ଓଡ଼ିଶା ବିଦ୍ୟୁତ ଶକ୍ତି ସଂଚାରଣ ନିଗମ ଲିଃ.
ODISHA POWER TRANSMISSION CORPORATION LIMITED
(A Government of Odisha Undertaking)
Regd.Office: OPTCL TECH TOWER, Janpath, Saheed Nagar, Bhubaneswar-751007.
Telephone: (0674) 2540051 (EPABX), Website: www.optcl.co.in
CIN: U40102OR2004SGC007553

No.GL-02/2022(Pt.)/ 12847 /Dated, 01/08/2026

TENDER CALL NOTICE NO. PH01/2026-27

Sub: Supply of Medicines to Power Hospital, OPTCL, Bhubaneswar on rate contract basis.

Sealed quotations are invited from **authorized Stockists/Distributors having valid GST registration and valid Drug License** for the supply of medicines to Power Hospital, OPTCL, Bhubaneswar, as per the specifications and terms & conditions contained in this Tender Document.

The sealed envelope containing quotations should be super scribed as, "Quotation for Supply of Medicines for the Power Hospital, OPTCL, Bhubaneswar 2026". The bidder must have supplied medicines at least to any one Govt. hospital or Hospital owned by State or Central PSUs in last three years. The tenders shall be received up to 3.00 PM on Dated 21.08.26 & opened at 5.00 PM on dated 21.08.26 in the Office of GM (HRD) OPTCL, 8th Floor, Tech Tower, Bhubaneswar-751007. The bidders intending to participate in the tender shall deposit a non-refundable Tender Paper Cost of ₹7080/- (Rupees Seven Thousand Eighty only), inclusive of GST, in the form of a Demand Draft. In addition, they shall furnish an Earnest Money Deposit (EMD) of ₹12,000/- (Rupees Twelve Thousand only) in the form of a Demand Draft, which shall be refundable as per the terms and conditions of the tender. Both Demand Drafts shall be drawn in favor of "DDO (Hqrs.), OPTCL, Bhubaneswar".

General Manager (HRD)

CC to

1. Copy to DGM (HRD) CR for publication of the Tender Notice in two Odia Newspapers and one English Newspaper.
2. Copy to the Notice Board of Hqrs. office for wide circulation.

NOTE:

1. If the tender is not opened on the above date, due to unforeseen circumstances, then it will be notified by email or phone call.

2. Bidder or their authorized representatives may attend the opening of the tender.

TERMS & CONDITIONS:

I. **Scope of Supply**: For Supply of Medicines to Power Hospital, OPTCL, Bhoinagar, Bhubaneswar as per the Specification, Terms & Conditions, on rate contract basis.

II. **Eligibility:** The bidder should have successfully supplied medicines to at least one Government Hospital or a Hospital owned by any Central/State Government PSU during the preceding three financial years. Documentary evidence in support of the same shall be enclosed with the bid.

III. **Price**: The prices should be inclusive of all taxes, duties and charges for (FOR) delivery at the Power Hospital, OPTCL, Bhubaneswar, as per Price Bid format provided in this tender document.

IV. The bidders intending to participate in the tender shall deposit a non-refundable Tender Paper Cost of ₹7080/- (Rupees Seven Thousand Eighty only), inclusive of GST, in the form of a Demand Draft. In addition, they shall furnish an Earnest Money Deposit (EMD) of ₹12,000/- (Rupees Twelve Thousand only) in the form of a Demand Draft, which shall be refundable as per the terms and conditions of the tender. Both Demand Drafts shall be drawn in favor of "DDO (Hqrs.), OPTCL, Bhubaneswar".

V. The EMD of the unsuccessful bidders will be returned after finalization of the tender and that of successful bidder shall be returned after submission of performance security.

VI. The successful bidder shall furnish a Performance Security in the form of a e-Bank Guarantee valid for a period of fifteen months or Demand Draft for an amount of ₹15,000/- (Rupees Fifteen Thousand only) before commencement of the contract or as stipulated in the purchase order. The e-BG (format attached as Annexure-C) or the DD amount will be returned after successful completion of the contract period or extension if any and after fulfilling all the obligations of the tender terms and conditions.

