Government of West Bengal
District Health & Family Welfare Samiti
Office of the Chief Medical Officer of Health
North 24 Parganas, Barasat

Quotation Notice

No: CMOH(NPG)/2018/ 5502
Date: 09/01/2018

Sealed Quotation has been invited from the manufacturers / authorized distributors by the Secretary, District Health & Family Welfare Samiti North 24 Parganas for supply of **Glucose Test Kit** for different health facilities of this district. The quotation must have Name of the agency, Name of the proprietor, address, H.Mobile No, E-mail, experience in years, Name of present clients (if any), Bank Details & List of attached documents with number. Documents: - Copy of Valid Trade license, PAN Card, GST Registration certificate, up to date clearance certificates of Income Tax, Sales Tax, Professional Tax and Drug license (for drugs & Chemicals suppliers), Export-Import License (for Import items) & Credential Certificates (if any) along with quotation. **Rate of the item should be written as per Acc. Unit including all GST shall be as applicable.**

Start Date: 09/01/2018. Last date & time of Dropping - 16/01/2018 up to 14.00 h. at quotation box placed at the office of the undersigned. Date & time of opening 16/01/2018 at 16.00 h.

No: CMOH(NPG)/2018/ 5502

Copy forwarded for kind information to -

1. Director of Health Services, Govt. of West Bengal.
2. District Magistrate, North 24 Parganas.
4. Account Officer/DAM, CMOH Office, North 24 Parganas.
5. DRS, North 24 Parganas.
7. Office Notice Board

List of Items:

<table>
<thead>
<tr>
<th>Sl No</th>
<th>Name of the Items</th>
<th>Acc. Unit</th>
<th>Rate/Acc Unit including All Excluding GST</th>
<th>GST%</th>
<th>Remarks: MRP &amp; Manufacturer</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Glucose Test Kit</td>
<td>Phial of 5 x 100 ml</td>
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<td></td>
<td></td>
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</tbody>
</table>

Terms & Conditions: 1. The Quotation shall be addressed to the Chief Medical Officer of Health & Secretary, District Health & Family Welfare Samiti, North 24 Parganas, West Bengal. 2. The sealed envelope must be properly sealed with wax/seal & affixed with CMOH(NPG)/2018/5502. 3. Each page of quotations and all attached papers must be signed by the authorized & have the signature of the CMOH. 4. The quotation should be submitted in the sealed envelope placed at the office. Quotation entered shall not be entertained. 5. In case of receipt of tender and non-receipt of the quotation, the tender shall be returned. 6. If the tender is not received within one week of the date of invitation, the tender shall be returned. 7. No alteration should be made in the tender after it is received. 8. The tender should be submitted on or before the date mentioned on the tender. 9. The tender should be signed by the authorized representative of the agency. 10. The tender should be submitted in a sealed envelope with the name and address of the tenderer. 11. Any tender not submitted as per the terms and conditions shall be rejected. 12. The tenderers shall be responsible for the correctness of the details submitted in the tender. 13. The tenderers shall be responsible for the correctness of the details submitted in the tender. 14. The tenderers shall be responsible for the correctness of the details submitted in the tender. 15. The tenderers shall be responsible for the correctness of the details submitted in the tender. 16. The tenderers shall be responsible for the correctness of the details submitted in the tender. 17. The tenderers shall be responsible for the correctness of the details submitted in the tender. 18. The tenderers shall be responsible for the correctness of the details submitted in the tender.

Secretary
District Health & Family Welfare Samiti &
Chief Medical Officer of Health
North 24 Parganas

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