



Govt. of West Bengal  
Office of the Superintendent  
Salt Lake S.D. Hospital, North 24 Parganas  
Saltlakesdh2014@gmail.com

Memo No: *SLSDH/478*

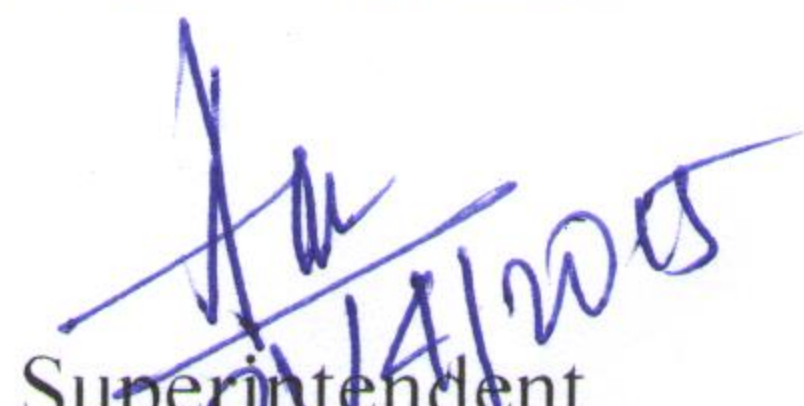
Dated: *21/4/15*

**NOTICE**

Expressions of Interest (EOI) is hereby invited (in sealed envelope) from eligible NGOs for selection of NGO for establishing **Rogi Sahayta Kendra** in Salt Lake S.D. Hospital, North 24 Parganas, on contractual basis.

The detailed terms & conditions for selection of NGO for Rogi Sahayata Kendra for Salt Lake S.D Hospital will be available in the following official websites and also in the office of the undersigned. (Cut of Date: 30 days after the publication of the advertisement in the local news papers, both in Bengali & English).

E.O.I. will be received by speed post or by hand in the receiving counter of the office of the undersigned up to 27th May, 2015 at 12 Noon and will be opened on the same date at 2 pm. Please visit [www.north24parganas.gov.in](http://www.north24parganas.gov.in) & [www.wbhealth.gov.in](http://www.wbhealth.gov.in) for further information.


  
Superintendent  
Salt Lake S.D Hospital  
North 24 Parganas

Memo No- *SLSDH/478/1(8)*

Date- *21.4.15*

Copy forwarded for information and necessary action to the (Display on the notice board):-

- 1) The District Magistrate, North 24 Parganas
- 2) The Chief Medical Officer of Health, North 24 Parganas
- 3) The Hon'ble MLA, Bidhannagar, North 24 Parganas
- 4) The Sub Divisional Officer, Bidhannagar
- 5) The ACMOH, Bidhannagar
- 6) The Chairman, Salt Lake Municipality
- 7) The Councillor, Ward No-11, Salt Lake Municipality
- 8) Office Copy

  
Superintendent  
Salt Lake S.D Hospital  
North 24 Parganas



**Application Form (Expression of Interest)  
For setting up/running of RogiSahayata Kendra at**

.....SD/SG Hospital

**(Supporting documents must be attached)**

1. Name of the NGO :
2. Registration Number :
3. Postal Address for Communication :
4. Registered Office Address situated in the district :
5. Name & Designation of the Responsible Person :
6. Annual Return submitted to the Registrar of Societies for FY  
2011-12, 2012-13, 2013-14 & 2014-15 :
7. Last Three Years External Audit done :
8. No of Years of Work Experience in health sector in the district :
9. No of Years of Work Experience in other development works related to  
Health, Education, Sanitation, Nutrition, Mother & Child Welfare :
10. No of Years of Work Experience in similar nature/ interpersonal  
awareness generation activities in the district :
11. Brief History of NGO detailing the Work done before :
12. Details of Staff for the Programme :

**Declaration**

I do hereby declare that the aforesaid information is true and certified. I do agree to abide by the all the norms, regulations, terms & conditions as per the Government Guideline and accept the terms of reference. In any time, any situation, if the aforesaid information prove not true, I must be penalized as per the decision of the local authority. If the Organization is being selected by the concerned authority, the MoU will be signed by the concerned RKS and Organization as detailed in the document.

Name of the Signatory : (In Block Letters)

Designation of the Signatory: (In Block Letters)

\_\_\_\_\_  
Signature of the Head of the Organization with Seal.

Date :

Place :