



Government of West Bengal
Office of the Chief Medical Officer of Health Alipurduar
Matrisadan Building, 1st Floor, New Alipurduar, Ward No-XVI, Dist-Alipurduar, Pin: 736121
Tele: 03564-257200, email: cmohapd@gmail.com

Memo No.CMOH/APD/No. 801

Dated-11/03/2020

The Chief Medical Officer of Health (CMOH), Alipurduar hereby invites tender from eligible and qualified bidders for printing of different formats under NVBDCP for CMOH Office, Alipurduar for Financial Year 2019-20 as per memo no-1964(sanction)-HFW-18049/165/2018-PHP SEC Dept of H&FW 06/03/2020 of Joint Secretary to Govt of West Bengal.
Estimated tender value will be Rs.3.03.350/- (Rupees Three Lakhs Three thousand three hundred and fifty only)

1. Date and Time Schedule of Tender:

Sl. No.	Particulars	Date & Time
1.	DATE OF PUBLISHING N.I.T. & OTHER DOCUMENTS ONLINE	11/03/2020, 05.00 PM
2.	BID DOCUMENTS COLLECTION START DATE	11/03/2020, 05.00 PM
3.	PREBID MEETING AT CMOH OFFICE ALIPURDUAR	16/03/2020, 02.00 PM
4.	BID SUBMISSION CLOSING DATE	17/03/2020, 05.00 PM
5.	BID OPENING DATE FOR TECHNICAL PROPOSALS	18/03/2020, 11.30 AM
6.	DATE OF PUBLISHING LIST FOR TECHNICALLY QUALIFIED BIDDERS	To be notified later
7.	DATE OF ONLINE OPENING OF FINANCIAL PROPOSAL	To be notified later

2. The following Specifications for printing of Obstetric Case Sheet & Labour Room Register are to be followed by the Owner/Agency:

Sl.No.	Printing Item	Specification/ Size Text Paper	Qty. (Pieces)
1.	URBAN FORM-2 (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	47,304
2.	URBAN FORM-2 (ENGLISH)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	96392
3.	URBAN FORM-4 (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	946
4.	URBAN FORM-4 (ENGLISH)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	1928
5.	URBAN FORM-5 (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	6622
6.	URBAN FORM-5 (ENGLISH)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	13493
7.	URBAN FORM-10 (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	7718
8.	RURAL FORM-A (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	238742
9.	RURAL FORM-B (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	128939
10.	RURAL FORM-C (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. BLACK & WHITE PRINTING.	87120
11.	URBAN HTH BROCHURE (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. 4 COLOUR PRINTING.	16355
12.	URBAN VCT BROCHURE (BENGALI)	Size – A4 Text Paper – 70 GSM 21 cm X 29.7 cm paper. 4 COLOUR PRINTING.	169
13.	RURAL HTH BROCHURE (BENGALI)	SIZE – A4 TEXT PAPER – 70 GSM 21 CM X 29.7 CM PAPER. 4 COLOUR PRINTING.	836
14.	RURAL VCT BROCHURE (BENGALI)	Size – A4 Text Paper – 70 GSM 21 cm X 29.7 cm paper. 4 COLOUR PRINTING.	420

- The Tender should be addressed to the Chief Medical Officer of Health, Alipurduar District and should reach to the CMOH Office, Alipurduar by hand or courier service or speed post. No bid documents will be received after the abovementioned date and time.
- In the event of any of the above-mentioned dates being declared as a holiday for the office of the CMOH, the tenders will be opened on the next working day at the same time.
- Bidder have to submit Earnest Money Deposit (EMD-Rs.6100.00) in sealed cover in the form of Bank Draft/Bankers Cheque over a Nationalized Bank in favour of the Chief Medical Officer of Health, Alipurduar or enclosed documents in support of exemption/relaxation claimed.