VII. **GST:** The bidder shall possess a valid GST Registration Number (GSTIN) and submit a self-attested copy of the GST Registration Certificate. GST shall be indicated separately in the Price Bid, wherever applicable.

VIII. **Delivery Period**: The medicines shall be supplied **within 45 (Forty Five) days** from the date of issue of Purchase Order or periodical order for supply of medicines. In case of emergency requirements, the supplier shall ensure delivery within **48 hours**, if requested by OPTCL.

IX. **Payment**: Payment shall be released by DDO (HQ), OPTCL after satisfactory receipt of medicines in each phase, inspection and certification of the supplied medicines by the Medical Officer, Power Hospital, OPTCL on submission of Tax Invoice.

X. **Consignee:** Pharmacist Grade-I, Power Hospital, Bhubaneswar shall be the consignee for the above purpose.

XI. **Price Reduction**: In the event of delay in supply beyond the stipulated delivery period, Price Reduction (LD) @ **0.5% per week or part thereof of the Taxable Value for the delayed period will be deducted from the bill** , subject to a maximum of **5%. The Price Reduction** shall be applicable unless the delay is attributable to Force Majeure.

XII. **Force Majeure**: The supplier shall not be liable for any penalty for delay or for failure to perform the contract for reasons of force majeure such as acts of God, acts of the public enemy, acts of Govt., Fires, floods, epidemics, Quarantine restrictions, strikes, Freight Embargo and provided that the supplier shall within Ten (10) days from the beginning of delay on such account notify the purchaser in writing of the cause of delay.

XIII. **Submission of Tender**: The cover of the tender envelope should be duly sealed and super-scribed as "Quotation for Supply of Medicines for the Power Hospital, OPTCL, Bhubaneswar". The sealed tender documents should be submitted to the GM (HRD), Hqrs. Office OPTCL, Tech Tower, Janpath, Saheed Nagar, Bhubaneswar-751007 so as to reach on or before 3.00 PM, 21.08.2026, for which drop box shall be available in the Corporate Relations Branch, 7th Floor, Tech Tower, Saheed Nagar, Bhubaneswar-751007 by aforesaid date and time. The quotations submitted through FAX & e-mail shall not be accepted. Bids received after due date and time shall be returned unopened.

XIV. **Price Bid**: The detailed Price Bid in the format given in Annexure- B in one sealed cover super scribed as "PRICE BID". Price to be quoted by the bidder **both in words and figures**. In case of discrepancies in words and figures, the unit price mentioned in words will be taken in to consideration.

XV. **Shelf life of Medicines**: The medicines supplied shall have a **minimum residual shelf life of 75% at the time of supply.**

XVI. **Replacement**: Any medicine found damaged, expired, Not of Standard Quality (NSQ), improperly packed or not conforming to the prescribed specifications shall be replaced by the supplier **free of cost within seven (07) days** of intimation.

XVII. The bidder shall quote rates only for medicines manufactured by reputed manufacturers holding valid **GMP/WHO-GMP certification**. The bidder shall clearly specify the **brand name /manufacturer** of each medicine quoted. Once the brand and manufacturer are approved by the Competent Authority, the supplier/agency shall not substitute or change the approved brand or manufacturer without the prior written approval of the Authority. However, in the event of the non-availability of the approved brand in the market, the **Medical Officer, Power Hospital, OPTCL** may permit the supply of an alternative brand manufactured by a reputed **GMP/WHO-GMP certified** manufacturer, provided that the alternative medicine is of the same composition, strength, dosage form with same price range and terms.

XVIII. **Inspection:** OPTCL reserves the right to inspect the medicines at the time of delivery and reject any item found not conforming to the specifications or having inadequate shelf life. The suppliers has to furnish standard quality report of the concerned batch of medicines at the time of supply.

XIX. **Risk Purchase:** In case the supplier fails to supply the medicines within the stipulated period, OPTCL reserves the right to procure the medicines from alternative sources at the risk and cost of the defaulting supplier.

