



Government of West Bengal  
**District Health & Family Welfare Samiti**  
Office of the Chief Medical Officer of Health  
Basirhat Health District,  
Badartala, District Hospital Campus, Basirhat-743292  
Phone : 03217 265673; Email : cmoh\_bsrht@wbhealth.gov.in; basirhatcmoh2016@gmail.com



Memo. No. DHFWS/BSRHT/ 2501 /22

Dated:06/06/2022

**Expression of Interest (EOI)**

Expression of Interest (EOI in sealed cover is hereby invited from the reputed catering services/suppliers for supply of Tiffin, Lunch for Training Purposes for CPCH Course at NTS, Basirhat Health District.

1.	Last Date of Application	14-06-2022 at 1:00PM
2.	Expression of Interest (EOI) Form	EOI Form available from office of the undersigned, during working hours from 06-06-2022 to 14-06-2022 up to 12:00 Noon.
3.	Date of Opening of Expression of Interest (EOI) form	14-06-2022 at 2 p.m.at the office of the CMOH, Basirhat Health District
4.	Valid Paper including credential to be submitted with the Expression of Interest (EOI)/Quotation.	Self-Attested 1. Photo Copy Trade License 2. Photo Copy of Pan Card 3. Bank Accounts Details
5.	Pre-Bid Meeting	Pre-bid meeting with the bidders will be held on 13-06-2022 at 3:00PM at the office of the undersigned. <b>Interested bidders are requested to attend the pre-bid meeting.</b>
6.	For details information may contact to the office of the undersigned only working day during office hours.	

Expression of Interest (EOI) to be dropped within scheduled date and time in the Drop Box kept at CMOH Office, Basirhat HD. They are also requested to mention "Expression of Interest for Supply of Lunch/Tiffin for CPCH Course" superscripted on sealed envelope. The undersigned/Authority reserves the right to accept or reject any or all of the Expression of Interest without assigning any reason thereof.

*6/6/22*  
CMOH & Secretary  
District Health & Family Welfare Samiti  
Basirhat Health District

Memo. No. DHFWS/BSHT/ 2501 /22 (1/7)

Copy forwarded for publication on Notice Board to the:

- 1) District Magistrate, N-24 Paragans
- 2) Sub-Divisional Officer, Basirhat
- 3) Chairman Basirhat Municipality
- 4) Superintendent, Basirhat District Hospital
- 5) PNO, Basirhat NTS
- 6) DPMU, Basirhat Health District
- 7) Notice Board of this office & PNOs Office.
- 8) Office copy.

*6/6/22*  
Dated: 06/06/2022

*6/6/22*  
PNO  
Basirhat Nursing Training School  
Basirhat Health District



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## **Expression of Interest (EOI)**

DOCUMENT FOR SUPPLY OF

**Lunch, Tiffin etc. for CPCH Course**

DHFWS/BSRHT/ 2501 /22, Dated:06/06/2022

Pre-bid meeting with the bidders will be held on 13-06-2022 at 3:00PM at the office of the undersigned. Interested bidders are requested to attend the pre-bid meeting.

**Last Date of Submission: 14.06.2022 up to 01:00 PM**  
(Tender Box will be kept in the office of the CMOH, Basirhat Health District)

**TIME OF OPENING OF BID - 2:00PM on 14-06-2022**

**VENUE - OFFICE CHAMBER OF CMOH, BASIRHAT HEALTH DISTRICT**

## Terms & Condition

1. The supplier must have the requisite **Trade Licenses, PAN Card, GST Registration Certificate, Bank Account** and other license (whatever applicable) to do the business of supply of catering services to the Govt. Offices/ Semi Govt. Offices, etc.
2. The supplier having experience in the field will be preferred.
3. Selected supplier must be sufficiently solvent to supply the **Tiffin, Launch at least 4 (Four) month** after execution of the agreement even if bill are not paid.
4. The payment will be made after successful and satisfactory completion of work and subject to availability of fund.
5. For the supply of lunch must be **SERVED** during the programme in time.
6. Delivery is to be made at the office of the undersigned which will be intimated 24 hours before to the supplier.
7. A self declaration to be submitted to the undersigned mentioning that **He / She was not black listed** in earlier by the office.
8. Rate submitted has to be inclusive of distribution **Table/ plate/ glass/food pack** whichever is applicable.

### DECLARATION

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

Signature of Vendor/Agency & Address

## Expression of Interest Form (EOI Form)

(Ref. Vide Memo. No. : DHFWS/BSRHT/ 2501 /22, Dated:06/06/2022)

To  
The CMOH & Secretary  
DH & FW Samiti, Basirhat Health District

I/We hereby agree to undertake supply of good quality Lunch, Tiffin etc. subject to fulfilment of the terms and conditions and specification mentioned against the relevant items.

S/N	Item	Menu**	Quantity	Price *
1	Tea at Morning	Tea – 1 Cup (60 ml) and Biscuit -2 pieces (good quality)	Per day for 23 students  (tea-23 breakfast -23, Lunch - 23)	
2	Break-fast	Tiffin cake(100g)/brade -4 pices with butter or jelly, boiled egg -1 piece (60g), sweets -1 piece , banana -1 piece (150g) or purisabji sweets and boiled egg.		
3	Lunch	Rice ,Dal, vag-fry, veg-curry-1 cautery, fish- 1 piece or chicken curry -4 pieces and chatney		
4	Tea at after-noon	Tea -1 cup(60ml), singara -1/ chop-1 / ghughny -1 plate / jhal-muri -100g		

\*Maximum Rate should not exceed Rs. 150/-

\*\* Two Day- Fish, Two Day- Egg, One Day- chicken, One Day – Veg in a week.

Name of the Firms/Agencies/Supplier: \_\_\_\_\_

\_\_\_\_\_  
Signature of Vendor /Supplier

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**Self attested documents to be attached:STAMP**

1. Trade License,
2. Pan Card
3. GST Registration Certificate
4. Bank Account Details

*06/06/2022*  
CMOH & Secretary  
District Health & Family Welfare Samiti  
Basirhat Health District