

**Second Phase –
Scheme to provide high quality medicines at very cheap rate**

CORRIGENDUM



Amendments have been made in connection with Generic Drug Store franchise notice.

Description	Earlier published details	Amendment issued as
Advertisement of Notice Inviting Application	Date: 23/02/2017	Date: 25/3/2017
Online submission of Application	Till 1800 hrs on 27/03/2017	Till 1800 hrs on 10/4/2017
Physical submission of hard copy (with relevant docs)	Till 1800 hrs on 31/03/2017	Till 1800 hrs on 15/4/2017
Online submission site	http://deendayaldrugs.com	

Terms & conditions of above item can be downloaded free from web site: <http://gmscl.gujarat.gov.in>

- (1) Other dates, application fees, EMD & application submission address will remain same.
- (2) Those applicants who have already submitted the applications need not resubmit it.

INF-

MANAGING DIRECTOR

બીજા ચરણ અંગેની જાહેરાત;
ઉચ્ચ ગુણવત્તા યુક્ત દવાઓ ખુબ જ સસ્તા દરે આપવાની યોજના

સુધારો



જનેરીક દવાઓના ફેન્યાઇઝ સ્ટોર માટેની નોટીસમાં સુધારા કરવામાં આવે છે

વિગત	આગળ પ્રસિધ્ધ થયેલ જાહેરાતની વિગત	સુધારેલ જાહેરાતની વિગત
અરજીઓ મંગાવવા માટેની જાહેરાતની નોટીસ	તા. ૨૩/૦૨/૨૦૧૭	તા. ૨૫/૦૩/૨૦૧૭
ઓનલાઇન અરજી ભરવાની તારીખ	તા. ૨૭/૦૩/૨૦૧૭ કલાક ૧૮:૦૦ સુધી	તા. ૧૦/૦૪/૨૦૧૭ કલાક ૧૮:૦૦ સુધી
અરજી હાર્ડ કોપીમાં સંલગ્ન દસ્તાવેજો સાથે જમા કરાવવાની છેલ્લી તારીખ (ફીજીકલ)	તા. ૩૧/૦૩/૨૦૧૭, કલાક ૧૮:૦૦ સુધી	તા. ૧૫/૦૪/૨૦૧૭ કલાક ૧૮:૦૦ સુધી
ઓનલાઇન અરજી જમા કરાવવાની વેબસાઇટ	http://www.deendayaldrugs.com	

ટર્મ્સ અને કન્ડીશન અત્રેની વેબ સાઇટ : <http://gmscl.gujarat.gov.in> પરથી વિના મુલ્યે ડાઉનલોડ કરી શકાશે.

- (૧) અન્ય તારીખો, અરજી ફી, EMD અને અરજીની રજૂઆત માટેનું સરનામું એ જ રહેશે
- (૨) જે અરજદારો પહેલાથી જ અરજી કરેલ છે તેઓએ ફરીથી અરજી સબમિટ કરવાની જરૂર નથી.

માહિતી -

મેનેજીંગ ડીરેક્ટર

TERMS AND CONDITIONS FOR THE PROPOSED FRANCHISE MODEL

1. For the purpose of selection of the Franchisee:

- a. The applicant should be a resident of Gujarat or an organization registered in the state. In case of a hospital, it should be located in Gujarat. Applicant should be solvent and should not have any criminal case registered against him.
- b. In case of multiple applications for a region or area, the following order of priority shall be applicable:
 - I. First preference will be given to those private hospitals which are at least 50 bedded
 - II. Second preference will be charitable trust/ societies working in health care sector
 - III. Third preference will be given to APMC/ Kharid Vechan Sangh related co-operative societies.
 - IV. Fourth preference will be given to Individual (preferably unemployed youth) with B-pharm or D-pharm degrees.
- c. **Inter-say preference:** If there are more applications from each category for a particular location, inter-se preference will be set as given below:
 - I. In 50 bedded private hospitals: The criteria used for selection in decreasing order will be-
 1. Number of beds – self certification
 2. Revenue for the FY 2015-16 – CA certificate
 - II. In case of charitable trust or societies working in health sector (experience in handling NRHM activities/RMNCH+ activities including training/ any other govt. Health schemes/managing own health centres), the criteria used for selection in decreasing order will be-
 1. Age of the organisation – Registration certificate
 2. Revenue for the FY 2015-16 – CA certificate
 - III. In case of APMC/ Kharid Vechan Sangh related cooperative societies, the criteria used for selection, in descending order would be :-