XX. **Blacklisting:** If the supplier furnishes false information, supplies counterfeit or not of standard quality (NSQ) medicines, or repeatedly defaults in contractual obligations, OPTCL reserves the right to blacklist/debar the supplier for a period of three years from participating in future tenders.

XXI. Price Bid: **The quoted rates shall remain firm and fixed throughout the contract period of one year from the date of approval and no escalation shall be entertained.**

XXII. **Quantity:** The quantities mentioned are tentative and may vary depending upon the actual requirement of Power Hospital. OPTCL does not guarantee procurement of the entire quantity mentioned in the Schedule.

XXIII. **Contract Period:** The rate contract shall remain valid for **one year** from the date of issue of the Purchase Order/Agreement, unless extended by mutual consent on the same terms and conditions.

XXIV. **Jurisdiction of Court**: Civil Court at Bhubaneswar shall have the full jurisdiction to try any dispute arising out of breach of any terms and conditions of this Tender.

XXV. **Documents to be submitted:** The quotations should be accompanied with following self-attested documents of the bidder :-

i. Valid Drug License
ii. GST Registration copy
iii. Experience Certificate/Work Orders with certificate of completion of order
iv. Authorization Letter from Manufacturer (where applicable)
v. Undertaking regarding acceptance of all Tender Terms & Conditions (Annexure A)
vi. Undertaking by the bidder that the Firm/Agency has not been blacklisted / debarred at the time of submission by Govt/GoI/ Odisha Govt. Undertaking (Annexure- A)
vii. Demand Drafts towards EMD (Rs.12,000) and Tender Paper Cost (Rs.7080/-)
viii. Price Bid (Annexure B) in a sealed envelope

NB: Failing to submit any of the above documents will lead to rejection of the tender.

Evaluation of Tender: The Purchase Evaluation Committee reserves the right to reject the proposal in case the bidder quotes for poor quality and unbranded medicines as it may compromise the efficacy of the medicine. Further, OPTCL also reserves the right to reject any or all the tenders without assigning any reason thereof.

ANNEXURE-A

DETAILS OF TENDERER with Undertaking

(To be enclosed in the Tender Envelope)

1. Name of the Tenderer/Firm:
2. Permanent Address:
3. Mailing Address (With Telephone No., Mobile No., Fax No., email ID):
4. Valid GSTIN No:
5. PAN No:
6. Name of the person authorized to sign the tender & bills in case of successful tenderer:
7. Name of the Contract person with Mobile No:

Signature of the bidder with seal

Undertaking

I…….. Proprietor/ Authorized person of M/s…… … address …… ……., AADHAR No…… undertake that the tenderer (M/s……..) is not debarred /blacklisted by Govt. of India/Govt. of Odisha/ Govt. of Odisha Undertaking at the time of submission of this bid ref …… . I also undertake that I shall abide by all the terms and conditions of this bid ref ……