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6. EMD Which will be converted and shall be kept into Security Deposit and will be released after 06 (Six) months of completion of tender period.
7. Within 07 (seven) days from the date of issue of work order by the purchaser, the contractor shall furnish performance security to an amount equal to 8% of tendered value which shall be retained up to 6 (six) months after the date of completion of all contractual obligations by the contractor.
8. The selected bidder (L1) will have to produce sample of each item mentioned in the NIT and place before the TSC within 20/03/2020 for necessary quality checking and approval before commencement of final work. **DATE OF DELIVERY HAS BEEN FIXED ON 24/03/2020 DUE TO URGENT SITUATION**
9. Final Quantity required may be changed based on requirement at the time of issuing of work order.
10. The performance security of Rs.24235/- (Rupees Thirty five thousand five hundred) shall be deposited in through **bank guarantee in favour** of beneficiary bank account number as follows

Account Name: **DHFWS Alipurduar. NON NHM Account**
Bank Account Number: 42850100006539, Bank of Baroda
IFSC CODE: BARBOALIJAL, MICR CODE: 736012504
Branch Address: Alipurduar

No other forms of deposit can /will be entertained by authority.

11. L1 bidder will be selected based on total unit price quoted against SI no.1 to SI no.14 of last column (Rate Per piece Including GST) in Financial/Price Bid
12. Terms and Conditions for Tender
 - i. Template of formats will be shown at the prebid meeting along with bid document for guideline.
 - ii. Payments will be made on the supply and successful delivery to the CMOH Office, Alipurduar.
 - iii. In case of any dispute, decision of the Tender inviting authority will be final.
 - iv. Documents needed during submission
 - a) Trade License.
 - b) GST Registration Certificate.
 - c) I.T.Return for last 01 years i.e. F.Y-2018-19.
 - d) Pan Card Certificate.
 - e) Professional Tax Certificate
 - f) Bank Account details along with IFSC code
 - g) One participant can drop only one bid.



Chief Medical Officer of Health
Alipurduar

Dated-11/03/2020 

Memo No.CMOH/APD/No. 801/1(10)

Copy forwarded for information and necessary action for wide circulation:

1. The Hon'ble Sabhadipati, Alipurduar Zilla Parishad, Alipurduar
2. The District Magistrate, Alipurduar.
3. The Additional District Magistrate(Health), Alipurduar.
4. The Dy. Chief Medical Officer of Health, I /II/DMCHO/DPHNO, Alipurduar
5. The Asstt. Chief Medical of Health, Alipurduar
6. The DIO, NIC Alipurduar
7. The Accounts Officer, Office of the CMOH, Alipurduar.
8. The System Coordinator, IT Cell, Dept. of Health & Family Welfare,
9. The DPMU, DH&FWS, Alipurduar
10. Office copy


Chief Medical Officer of Health
Alipurduar



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DECLARATION

To
The Chief Medical Officer of Health
& Member Secretary
DH & FW Samiti
Alipurduar

Sir,

I have thoroughly gone through the rules and regulation you have notified above. I am assuring you that I will supply the entire printing of NVBDCP forms for CMOH Office Alipurduar designated place of delivery in stipulated time within 24/03/2020, as per your notification. I shall be highly obliged if you kindly consider my application for the selection of quotation.

Thanking you,

Yours faithfully

Date & Place:

Seal of the Company/Firm/Agency/Individual

Signature

Certified that the above information is correct and true to the best of my knowledge and belief.

In case of information found incorrect later on, I'll be responsible and my application/bid be liable to be rejected forthwith.

Date:

Full Signature of the Bidder



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FINANCIAL / PRICE BID

Name, Address & Contact No. of the bidder:

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Rate Quote:

Sl.No.	Printing Item	Specification/ Size Text Paper	Qty. (Pieces)
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	Total Rupees		

Note:

- 1) Rate should be quoted per piece including applicable GST and delivery charges
- 2) No additional delivery charges & handling charges will be entertained.
- 3) Place of deliver: CMOH Office, Alipurduar, Matrisandan Building, 1st Floor, Ward no-16, Alipurduar-736121
- 4) Bidder should arrange for labour for loading/unloading at the time of delivery at CMOH office, Alipurduar.
- 5) L1 bidder will be selected based on total of Sl no.1 to Sl no.14 of last column (Total Rate Including GST) in Financial/Price Bid

I / We _____ agree to all the terms and conditions laid down by the Member Secretary & Chief Medical Officer of Health, DH&FWS, Alipurduar in their notice for printing of Obstetric Case Sheet & Labour Room Register, dated _____.

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Full signature of the bidder