1. District Kharid Vechan Sangh will get first preference

2. APMC will get second preference

3. Taluka Kharid Vechan Sangh will get third preference

IV. In case of individuals, the criteria used for selection in decreasing order will be-

1. Local residents of the proposed location will be given preference
2. Seniority in obtaining B Pharm / D Pharm degree. B Pharm will have preference over D Pharm degree. However, if the location indicated by the applicant is not properly located or easily accessible or convenient to the public, the next preference may be selected and given an option to run the store. In such a case, the decision of franchisor will be final and binding.

d. Space- Own or hired space – 150 sq ft minimum (Lease agreement / ownership record)

e. The Applicant should submit the following documents in hard copies after online submission of application:

1. The earnest money deposit (Refundable) will be Rs.10, 000.00 and application fees (Non- Refundable) will be Rs.5, 000.00. They have to submit as per Finance Department GR No. EMD/10/2014/570/DMO, Dt.01/04/2015.
2. THE EMD AND DOCUMENT FEES HAVE TO BE SUBMITTED IN THE NAME OF "GUJARAT MEDICAL SERVICES CORPORATION LIMITED- DEENDAYAL ACCOUNT" IN PRESCRIBED FORMAT AS PER THE FINANCE DEPARTMENT CIRCULAR MENTIONED ABOVE.
3. Print out of the online application duly signed by the applicant.
4. In case the applicant is Private Hospital- self certified copy on number of beds in the hospital; or In case the applicant is a charitable society- certified copy of Registration deeds with objects of constitution of society; or In case of charitable Trust- certified copy of registration deed or in case of APMC/Kharid Vechan Sangh, certified copies of registration certificate. Certified copies of documents submitted, as above, must be Signed and carry the seal of authorised signatory.

5. In case the applicant is an individual, a self certified copy of B-Pharm or D-Pharm degree
6. Audited balance sheet and Income statement duly signed by the statutory auditors and authorised signatory of the Application for the year 2015-16.
7. Self-certified copy of PAN Card/ Aadhar Card of applicant
8. Self attested copy of ownership/ lease agreement of proposed space for the store.
9. In case of Society/trust, self-certified copy of MoU with State or nodal agency for implementing the govt. health schemes; or Self certified copy of address of the health care centre managed by the trust/ society.
10. Photographs both near and far, and location map must be submitted along with the application to assess the location of the proposed site.

2. Other terms and conditions –

- a. All applicants except for hospitals having more than 50 beds will be allowed to make single application only and they cannot make application for more than one site/franchise.
- b. Hospital chains having more than one hospital in Gujarat may make applications for more than one site (i.e. separately for each site). **Each of such site must be having more than 50 beds.** However for a single location only one application would be permitted.
- c. Applicant will enter into agreement before commencing operations of Deendayal Pradhan Mantri Jan Aushadhi store franchise.
- d. All operations of Deendayal Pradhan Mantri Jan Aushadhi store will be conducted as per agreement terms and conditions.
- e. It shall be the responsibility of the applicant to obtain drug license in the name of “Deendayal Pradhan Mantri Jan Aushadhi Store” and other permissions to run a drug store. Compliance to all statutory requirements for storage of drugs (including refrigeration wherever required) shall be ensured by the applicant.
- f. Applicant will use the premises solely for the purpose for which it has been allotted and for no other purpose and shall not part with the premises, sub-let the premises to anyone directly or indirectly.

