

GOVERNMENT OF WEST BENGAL
Secretary District Health & Family Welfare Samiti &
Office of the Chief Medical Officer of Health
North 24 Parganas

No.DH&FWS/NHM/2020//68

Date: 05.02.2020

NOTICE INVITING QUOTATION

Sealed Quotations are invited from the bonafide Agencies/ Firms/ individuals, for Supply of Printed Forms/Formats (as mentioned in Annexure-) in connection with the NLEP activity.

The applications may be received in the letter-head of the Agency/ Firm/ Individuals, addressed to the **"Secretary District Health & Family Welfare Samiti, North 24 Parganas."** by **dropping in the Quotation Box**. The **last date** of submission of quotation is **14.02.2020 upto 2.00 p.m.** and it will be opened on **the same day** at 3:00 p.m.

List of required documents:

- 1) Photocopy of valid Trade License (duly attested).
- 2) Photocopy of PAN (duly attested).
- 3) Photocopy of valid P.Tax registration certificate & updated challan (Duly attested).
- 4) Photo copy of GST Registration Certificate

Details Terms & Conditions (Annexure-I), tender application form (Annexure-II) and Required items (Annexure-III) shall be available at www.north24parganas.gov.in on and from **16.01.2020**

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

Pm 5/2/20

Secretary DH&FWS &
Chief Medical Officer of Health
San **North 24 Parganas**
Date: 05.02.2020

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Copy forwarded for information to:-

1. The Director of Health Services, Govt of West Bengal
2. The Dy. CMOH-I / II / III, DMCHO, DTO, ZLO, North 24 Pgs.
3. The D.I.O, North 24 Parganas for online publication.
4. The Accounts Officer of this office.
5. The IT Cell, IT Co-ordinator, Swasthya Bhawan with the request to publish the notice in the official website of Swasthya Bhawan.
6. The DAM, O/o the CMOH, North 24 Parganas.
7. Office Notice Board

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

Terms & Conditions (as per corrigendum)

- 1) The bid documents shall be received from 16.01.2020, Application (Annexure-II) shall be addressed to the Secretary District Health & Family Welfare Samiti, North 24 Parganas, Kolkata-700124.
- 2) The bid documents to be submitted under sealed cover superscribing on the envelope, as **"Quotation for Supply of Printed forms/Formats in connection with NLEP activity."**
- 3) The bidder must have PAN, Trade License, P.Tax Registration certificate & challan , GST Registration of current validity.
- 4) The TSC has the right to accept or reject any tender/quotation without showing any cause thereof at any stage of tender process.
- 5) Rate of item(s) shall be inclusive of all carrying and incidental charges. GST should be quoted separately. Rates quoted more than MRP shall be rejected
- 6) The Proprietor of the firm should sign on every page of the bid documents.
- 7) The bidders or his/her authorized representative may be present at the time of the opening of the tender to get any clarification related to the quotation. No further clarification/information will be provided after the process of finalization of the tender.
- 8) The Selected Bidder will have to supply the Printed forms/formats at the office of the ZLO, North 24 Parganas at 8 K.B. Bose Road, Haritala, Barasat, Kolkata-124
- 9) **The Bidder must submit sample as per specification along with the Bid Document.**
- 10) Bids shall be submitted as per the sequence of Annexure-I, Annexure-II and Annexure-III
- 11) Draw of Lots will be done in case of equal price bids in any item(s).
- 12) Technical Bid & Finance Bid must be submitted in separate sealed envelope by following two bid systems.
- 13) For any query the interested bidder may contact the office of the undersigned on all working days from 10:00 am to 4:00 pm

16/01/2020
**Secretary DH&FWS &
Chief Medical Officer of Health
North 24 Parganas**

[Signature]

Application Form

Supply of Printed Forms/Formats in connection with NLEP Activity”

NIT No. DH&FWS/NHM/2020/68 , Dt. 05.02.2020

1. Name of the Firm/Agency :
2. Name of the Proprietor/Partners :
3. Trade License No. :
4. Trade License Issued from :
5. Validity of Trade License :
6. PAN No. :
7. Date of Quotation Submission :

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

Signature of the bidder

List of Required Items with Specifications

Sl. No.	Name of the Item	Specification	Required Quantity
01.	Patient's Card	A4 Size (300 GSM) in light Yellow, matter to be printed in black (both side printing)	1000 Pcs
02.	Referral Slip (Form-III)	A4 size (70 GSM) one side printing, single colour	50000 Pcs
03.	Prendisolone Card	A4 size (70 GSM) one side printing, single colour	1000 Pcs
04.	ABSULS format, S1 format	A4 size (70 GSM) one side printing, single colour	5000 Pcs
05.	Leaf let	Half of A4 size (64 GSM), both size printing, single colour	40000 Pcs