Signature of the bidder with seal

Annexure-B

Price Bid for list of Medicines

Sl. No.		Name of drugs in Generic	Specification/Strength	Approximate Annual Requirement in absolute No.	Brand Name	Name of the Manufacturer/ Pharma Company	Quoted rate (in Rs) per Absolute/Per Tab/Cap/ Inj	Quoted price (in Words) per Absolute/Per Tab/Cap/ Inj	Total Price 10=5X8	GST%	Total GST Amount (10 x 11) (in Rs.)	Price Incl. GST (10+12) (in Rs.)
1	2	3	4	5	6	7	8	9	10	11	12	13
	A	**Analgesic, Antipyretic & Antiinflammatory**										
1	1	Tb. Aceclofenac+Paracetamol	(100mg+325mg)/tab	1300								
2	2	Tb. Aceclofenac+Paracetamol+ Seratiopeptidase	100mg+325mg+10mg)/tab	1500								
3	3	Tb. Etorocoxib	90mg/tab	500								
4	4	Tb. Eterocoxib + Thiocholchicoside	(60mg + 4 mg)/tab	1000								
5	5	Tb. Paracetamol	500mg/tab	900								
6	6	Tb. Paracetamol	650mg/tab	4500								
7	7	Tb. Paracetamol+Tramadol	(325mg + 37.5mg)/tab	1500								
8	8	Syp. Paracetamol	250mg/5ml	30								
9	9	Diclofenac Gel	(Diclofenac diethylamine+ Methylsalicylate+ Menthol)/30gmtube	300								
	B	**Antibiotic**										
10	1	Tb. Amoxycillin+Clavulunic Acid	(500mg+125mg)/tab	1800								
11	2	Tb. Azithromycin	500mg/tab	500								
12	3	Tb. Cefpodoxime	200mg/tab	600								
13	4	tb. Cefodoxime+ Clavulunic Acid	(200mg+125mg)/tab	1200								
14	5	Tb. Cefuroxime	500mg/tab	300								
15	6	Tb. Linezolid	600mg/tab	500								
16	7	Tb. Nitrofurantoin	100mg/tab	300								
17	8	Syp. Azithromycin	200mg/5ml	20								
18	9	Syp. Amoxycillin+Clavulunic Acid	(200mg+28mg)/ 5ml	20								
	C	**Antihistamine**										
19	1	Tb. Levocetrizine	10mg/tab	2500								
20	2	Tb. Levocetrizine+ Montelukast	(5mg+10mg)/tab	7500								
21	3	Syp. Levocetrizine+Montelukast	(2.5mg+4mg)/5ml	30								
	D	**Antispasmodic**										
22	1	Tb. Flavoxate	200mg/tab	300								
	E	**Antihypertensive**										
23	1	Tb. Amlodipine+Atenolol	(5mg+50mg)/tab	390								
24	2	Tb. Bisoprolol	5mg/tab	500								
25	3	Tb. Cilnidipine	10mg/tab	7000								
26	4	Tb. Metoprolol	25mg/tab(ER)	5600								
27	5	Tb. S-Amlodipine	2.5mg/tab	3000								
28	6	Tb. S-Amlodipine	5mg/tab	2600								
29	7	Tb. Telmisartan	20mg/tab	1000								
30	8	Tb. Telmisartan	40mg/tab	16000								
31	9	Tb. Telmisartan +Chlorthalidone	(40mg+6.25mg)/tab	9000								
32	10	Tb. Telmisartan +Chlorthalidone	(40mg+12.5mg)/tab	9000								
33	11	Tb. Telmisartan +Cilnidipine	(40mg+10mg)/tab	2000								
34	12	Tb. Telmisartan +Metoprolol	(40mg+25mg)/tab	1000								
35	13	Tb. Telmisartan +Metoprolol	(40mg+50mg)/tab	1000								
	F	**Antidiabetic**										
36	1	Tb. Dapa+ Metformin	(10mg+500mg)/tab.	1200								
37	2	Tb. Dapa+ Sita+Met	(10mg+100mg+1000mg)/tab.	5000								
38	3	Tb. Empagliflozin	25mg/tab	1200								
39	4	Tb. Empagliflozin+ Linagliptin	10mg+5mg/tab.	1500								
40	5	Tb. Glimipride+ Metformin	(1mg+500mg)/tab	9000								
41	6	Tb. Glimipride + Metformin	(2mg+500mg)/tab	10000								
42	7	Tb. Metformin	500mg/ Sustained release tab	4000								
43	8	Tb. Sitagliptin+Metformin	(50mg+500mg)/tab	3000								
44	9	Tb. Voglibose	0.2mg/tab	2500								
45	10	Tb. Voglibose	0.3mg/tab	2500								

