



GOVERNMENT OF WEST BENGAL
OFFICE OF THE SUPERINTENDENT, DISTRICT HOSPITAL, JALPAIGURI
Administrative Building, Hospital Road, Phone No. 03561-228187, 222574, 230633.
Email-www.super.jalpaiguri@gmail.com

Memo No.1747

Dated, the, Jalpaiguri, 24.11.2017.

Quotation Notice

Sealed quotation is hereby invited from the bonafide suppliers/agencies, for **the supply of the following equipments, to the District Hospital, Jalpaiguri.** The rate should be quoted on the plain paper/Letter pad of the agency both in words and figures. The following documents to be submitted with the quotation. Quotation to be submitted at the Office of the undersigned not in store. Before quoting must contact with the store. Quantity may be differing.

1. Valid Xerox of pan Card.
2. Up to date IT clearance certificate.
3. Up-to date GST clearance certificate.
4. Valid Trade License.
5. Valid Drug License.

Sl. No.	Name of the Equipment	Quantity	Accounting unit	Rate to be quoted with GST
01.	PMO Line	5000 Such	Pack of 50 such	
02.	Chest lead	20000 Such	Pack of 100 such	
03.	Hand care gloves	10000 Pairs	Pack of 25 pairs	
04.	Sterile & powder free gloves	10000 Pairs	Pack of 25 pairs	
05.	HME filter	2000 Such	01 such	
06.	Airway No, 3, 3.5, 4, 5, 6	3000 such	01 such of each	
07.	Spo ₂ probe with extension cable (L & T)	100 Such	01 such	
08.	Wolf Bottle	3000 Such	01 such	
09.	Humidifier bottle L pattern & straight	200 Such	01 such	
10.	E. C. G. recording paper(For HP/Philips, size 210mm x 300 mm)	100 Pack x 200 sheets	01 Pack x 200 sheets	

Quotation will be received by this office from 24.11.2017 to 08.12.2017 up-to 3.00 PM and it will be opened on 08.12.2017 at 3.30 PM in the office chamber of the undersigned in presence of quotationers. The undersigned reserves the right to accept or reject any or all quotations without assigning any reasons thereof. Payments of bills will be made as and when fund will be available from the Government. The agreement is given below.

1. All supplies of of articles in equipment section should invariably contain the following information or its level. 2. Trade name of the product, if any. 3. Pharmaceutical name. 3. Long Expiry date. Batch No. Name and address manufactory and their manufacturing license no. Good conditioned packaging is desirable.
2. Rate must be hold good throughout the financial year 2017-2019. Order for requirement will be placed with the successful quotationers within that period and supplies thereof will have to made within the stipulated period of placement order as directed by the Superintendent.

Superintendent
District Hospital, Jalpaiguri.

24/11/17