NOTICE INVITING QUOTATION

Sealed Quotations are invited from the bonafide Agencies/ Firms/ individuals, for **Supply of Ayurvedic Medicines** as listed hereunder with specifications to the office of the undersigned.

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 **20.01.2020 upto 2.00 p.m.** and it will be opened on **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).
4. Photocopy of Valid Drugs license (Duly attested)

Details Terms & Conditions (Annexure-I), and tender application form (Annexure-II), list of items (annexure-III) shall be available at [www.north24parganas.gov.in](http://www.north24parganas.gov.in) on and from **12.02.2020**

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.

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Chief Medical Officer of Health
North 24 Parganas
Date: 12.02.2020

Memo No.CMOH(NPG)/ 507

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Copy forwarded for information to:
1. The Director of Health Services, Govt of West Bengal
2. W.B., Ayush Samity, swasthya Bhawan.
3. The Dy. CMOH-I, North 24 Pgs.
4. The DMO, Ayush, North 24 Parganas.
5. The D.I.O, North 24 Parganas for online publication.
6. The Accounts Officer of this office.
7. The IT Cell, IT Co-ordinator, Swasthya Bhawan with the request to publish the notice in the official website of Swasthya Bhawan.
8. Office Notice Board

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Memo No.CMOH(NPG)/ 504/1(8)

Chief Medical Officer of Health
North 24 Parganas
Date: 12.02.2020
Terms & Conditions (as per corrigendum)

1) The bid documents shall be received from 12.02.2020, 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 Ayurvedic Medicines.”

3) The bidder must have PAN, Trade License, P.Tax Registration certificate & challan & drug License of current validity.

4) Rate of item(s) shall be inclusive of all carrying and incidental charges. GST should be claimed separately. Rates quoted more than MRP shall be rejected.

5) The TSC has the right to accept or reject any tender/quotation without showing any cause thereof at any stage of tender process.

6) The Ayurvedic medicines required should be supplied within due time in compliance with the specifications mentioned in the quotation notice.

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 tender to get any clarification related to the quotation. No further clarification/information will be provided after the process of finalization of the tender.

9) Bids shall be submitted as per the sequence of Annexure-I, Application form Annexure-II & List of medicines (Annexure-III)

10) Draw of Lots will be done in case of equal price bids in any item(s).

11) Technical Bid & Finance Bid must be submitted in separate sealed envelope by following two bid systems.

Chief Medical Officer of Health
North 24 Parganas
Application Form

Supply of Ayurvedic Medicines

NIT No. CMOH(NPG)/ dated: 12.02.2020

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. P.Tax Registration No.:

8. Drug License No.:

9. 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
### Annexure-III

**List of required Medicines**

<table>
<thead>
<tr>
<th>Sl. No.</th>
<th>Name of Ayurvedic Medicine</th>
<th>Required quantity</th>
</tr>
</thead>
<tbody>
<tr>
<td>01.</td>
<td>Tab-Yograj Guggule</td>
<td>24kg</td>
</tr>
<tr>
<td>02.</td>
<td>Tab-Kaishar Guggule</td>
<td>24kg</td>
</tr>
<tr>
<td>03.</td>
<td>Tab-Chitrakadi</td>
<td>12kg</td>
</tr>
<tr>
<td>04.</td>
<td>Tab-Maha Sankha</td>
<td>6kg</td>
</tr>
<tr>
<td>05.</td>
<td>Chatusama Churna</td>
<td>60kg</td>
</tr>
<tr>
<td>06.</td>
<td>Sringadi Churna</td>
<td>12kg</td>
</tr>
</tbody>
</table>