	G	**Hypolipedimic**										
46	**1**	Tb. Atorvastatin	10mg/tab	3000								
47	**2**	Tb. Rosuvastatin	10mg/tab	7000								
48	**3**	Tb. Rosuvastatin	20mg/tab	3000								
49	**4**	Tb. Rosuvastatin+Fenofibrate	(10mg+160mg)/tab	6000								
	H	**Cardiac Drugs**										
50	**1**	Tb. Sacubitril+ Valsartan	50mg/tab	800								
51	**2**	Tb. Isosorbide dinitrate	5mg/tab	30								
52	**3**	Tb. Nicorandil	5mg/tab	0								
	I	**Gastrointestinal Agent**										
53	**1**	Tb. Pantaprazole	40mg/tab	1500								
54	**2**	Cap. Pantaprazole +Domperidone	(40 mg+30mg)/tab.	5000								
55	**3**	Tb. Esomeprazole	40mg/tab	1000								
56	**4**	Cap. Esomeprazole +Domperidone	(40 mg+30mg)/tab.	6000								
	J	**Antifungal**										
57	**1**	Tb. Itraconazole	100mg/tab	600								
58	**2**	Oint. Luliconazole	1%w/w/15gm tube	50								
	K	**Antiemetic**										
59	**1**	Tb. Ondansetron (Mouth Dissolving)	4mg/tab	200								
60	**2**	Syp.Ondansetron	2mg/5ml	10								
	L	**Vitamins & Minerals**										
61	**1**	Cap./Tab. Multivitamin		10000								
	M	**Diuretics**										
62	**1**	Tb. Toresamide	10mg/tab	500								
	N	**Antiplatelet**										
63	**1**	Tb. Clopidegrol	75mg/tab	30								
	O	**Antigout**										
64	**1**	Tb. Febuxostat	40mg/tab	5000								
	P	**Antiviral**										
65	**1**	Tb. Acyclovir	800mg/tab	500								
	Q	**Eye/Ear drops**										
66	**1**	Carboxy Methyl Cellulose Eye drop	0.5%w/v(5ml/Vial)	100								
67	**2**	Moxifloxacin Eye Drop	0.5%w/v(5ml/Vial)	50								
68	**3**	Ofloxacin Eye/Ear drop	0.3%w/v(5ml/Vial)	20								
	R	**Miscellaneous drugs**										
69	**1**	Tb. Norethesteron	5mg/tab	300								
70	**2**	Tb. Pregabalin + Nortryptyline+Methylcobalamine	(75mg+10mg+1500mg)/tab	5000								
71	**3**	Tb. Tamsulosin0.4+ Dutasteride0.5	(0.4mg+0.5mg)/tab	2500								
								Total				

Grand Total (Including GST) : Rs.
In words:
Price to be mentioned both in words and figures

Date:
Place:

(To be submitted in sealed cover without any correction and overwriting)
Each page has to be signed and sealed by the bidder

ANNEXURE-C

[PROFORMA FOR COMPOSITE BANK GUARANTEE FOR SECURITY DEPOSIT PAYMENT AND PERFORMANCE]

(To be stamped in accordance with Stamp Act and the ~~Non-Judicial stamp paper~~ Digital e-Stamping of appropriate value should be in the name of the Issuing Bank.)

Ref No:- .....

e-Bank Guarantee No. .....
Date: .....

e-BG Amount:.....

Validity Period:.....

This Guarantee Bond is executed this..... day of ..... by us the..... Bank at ..... , P.O..... , Dist....., State..... and Code No.....

Whereas the ODISHA POWER TRANSMISSION CORPORATION Limited, Janpath, Bhubaneswar, a company constituted under the Companies Act-1956 (hereinafter called OPTCL) has issued Letter of Award (LOA) No..... Dated..... for the purpose of ..... work under Package No..... (herein after called "the Agreement") to M/s/Shri ..... , Address..... (herein after called the "Contractor") for supply, erection, installation & commissioning and associated civil works under the above LoA and whereas OPTCL has agreed (1) to exempt demand of security deposit under the terms and conditions of the LOA (2) to release payment of the cost of the Contract Price to the Contractor on furnishing by the Contractor to OPTCL a Contract Performance Bank Guarantee (CPBG) of the value of 10% of the Contract Price of the said Agreement.

1. Now therefore, in accordance with the terms and conditions of LOA No. _____ dated _____ for the due fulfillment by the said Contractor of the terms and conditions contained in the said agreement, on production of a Bank Guarantee for Rs._____ (Rupees_____) only, we the bank _____ [Indicate bank Name , Address & Code] (hereinafter referred to as "the Bank") at the request of M/s/Shri _____ contractor do hereby undertake to pay to OPTCL, an amount not exceeding Rs._____ (Rupees _____) only .

