GOVERNMENT OF WEST BENGAL

District Health & Family Welfare Samiti, Alipurduar

Registration No: S/M/2347 of 2015-16

Matrisadan Building, 1st Floor, New Alipurduar, Ward No. XVI, Dist: Alipurduar, Pin: 736121 Telephone No: 03564-257200 :: Email ID: cmohapd@gmail.com

NOTICE INVITING QUOTAION (NIQ)

Memo No : DHFWS/APD/19-20/NO-1/84 .

Date:27.12.2019

The Chief Medical Officer of Health, Alipurduar Invites quotation from eligible and qualified bidders for printing of different formats and supply of items. Details of format given below

SL.	DESCRIPTION	QUANTITY	RATE	AMOUNT
1.	WHITE CHALK	40,000 PIECES		
2.	COLOUR CHALK REQUIRED (BOX, SAMLL)	252 BOX		
3.	SAFETY PIN	3200 PIECES		
4.	FORM 9A (DAILY SUPERVISOR REPORTING FORMATS)	3500 PIECES		
5.	FORM 9A-HRA (DAILY SUPERVISOR HR AREA REPORTING FORMATS)	70 PIECES		
6.	FORM 9D (SUPERVISOR AND BLOCK X-HOUSE REPORTING FORMATS)	1500 PIECES		
7.	FORM 8B (BENGALI) & FORM 8D IN ENGLISH (HOUSE TO HOUSE TALLY SHEET) TO BE PRINTED ON BACK SIDE OF FORM 8B	8600 PIECES		
8.	FORM 8C (BOOTH- TPT-MT TALLY SHEET)	3500 PIECES		
9.	FORM 7A (SUPERVISOR CHECK LIST BOOTH DAY)	300 PIECES		
10.	FORM 7B (SUPERVISOR TALLY SHEET HOUSE TO HOUSE ACTIVITY) IN BENGALI	1500 PIECES		
11.	MONITORING FORMAT (MF1 TO MF4)	104 SET		

DATE OF PUBLISHING OF NOTICE	27.12.2019 11.00 AM	
START DATE OF SUBMISSION OF QUOTATION	27.12.2019 11.00 AM	
LAST DATE OF SUBMISSION OF QUOTATION	06.01.2020 05.00 PM	
DATE OF OPENING OF QUOTATION	07.01.2020 11.00 AM	

Terms and Conditions

- 1. The quotation documents will be received in sealed covering mentioning and addressed to Chief Medical Officer of Health, Alipurduar, Matrisadan Building, 1st Floor, New Alipurduar, Ward No. XVI, Dist: Alipurduar, Pin: 736121
- 2. No bid documents will be received after the aforesaid date & time.
- 3. The bidder should have to submit the self attested Xerox copies of the following documents
 - Trade License.
 - GST Registration Certificate.
 - I.T. Return for last 1 year i.e. F.Y. 2018-19.
 - > Pan Card Certificate for Sole Owner or Partnership.
 - Professional Tax Certificate.
- The rate should be typed and quoted in figures and word in Indian currency.
- BEING A NATIONAL IMMUNIZATION PROGRAMME DELIVERY DATES ARE FIXED ON 14.01.2020 at 02.00
- 6. Any enhance of rate within the valid period of contact will not be considered.
- Printing formats will be supplied from the office of the undersigned and paper quality should be 70GSM.

The Chief Medical Officer of Health, Alipurduar reserves the right to accept or reject the quotation partly of full without assigning any reason thereof.

Memo No:DHFWS/APD/18-19/NO- 1/84/1(8) Copy for information to:

1. The Hon'ble Sabhadipati, Alipurduar Zilla Parishad, Alipurduar

2. The District Magistrate, Alipurduar.

 The ADM & AEO, Zilla Parishad, Alipur
The Sub Divisional Officer, Alipurduar The ADM & AEO, Zilla Parishad, Alipurduar

5. The Deputy CMOH-I/II/DMCHO Alipurduar

6. The ACMOH, Alipurduar

7. The Accounts Officer, Office of the CMOH, Alipurduar

8. Office copy

Medical Officer of Health Alipurduar

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