



District Health & Family Welfare Samiti

Diamond Harbour Health District

(Registered under West Bengal Act XXXVI of 1961 No. S / M / 1324 of 2014-15)

Diamond Harbour Health District, South 24Pgs, Pin- 743331

Phone: 03174-256310, Fax: 03714-256311, e-mail Id: cmohdhd20@gmail.com

Memo No. DH&FWS/DHHD/ 2170 /2022-23

Date: 18/11/2022

Expression of Interest

District Tuberculosis Officers office is a Department of Health, under Office of the Chief Medical Of Officers of Health, Diamond Harbour Health District invites quotations for three activities :-

- (A) Cost of Hiring of IEC van including Fuel & Driver charges 26 days
- (B) Cost of Hiring of Mikes & Sounds System
- (C) Decoration charges

Company/Agencies call quotations for above mentioned activities (for World AIDS Day) in a fixed rate sanctioned from WBSAP&CS, Swasthya Bhawan, Saltlake, Kolkata-91.

The maximum rate is as follows:-

Van hiring including driver and fuel cost @ Rs. 2500/day for 26 days in two subdivision each (Diamond Harbour & Kakdwip)	Cost of hiring of mikes & sound system @Rs800/day For 26 days	Decoration charges @Rs.200 For 26days	Total Amount (Rs.)
(A)	(B)	(C)	(D)
65,000/-	20,800/-	5,200/-	91,000/-

TERMS AND CONDITIONS BIDDER

(To be signed and enclosed along with the Technical bid)

1. The quotations are expected to examine all instructions, forms, terms and specifications. Failure to furnish all information required for the quotations Documents will be at the bidder's risk and may result in rejection of the quotations.
2. Last date of submission of quotation documents in prescribed format on or before 25/11/2022, 5 PM, by currier/register post/hand. at "Receive Section, Office of the Chief Medical Officer of Health, DHGMC&H Complex, Harindanga, Diamond Harbour Main Road, PIN-743331."Any quotation received after the last date will be rejected.
3. The maximum rate is fixed as per order vide Memo. No. HFW-28016(19)/11/2018-MS SEC-(SAPCS)-Dept. of H&FW/S-183, dated 14/11/2022 . However, the tender committee of the office of the CMOH willing to terminate the contract can terminate the same with intimation to the L1 bidder without assigning any reasons immediately.

4. The cost of quotation submission Rs. 500/- (Non Refundable) in form of Demand Draft/Banker cheque in favour of "District Health and Family Welfare Samity, DHHD, A/C WBSAP&CS" payable at Diamond Harbour.
5. No maintenance or damage charges of the hired vehicles shall be claimed by the party in contract period.
6. Condition of the Vehicle must be good and all the papers (Registration, pollution, Tax etc.) must be updated.
7. Driver of the vehicles must know the geographical area of the two subdivisions and with good behavior.
8. Previous experience of conducting same type of programme is preferred.
9. Payment Terms: Payment will be released through online as per the actual quantity after completion of the scheduled work and submission of original bill and vouchers.
10. In the case of a dispute or differences arising between the parties relating to any matter arising out or connected with this EOI, such dispute or differences shall be referred within the Jurisdiction of the Court, Diamond Harbour.
11. The tender committee, Office of the CMOH, DHHD reserves the right to accept or reject any or all bidders at any point of time prior to issue of work Order without assigning any reasons whatsoever and no correspondence shall be entertained in this regard.


Chief Medical Officer of Health
Diamond Harbour Health District

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Copy forwarded for necessary information and action to The

1. DDHS & SPO (TB), Swasthya Bhawan, Salt Lake, Kolkata
2. SDO, Diamond Harbour SD
3. SDO, Kakdwip SD
4. RSTO, MV, Diamond Harbour
5. IT Cell Swasthya Bhawan, Sec-V, salt Lake for publication in the website.
6. DPM, NHM, DH&FWS, Diamond Harbour HD
7. DPC, NTEP, Diamond Harbour HD
8. Office file


District Tuberculosis Officer
Diamond Harbour Health District

Sheet Submitted along with quotation copy

Annexure I

Particulars To Be filled up by the Bidder		
1	Name of the Firm / Agency/ Company	
2	Postal address	
3	Telephone No. with STD code	
4	Name of Contact person/Designation	
5	Mobile No.	Mob: Mob:
6	E-Mail ID	
7a.	<input checked="" type="checkbox"/> Van/Vehicle Registration Numbers <input checked="" type="checkbox"/> Xerox copy of All documents of the vehicles (attached the copies)	Vehicle 1: Vehicle 2:
Following Documents To Be submitted		
8	PAN (Permanent Account Number) (Enclose copy)	Yes/No
9	Certificates of Registration for GST (Enclose copy)	Yes/No
10	Bank Account Details (Enclosed copy)	Yes/No
11	Fees of application: Rs.500.00 (DD/Bankers Cheque in original)	Yes/No

I, Mr./Ms./Mrs. _____ hereby declare that above furnished details and true to the best of my knowledge and in case of any discrepancy, I will bound to the decision of the competent authority of Office of the DTO, under Office of the CMOH, DHHD.

Date:

Signature of Bidder /Tenderer with

Seal