2. We, the _____ Bank [indicate the name of the Bank, Address & Code] do hereby undertake to pay the amounts due and payable under this

guarantee without any demur, merely on a demand from OPTCL. Any such demand made on the bank shall be conclusive as regards the amount due and payable by the bank under this guarantee. However, our liability under this guarantee shall be restricted to an amount not exceeding Rs. _____(Rupees---------- ------- In Words).

3. We, the ..... Bank also undertake to pay to OPTCL any money so demanded not withstanding any dispute or disputes raised by the Contractor in any suit or proceeding instituted / pending before any court or tribunal relating thereto, our liability under this present being absolute and irrevocable. The payment so made by us under this bond shall be a valid discharge of our liability for payment thereunder and the Contractor shall have no claim against us for making such payment.

4. We, the _____ Bank further agree that the guarantee herein contained shall remain in full force and effect during the aforesaid period of _____ days and it shall continue to be so enforceable till all the dues of OPTCL under or by virtue of the said Agreement have been fully paid and its claims satisfied or discharged or till OPTCL certifies that the terms and conditions of the said Agreement have been fully and properly carried out by the said contractor and accordingly discharges this guarantee.

   Unless a demand or claim under this guarantee is made on us or our Branch Office at Bhubaneswar <Mention Name, Address & Code of the Branch Office at Bhubaneswar of issuing Bank> in writing on or before ..... (Date), we shall be discharged from all liability under this guarantee thereafter.

5. We, the _____ Bank [indicate the name of the Bank, Address & Code] further agree with the Board that OPTCL shall have the fullest liberty without our consent and without affecting in any manner our obligations hereunder to vary any of the terms and conditions of the said Bid or to extend time or performance by the said contractor(s) from time to time or to postpone for any time or from time to time any of the powers exercisable by OPTCL against the said contractor(s) and to forbear or enforce any of the terms and conditions relating to the said Bid and we shall not be relieved from our liability by reason of any such variation postponement or extension being granted to the said contractor(s) or for any forbearance, act or omission on the part of OPTCL or any indulgence by OPTCL to the said contractor(s) or by any such matter or thing whatsoever which under the law relating to sureties would, but for this provision, have the effect of so relieving us.

6. This guarantee will not be discharged due to the change in the name, style or constitution of the Bank and/or of the contractor(s).

7. We, the _____ Bank [indicate the name of the bank, Address & Code] lastly undertake not to revoke this guarantee during its currency except with the previous consent of OPTCL in writing.

8. We, the _____Bank (Name, Address & Code) further agree that this guarantee shall also be invokable at our place of business at **Bhubaneswar** (indicate Name, Address & Code of the Branch at Bhubaneswar) in the State of Odisha.

" Notwithstanding anything contained herein"

a) Our liability under the bank guarantee shall not exceed Rs.----------(Rupees in words----------) only.

b) This Bank guarantee shall be valid up to ----------.

c) We or our Branch at **Bhubaneswar** <Mention Name, Address & Code…….> shall be liable to pay guaranteed amount or any part thereof under this guarantee only if you serve upon us at--------- Branch of Bhubaneswar a written claim or demand on or before ……,

The Bank Guarantee is issued in ~~paper form~~ e-form and Advice transmitted through SFMS with required details to the beneficiary's advising bank (**ICICI Bank Bhubaneswar**, IFSC Code ICIC0000061).

Dated, the _____Day of _____

For _____ [Indicate name of Bank]

Signature…….
Full Name…….
Designation…….
Power Of Attorney…….
Dated…….
Seal of the Bank…….

WITNESS: (SIGNATURE WITH NAME AND ADDRESS)

1.Signature…….

Full Name…….

2. Signature…….

Full Name…….

N.B.:

1. Name of the Contractor.: …….
2. e-BG No & Date :…….
3. Amount (In Rs.):…….
4. Validity up to :…….
5. LOA No…….
6. Package No…….
7. Name, Address & Code of Issuing Bank:…….
8. Name, Address & Code of Bhubaneswar Branch of the Issuing Bank:…….

