



GOVT OF WEST BENGAL

OFFICE OF THE SUPERINTENDENT, SREE BALARAM SEVA MANDIR S.G HOSPITAL

KHARDAH, NORTH- 24 PARGANAS, PIN-700116

e-mail- sbsmbalaram@gmail.com

☎033-2583- 4948

QUOTATION NOTICE

Memo No.: SBSMH/15/839

Date: 04/11/2015

Sealed Quotations are invited by Sree Balaram Seva Mandir S.G. Hospital, Khardah, North 24 Parganas from the experienced and bonafied persons/ establishments for the **Rodent & Pest Control services of the main hospital building and main store building (with permissible chemicals and dose for optimum effect, as per law)**. The last date of submission of quotation is **18/11/2015 up to 02:30 pm and it will be opened on the same day at 03:00 pm**. The rates are required for one year and it may be extended for future period with same terms & conditions. The required documents to be submitted along with the quotation applications, and to fill up the **Annexure I and Annexure II (Also enclose attested photo copies as proofs of relevant documents)**.

Terms & Conditions (Annexure –I & Annexure-II) and Quotation Form shall be available from the Office of the undersigned on all working days on and from **06/11/2015**. The 'Quotation Notice' Memo.No. & Date is to be super-scribed on the sealed envelopes containing Quotation documents.

The undersigned reserves the right to cancel or accept any Quotation or a part of the Quotation without assigning any reason thereof.

Subsatan
Superintendent 04/11/2015
Sree Balaram Seva Mandir SG Hospital
Khardah, North 24 parganas
Date: 04/11/2015

Memo No. : SBSMH/15/ 839 /1(10)

Copy forwarded for information & necessary action (to exhibit at their respective Office notice boards) please, to:-

- 1) The web site of North 24 Parganas: www.north24parganas.gov.in
- 2) The District Magistrate, North 24 Parganas.
- 3) The C.M.O.H., North 24 Parganas,
- 4) The S.D.O. North 24 Parganas.
- 5) The Chairman, Khardah Municipality, North 24 Pgs.
- 6) The A.C.M.O.H. Barrackpore Sub-Division, North 24 Pgs.
- 7) The Station Master, Khardah Railway Station, North 24 Pgs.
- 8) The Post-Master, P.O. B.D.Sopan, Khardah, North 24 Pgs.
- 9) This Office Notice Board
- 10) Office Copy.

Subsatan
Superintendent 04/11/2015
Sree Balaram Seva Mandir SG Hospital
Khardah, North 24 parganas

Annexure – I

San
04/11/2015
Superintendent
Sree Balaram Seva Mandir
S. G. Hospital, Khardaha
North 24 Parganas

APPLICATION FORM FOR QUOTATION:

1. Name of the firm:-

2. a. Full Postal Address:-
b. Cell Phone No.
c. Telephone No:-
d. Fax No
e. E.mail address:

3. Trade license no:-

4. Are you in the list of approved contractors of any other organizations / institutions, if any give details:-

5. Give details of any Government contracts executed during the last twelve months:-

6. Any other information which you consider necessary to furnish:

UNDERTAKING

- a) I, the undersigned certify that I have gone through the terms and condition mentioned in the Tender document and undertake to comply with them.
- b) The rates quoted by me are valid and binding upon me for the entire period of contract.

Date:-

Signature of the Quotationer/Tenderer

Place:-

Full Name(in CAPITAL LETTER):-

Designation:-

(Office seal of the Quotationer/ Tenderer)

Bid Form

Annexure-II

All points are to be filled up; no places are to be kept vacant. For statutory clearances/registrations not applicable, mention "NOT APPLICABLE" instead of keeping blank.

Submittal
09/11/2015
Sree Balaram Seva Mandir
S.G. Hospital, Khardaha
North 24 Parganas

| | |
|--|---|
| Name of the Item | |
| Name of the hospital Tendered for with addresses | SREE BALARAM SEVA MANDIR SG HOSPITAL, KHARDAH,24PGS(N)Kolkata-700116 |
| Tender Notice Number | |
| Due Date of the submission of the Tender | |
| Name / Title of the Bidder | |
| Full Address | |
| | |
| | E-Mail |
| | Tel. No & Mobile No. |
| | Fax |
| Local Addresses, if any | |
| Legal entity of the bidder whether Firm / Society / Company / Other entity | |
| Relationship of the applicant with the firm | |
| a) Registration No. | b) Authority with whom registered |
| c) Trade License No. _____ | |
| Granted by _____ | |
| For the purpose of _____ | |
| Name & Address of the Bankers of the bidders | |
| | |

| | | |
|--|-----|----|
| PAN No. | | |
| TAN No. | | |
| VAT No. / ST No. | | |
| Whether provided similar services to state Government Hospitals Tendered for in past. If yes indicate the Work order No. & Date | Yes | No |
| Blacklisted by any government authority at any time. If yes, provide details | Yes | No |
| Income Tax Return for last year attached | Yes | No |
| Sales Tax/VAT Return for last year attached | Yes | No |
| Professional Tax Registration | Yes | No |
| Professional Tax Return for last years attached | Yes | No |
| Affidavit attached for non conviction/non Black Listed in original (after March 2012) | Yes | No |
| Performance certificate in respect of the Tenderer | Yes | No |
| I have gone through the eligibility criteria for participating in the Tender and certify that all the conditions have been fulfilled | | |
| I have read the General and Special Terms and Conditions, including the penal provisions, as given in the Tender documents. I have accepted them and agree to abide by them. | | |


 Superintendent
 Sree Balaram Seva Mandir
 S. G. Hospital, Khardaha
 North 24 Parganas

Certified that the above information is correct and true to the best of my knowledge and belief. Nothing has been concealed, false and fabricated and in case any information is found incorrect. I, the under-signatory will be personally responsible for the same.

Date

Signature

Name of authorized person for bidder with seal