

GOVERNMENT OF WEST BENGAL
DEPARTMENT OF HEALTH AND FAMILY WELFARE
Office of the Medical Superintendent cum Vice Principal
Tamralipto Govt. Medical College & Hospital
Tamluk, Purba Medinipur, 721636
Email Id: msvp.tgmch@gamil.com

Memo No- MSVP/TGMCH/3589/2024

Dated, Tamluk, the 26/11/24

Notice Inviting Quotation (NIQ)

Sealed quotation is invited from reputed firm/ Bonafide suppliers/retailers/agencies for supplying the below mentioned item, on as when required basis, at the office of the undersigned. Rate should be quoted including all charges in legible manner in figure and word as follows:-

Sl. (1)	Items Name (2)	Unit (3)	Rate excluding of GST(INR) (4)	GST Amount(INR) (5)	Rate Including GST(INR) (6)	Specification (if any) (7)
1.	SPIROMETRY FILTER	SET				Brand and specification must be given in prescribed form

1. Quotation application form, terms and conditions, and details for bidding can be obtained from the website www.purbamedinipur.gov.in.
2. The Sealed Quotation should be submitted in the Quotation box which will be kept at the Office of the MSVP, Purba Medinipur, on 03.12.2024 from 11:00 A.M. to 02:00 P.M. Quotations will be opened as on 03.12.2024 at 03:00 P.M. at the office chamber of the Medical Superintendent Cum Vice-Principal, Tamralipto Govt. Medical College & Hospital, Purba Medinipur-721636.
3. The Quotation Selection Committee reserves the right to reject any or all the Quotation, in total or part without assigning any reason thereof.
4. The decision of the Quotation Selection Committee is final and binding.
5. Following self-attested documents need to be submitted along with the Quotation Application form and --
 - (i) Copy of PAN card of the authorized signatory
 - (ii) Copy of updated and valid Trade License/Enlistment Certificate from Municipality/Panchayat
 - (iii) Copy of GST Registration Certificate & return of last year GST
 - (iv) Copy of submission of Income Tax return of last Financial Year
 - (v) Copy of P. Tax

[Handwritten Signature]
26/11/24

MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL
TAMRALIPTO GOVT. MEDICAL COLLEGE & HOSPITAL

Memo No- MSVP/TGMCH/ 3589/2024

Dated, Tamluk, the 26/11/24

Copy forwarded for information & wide circulation:-

1. The Chairman Zila Parishad Office, Purba Medinipur
2. The District Magistrate, Purba Medinipur
3. The Principal, TGMCH
4. The SDO, Tamluk
5. The CMOH, Purba Medinipur
6. Addl. Medical Superintendent, TGMCH
7. Accounts Officer, TGMC&H
8. The Chairman, Tamluk Municipality
9. Pharmacist (Equipment), TGMCH
10. Website of TGMCH
11. Office Copy-for display in notice board

MSVP
Tamralipto Govt. Medical College & Hospital
Tamluk, Purba Medinipur

[Handwritten Signature]
26/11/24

MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL
TAMRALIPTO GOVT. MEDICAL COLLEGE & HOSPITAL

MSVP
Tamralipto Govt. Medical College & Hospital
Tamluk, Purba Medinipur

QUOTATION FORM
(To be submitted in own Business Pad)

Technical bid-

1. Tender Notice No. with date-
2. Name of the work-
3. Name of the Agency/Retailer/Supplier-
4. Name of the bidder in full (in BLOCK LETTERS)-

5. Full Office Address for Correspondence-

6. Local Address (if any)

7. Email address-
8. Telephone number-
9. Legal entity of the bidder whether MSME/ Retailer/Supplier/Firm/Society/Company/other entity-

10. Trade License number-
11. Trade License issued by-
12. GST number-
13. PAN/TAN number-
14. Any previous experience of supplying such materials in any Government offices-

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 will be responsible and be liable to be rejected forthwith.

Date:

Full signature of the bidder

Office Seal of Bidder:

FINANCIAL/PRICE BID

(TO BE SUBMITTED IN SEPARATE SEALED ENVELOPE IN OWN BUSINESS PAD)

1. Name, Address and contact no. of the bidder-

2. Rate Quoted:

Sl. (1)	Items Name (2)	Unit (3)	Rate excluding of GST(INR) (4)	GST Amount(INR) (5)	Rate Including GST(INR) (6)	Specification (if any) (7)
1.	SPIROMETRY FILTER	SET				Brand and specification must be given in prescribed form. After scrutiny of the above said prescribed form by expert professor L1,L2..... bidder will be selected.

- The rate should be quoted as per specification (as mentioned in column no.7)
- Items name, Units & specification should not be changed as mentioned in 2,3 & 7
- Rate should be quoted as per above mentioned table
- Rate should not be quoted above MRP; otherwise it will be treated as cancelled.
- If any changes are made to the above table, Quotation will be treated as cancelled.
- No, carrying charges will be paid for delivery of items.
- Goods must be delivered within stipulated time (as per requirement) from the date of issuing of supply order or as mentioned in supply order.
- Lowest bid is not the sole criteria of selection, quality of article will be taken into account while finalization of bidder.
- Before assigning contract, the sample may be called for. If sample shown is not found satisfactory, the Quotation selection authority reserves the right to cancel the bid.

I/We _____ agree to all the terms and conditions laid by the Medical Superintendent cum Vice Principal, Purba Medinipur in their Quotation Notice no. _____ dated.....

Date-

Full signature of the bidder.

Office Seal of bidder

DECLARATION

I do hereby declare that I/We shall/will abide by all terms and conditions mentioned above accordingly.

Date-

Full signature of the bidder

Office seal of bidder