9. The Bank Guarantee shall be accepted after getting SFMS advice as per details below.

Format for SFMS details
(The Unique Identifier for field 7037 is "OPTCL541555793")

Sl. No	PARTICULARS	TYPE	DETAILS
1	Type of Bank Guarantee	Mandatory	Contract Performance
2	Currency & Amount	Mandatory	
3	Validity Period(from—to --)	Mandatory	
4	Effective Date	Mandatory	
5	End date of lodgment of Claim	Mandatory	
6	Place of lodgment of claim	Mandatory	Bhubaneswar, Branch Name------ of Bhubaneswar Branch code------- of Bhubaneswar Branch Address ------ at Bhubaneswar
7	Issuing Branch IFSC Code	Mandatory	
8	Issuing Branch name & address	Mandatory	
9	Name of applicant and its details	Mandatory	
10	Name of Beneficiary and its details	Mandatory	
11	Beneficiary's Bank/Branch and IFSC Code	Mandatory	ICICI Bank Ltd IFSC Code-ICIC0000061

12	Beneficiary's Bank/Branch name and address	Mandatory	ICICI Bank Ltd Bhubaneswar Main Branch, Bhubaneswar
13	Sender to receiver information	Mandatory	
14	Purpose of Guarantee	Mandatory	Contract Performance
15	Reference/Description of the underlined tender/contract	Mandatory	LOA No----

N.B. : To be Stamped in accordance with Stamp Act and the ~~Non-Judicial Stamp Paper~~ Digital e-Stamping of appropriate value should be in the name of Issuing Bank

. Mandatory Electronic Bank Guarantee (e-BG) through NeSL Platform:-

- All Bank Guarantees required under this Tender, namely (a) Bid Security (Earnest money Deposit) (b) Performance Security (c) Security against Advance Payment shall be submitted only in the form of Electronic Bank Guarantee (e-BG) issued through National E-Governance Services Limited (NeSL) platform.
- Physical/Paper Bank Guarantees will not be accepted. Any Bid submitted with Physical BG shall be treated as non-responsive and rejected.

- The Bidder shall ensure that the e-BG is issued by any Scheduled Commercial Bank listed on NeSL platform and is delivered electronically to the OPTCL's official NeSL account : Name of the Organization/ Beneficiary : Odisha Power Transmission Corporation Limited, NeSL ID: AAACO7873L
- Procedure for submission:
    - Bidder / Contractor shall request the issuing bank to create and deliver the e-BG directly to the Employer's (OPTCL) NeSL ID
    - Upload the e-BG Acknowledgement/Unique Reference Number (URN) against Bid Security / EMD in the Technical bid.
    - The Employer (OPTCL) will verify the e-BG instantly on NeSL portal.
- Format, Amount and validity of e-BGs shall be strictly as per Tender specification.
- No charges towards stamping, verification or amendment of e-BG shall be borne by the Employer. All such charges shall be borne by the Bidder/Contractor.
- In case of amendment/extension, the Contractor shall submit the amended e-BG through NeSL platform only.
- A copy of the e-BG against Bid Security / EMD must be uploaded online with the bid documents. A copy of e-BG against Bid Security / EMD with Unique Reference Number (URN) shall also submitted to the office of Chief General Manager (CPC), OPTCL, Tech Tower, Saheed Nagar, Bhubaneswar-751007 on or before scheduled date & time of opening of Tender
- **Information of Beneficiary required for issuance of Electronic Bank Guarantee (e-BG)**

    i. Name of Beneficiary's Representative – UMESH KUMAR GUPTA

    ii. Beneficiary Email ID – sgm.cpc@optcl.co.in

    iii. Beneficiary Mobile No. – 9438907028

    iv. Beneficiary PAN / UIN – AAACO7873L

    v. Beneficiary Date of Incorporation/Birth – 29-MAR-2004

    vi. Beneficiary Legal Constitution – ODISHA STATE PUBLIC SECTOR UNDERTAKING

    vii. Platform – NeSL