



Government of West Bengal
Office of the Secretary, District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas, Barasat, Kolkata-700124
Phone-033-25523129, e-mail: cmohn24pgs@gmail.com

Memo No.DH&FWS/NHM/2019/1341

Date: 11.07.2019

NOTICE FOR QUOTATION

Sealed quotation is invited from the bonafide Agencies/ Firms/ individuals, for print and supply of Formats relating to referral transport (Nischay yaan) as per items stated in annexure-II of this notice.


The applications may be received in the letter-head of the Agency/ Firm/ Individuals, addressed to the "**Secretary DH&FWS & Chief Medical Officer of Health, North 24 Parganas**" by dropping in the quotation box placed at the office of the undersigned. The **last date** of submission of quotation is **18.07.2019 up to 2.00 p.m.** and it will be opened on the same day at 3.00 p.m.

List of required documents along with the application (Technical documents):

1. Photocopy of valid Trade License of current validity. (duly attested).
2. GST Registration & updated challan. (duly attested).
3. Photocopy of updated P.Tax update payment Challan & Certificate (duly attested).
4. Photocopy of PAN (duly attested).

Details Terms & Conditions shall be available at www.north24parganas.gov.in and at www.wbhealth.gov.in on and from **11.07.2019**

The Tender Selection Committee (TSC) reserves the right to accept or reject any quotation or a part of the quotation without assigning any reason thereof.



Secretary DH&FWS&
Chief Medical Officer of Health
North 24 Parganas

Memo No.DH&FWS/NHM/2019/1341/1(9)

Date: 11.07.2019


Copy forwarded for information to:-

1. The Director of Health Services, Govt. of West Bengal.
2. The Dy. CMOH-I/II/III, DMCHO,ZLO,DTO, North 24 Parganas.
3. The DPHNO, North 24 Parganas.
4. The Accounts Officer, O/o The CMOH, North 24 Parganas.
5. The DAM, O/o the CMOH, North 24 Parganas.
6. The DIO, North 24 Parganas with the request to upload this notice in the official website of North 24 Parganas district.
7. System Co-ordinator,IT- Cell, Swasthya Bhawan with the request to upload this notice in the official website of Swasthya Bhawan.
8. Notice Board, O/o the CMOH, North 24 Parganas.
9. Office Copy


Secretary DH&FWS&
Chief Medical Officer of Health
North 24 Parganas

Terms & Conditions (as per corrigendum)

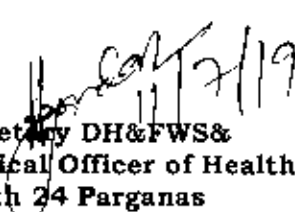
- 1) The bid documents shall be received till 18.07.2019, Application (Annexure-III) shall be addressed to the Chief Medical officer of Health , North 24 Parganas, Kolkata-700124.
- 2) The bid documents to be submitted under sealed cover super scribing on the envelope, as **"Quotation for print and supply of Formats relating to referral transport (Nischay yaan)**. The bidder must have PAN, Trade License, P.Tax Registration, GST Registration of current validity.
- 3) Rate of item(s) shall be inclusive of all Taxes (direct & Indirect). Rates quoted more than MRP shall be rejected.
- 4) The article(s) should be supplied as per specifications & approved quality within 7 (Seven) days from issuance of the Work Order, failing which the order shall be treated as cancelled and the 2nd lowest bidder may be entrusted to supply for those article(s)
- 5) **For detailed sample and specification of the items the interested bidders are requested to visit the office of the CMOH, North 24 Parganas.**
- 6) The TSC has the right to accept or reject any quotation without showing any cause thereof.
- 7) The Proprietor of the firm should sign on every page of the bid documents.
- 8) The bidders or his/her authorized representative may be present at the time of the opening of the quotation to get any clarification related to the quotation. No further clarification/information will be provided during the process of finalization of the selection process.


Secretary DH&FWS&
Chief Medical Officer of Health
North 24 Parganas



List of items required

SL. No.	NAME OF THE PRINTING /STATIONERY ITEMS
01.	Nischayyaan Voucher (Mother)
02.	Nischayyaan Voucher (Child)
03.	JSY Card
04.	C CAC Admission Register
05.	CAC Evacuation Register
06.	Case Sheet for Maternity Services- L2 facility form
07.	Case Sheet for Maternity Services- L3 facility form
08.	Labour Room Register
09.	PMSMA- Register
10.	PMSMA-Sticker (Red/Yellow/Blue/Green)
11.	IUCD- Follow up Register
12.	Antara Card


 Secretary DH&FWS&
 Chief Medical Officer of Health
 North 24 Parganas

Application Form

1. Name of the Firm/Agency :
2. Name of the Proprietor with Mobile no.
3. Trade License and current Validity :
4. P.Tax current Challan and Certificate :
5. PAN No. :
6. GST Registration No. :
7. Date of Quotation Submission :

DECLARATION: I/We declare that the above mentioned information are correct in all aspect and I/We abide by the terms & conditions of the quotation. If any information found incorrect or false at any stage my/our candidature/Bid may be liable for rejection.

Signature of the bidder