATION**

I/We solemnly declare that to the best of my/our knowledge and belief, the information and statements accompanying it are correct, complete and true.

Date:.....

**Signature of the authorised signatory**

Place:.....

Name: .....

SEAL: