

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: msyp.tgmch@gamil.com

Memo No- MSVP/TGMCH/03/2025

Date: 02/01/2025

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. | PHOTOTHERAPY MACHINE | SET | | | | 1.Double surface Phototherapy Plain 2.10 LED Blue with high power lens upper & lower unit. 3. Complete stainless steel stand. 4.Baby Basinet with drop-down sides. 5. 50mm high quality wheel. |

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 **09.01.2025 from 11:00 A.M. to 02:00 P.M.** Quotations will be opened as on **09.01.2025 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


MEDICAL SUPERINTENDENT CUM VICE PRINCIPAL

TAMRALIPTO GOVT. MEDICAL COLLEGE & HOSPITAL

Memo No- MSVP/TGMCH/03/2025

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

Date: 02/01/2025

Copy forwarded for information & wide circulation:-

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


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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

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. | PHOTOTHERAPY MACHINE | SET | | | | 1. Double Surface Phototherapy Plain 2.10 LED Blue with high power lens in upper & lower unit. 3. Complete Stainless Steel Stand. 4. Baby Basinet with drop-down sides. 5.50m high quality wheel. |

- 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.....

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