



Government of West Bengal
Office of the Chief Medical Officer of Health Alipurduar
Babupara, Maya Talkies Road, Ward No-12,
District-Alipurduar, Pin: 736121
Tele:03564-257200, email:cmohapd@gmail.com



Memo No: CMOH/APD/1558

Dated: ২০৯ ১৭.০৫.২০২ ৩

NOTICE INVITING QUOTATION

The Chief Medical Officer of Health, Alipurduar invites a sealed quotation from the eligible and reputed Companies/Firms/Agents for supply of Ayurvedic Sundry Items for the use in Ayurvedic dispensary functioning under Integrated AYUSH Hospital, Tapsikhata in Alipurduar district. The validity of accepted quotation will be up to one year from the last date of bid (i.e. upto 31/03/2024).

List of Ayurvedic sundry items is given below:

Ayurvedic Sundry Items

Serial no	Name of The Article	Unit	Rate Quoted including all taxes
1.	Pouch pack with Zipper(50 gm capacity)	1kg	
2.	Pouch pack with Zipper(25 gm capacity)	1kg	
3.	Patient Register	1pcs (200 Pages, 3600 entries, 10"x12")	
4.	Permanent Marker pen	One packet of 10 Marker pens	
5.	Ball pen	One packet of 10 Marker pens	
6.	Envelop(3"x2")	1000pcs	

Last date of submission of Quotation: .29.05.2023 up to 5p.m.

Quotation opening date: 30.05.2023 at 3 p.m.

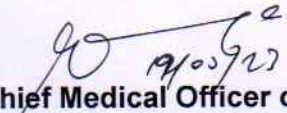
Place of Submission of Quotation: Drop box, Office of The C.M.O.H. Office, Alipurduar

Terms & Conditions:

1. The documents will be dropped in a sealed cover mentioning addressed to the Chief Medical Officer of Health, Alipurduar , Maya talkies Road , 1st Floor, C.M.O.H. building, Dist . Alipurduar, Pin -736121 to be dropped in the drop box.
2. No bid documents will be received after the aforesaid date.
3. The bidders should have submit the self-attested Xerox copies of the following documents
 - a) Trade License
 - b) Income tax return of three years
 - c) GST License
 - d) PAN Card Certificate
 - e) Professional Tax certificate
 - f) Bidders should have experience of supply of Sundries items/consumable/non-consumable items to Govt. Institutions.

4. The rate should be typed and quoted in figures and word in Indian Currency including all taxes and others charges, No overwriting is allowed.
5. In case of any dispute, decision of the purchasing authority will be final.
6. Any enhance of rate within the valid period of contact will not be considered. Quoted rates should be valid upto one year from the last date of bid (31.03.2024)
7. The items should be supplied during the year from the date of issue of work order.
8. Bills in triplicate along the receipt challans are to be submitted to the office of the undersigned for payment.
9. Total rate quoted of all items together will be considered for evaluation.
10. L1 Bidder will be selected based on total of SL No 1 to 6 .

The chief Medical Officer of Health, Alipurduar reserves the rights to accept or reject the Quotation partly or fully without assigning any reasons thereof .



**Chief Medical Officer of Health
Alipurduar**

Memo No: CMOH/ADD/1552

Dated: 17-05-2023

Copy forwarded for information and necessary action to:

1. The Secretary, Health & F.W. Deptt. & DG AYUSH and E.D., WBAS
2. The Special Secretary, AYUSH & Addl. Executive Director, WBAS
3. The Director of Homoeopathy Swasthya Bhawan, GN -29 , Sector-V ,Salt lake , Kolkata-91.
4. The A.D.O.H. WBAS
5. The District Magistrate, Alipurduar
6. The Deputy C.M.O.H -1 , Alipurduar
7. The Account Officer of C.M.O.H Office, Alipurduar
8. **The DIO, NIC, Alipurduar, Dooarskanya, Alipurduar with request to publish the advertisement in the website www.alipurduar.gov.in**
9. **he System Coordinator, IT Cell, Health & Family Welfare Department, Swasthya Bhawan, Kolkata-91 with request to publish the advertisement in the website www.wbhealth.gov.in**
10. Copy of Notice board
11. Office File


**District Medical Officer (AYUSH)
Alipurduar**

NIQ Application Form

To
The Chief Medical Officer of Health
Alipurduar

Sir,

I/we ,(Proprietor) on behalf of
.....M/s.....Addresscontact
No.....submit the following rates for the NIQ.

I/We also declare that we have read the Notice Inviting Quotation and terms & conditions and shall abide by all the points if selected.

Date:

Place:

Signature

(NAME BLOCK LETTER).....

Office seal

The following are to be enclosed:

- a) Trade License
- b) Income tax return of three years
- c) GST License
- d) PAN Card Certificate
- e) Professional Tax certificate
- f) Experience Certificate of supply of Sundries items/consumable/non-consumable items to Govt. Institutions.