

## GOVERNMENT OF WEST BENGAL

## Office of the Chief Medical Officer Of Health

## District Health and Family Welfare Samity

Basirhat Health District • North 24 Parganas Phone No. - 03217-265675, E-mail: cmoh2016@gmail.com

Memo No: BHAT/HD/.....625

Dated: 13/12/2022

## **NOTICE INVITING QUOTATION**

Sealed quotation is hereby invited from Firms/Agencies/Supplier for supply of the following items as per specification mentioned below.

Documents required: Trade License, PAN card, GST registration Certificate are to be submitted with the quotation.

| Sl.<br>no. | Name of the item  | Specification   | Units      | Estimated<br>quantities<br>in units | Rate<br>per unit<br>(Rs.) |
|------------|---|---|------------|-------------------------------------|---------------------------|
| 1          | Foot operate bucket   | Plastic capacity 20 liter with inner jhuri              | Pcs        | 50                                  |                           |
| 2          | Serrated plastic<br>bucket                                  | Good quality, to be inserted in the foot operate bucket | Pcs        | 50                                  |                           |
| 3          | Match box   | Good quality (per Box 10 pcs)                           | Box        | 400                                 |                           |
| 4          | Mug   | Plastic medium size                                     | Pcs        | 50                                  |                           |
| 5          | Motor bike<br>modular full face<br>helmate with ISI<br>mark | Studds-Steelbird-LS 2                                   | Pcs        | 17                                  |                           |
| Tota       | mark<br>al quoted amount=                                   | (Sum of all 5 item's "es                                | stimated q | uantities * Rate                    |                           |

Total quoted amount (instead of items wise rate) will be considered for selection of L1 bidder.

For details you may contact to NTEP wing, 3rd floor, the Office of the undersigned on all working days. Last date of submission of the quotation fixed on 23.12.2022 up to 12 noon and the same will be opened on the same day at 1.00 PM. The undersigned reserves the right to accept or reject the Quotation, without assigning any reason thereof.

The quotation to be submitted at 1st floor, DPMU section of the office of the undersigned.

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Chief Medical Officer of Health **Basirhat Health District** 

Dated: 13/12/2022

Copy forwarded for information to the:

1. The Dy. CMOH-I/II/III, Basirhat Health District

- 2. The Accounts Officer & Treasurer, DH & FW Samiti, Basirhat Health District
- 3. The District Tuberculosis Officer, Basirhat HD
- 4. The District Accounts Manager, Basirhat Health District
- 5. The Account-NTEP, Basirhat HD
- 6. Office Copy

Box 13/12/2 **Chief Medical Officer of Health Basirhat Health District**