- g. These stores will not be permitted to sell any other drug item other than those mandated by the franchisor. However, franchisor may allow stores to sell other items at its discretion.
- h. The Franchisor reserves the right to add or delete the locations of the stores at its discretion.
- i. All billings should be done using software provided by Franchisor. No drug item can be sold in Deendayal Pradhan Mantri Jan Aushadhi Store without using the software provided by Franchisor.
- j. An initial security deposit of Rs 2.00 lakhs for stores located in Municipal Corporations, Rs 1.50 lakhs for stores located in Districts Head Quarter Towns (which are not Corporations) and Rs 1.00 lakhs for stores located in Talukas (except Corporation areas and District Head Quarters), has to be deposited before entering into contract by the Applicants who have been selected for allotment of franchisee.
- k. It shall be the responsibility of Franchisee to incur all operating expenditure up to 3 years. This will include cost of all signboards/ stationery/ hardware / equipment / electricity expense / expenditure on manpower / all incidental expenses required for smooth operations of stores.
- l. The agreement will be valid for a period of 3 years. The Franchisor reserves the right to amend the agreement anytime, including the contract period at its sole discretion.
- m. The Franchisor will have the right to terminate the agreement, by written notice, if the Franchisee breaches of any or all conditions of agreement and if such breach is not cured within 30 days after the Franchisee receives written notice of such breach from the franchisor.
- n. The Franchisor will be responsible for procurement, distribution, and billing and monitoring.
- o. The Franchisee will obtain insurance coverage for the assets of the Generic retail drug store (including inventory of medicines and cash in hand) against loss/damage on account of fire, theft, embezzlement or any other inherent peril.
- p. The Franchisee will have to abide by all rules and regulations, as decided from time to time by the Franchisor, towards the operations of this scheme

and, in case of any dispute as to interpretation of any clause; the decision of the Franchisor will be final.

APPLICATION FORM

WEBPAGE 1:

PROPOSED STORE LOCATION: (List of locations in drop box)

Location conditions:

Whether there are any private hospitals / practicing doctors in the vicinity?
(Yes/No)

Whether the location is easily accessible to general public? (Yes/No)

WEBPAGE 2:

TYPE OF APPLICATION:

HOSPITAL CHARITABLE TRUST / SOCIETY INDIVIDUAL

WEBPAGE 3:

NAME (HOSPITAL/CHARITABLE TRUST OR SOCIETY/INDIVIDUAL):

ADDRESS:

AADHAR CARD/ PAN CARD NUMBER:

CONTACT DETAILS:

NAME OF THE CONTACT PERSON:

CONTACT NUMBER:

EMAIL ID:

WEBPAGE 4 (a)

FOR HOSPITAL:

BED SIZE: _____

TURNOVER (IN INR LAKHS) FOR FY 2015-16	10-50	51-75	76-100	MORETHAN 100
TICK THE OPTION				

WEBPAGE 4 (b)

CHARITABLE TRUST/ SOCIETY:

WHETHER HANDLED ANY GOVT. HEALTH SCHEMES IN THE NEAR PAST?

(YES/NO)

IF YES, PLEASE SPECIFY:

WHETHER MANAGING OWN HEALTH CENTER: (YES/NO)

AGE	LESSTHAN 3 YEARS	BETWEEN 3-5 YEARS	MORETHAN 5 YEARS
TICK THE OPTION			

REVENUE FOR FY 2015-16	10-50 LAKHS	51-100 LAKHS	101-1000 LAKHS	MORETHAN 1000 LAKHS
TICK THE OPTION				

WEBPAGE 4 (c)

APMC/ Kharid Vechan Sangh

NATURE OF APPLICANT

District Kharid Vechan Sangh APMC

Taluka Kharid Vechan Sangh

WEBPAGE 4 (d)

INDIVIDUAL

AGE:

ARE YOU A RESIDENT OF THE AREA OF YOUR PROPOSED LOCATION? (YES/NO)

YEAR OF PASSING OUT OF YOUR B-PHARM OR D-PHARM COURSE:

B PHARM D PHARM