



GOVERNMENT OF WEST BENGAL
OFFICE OF THE SUPERINTENDENT, DISTRICT HOSPITAL JALPAIGURI

Memo No. /1/P(8)

Dated, Jalpaiguri, the .25.072014

QUOTATION NOTICE


Sealed Quotation are invited by the undersigned the different Dealers/Suppliers/Related agency having License including I-T Clearance Certificate, in connection with Printing Articles of District Hospital, Jalpaiguri in the greater interest of patients service. All Dealers/Supplier/Related Agency should also quote the rate of Printing Articles inclusive all taxes. Sample to be collected from the Store of District Hospital Jalpaiguri.

Sl .No.	Name of the articles	Unit	Rate to be quoted inclusive all taxes
1.	Pathology Form	100 Page Book	
2.	Diet Form	100 Page Book	
3.	Consent Form	100 Page Book	

Quotation will be received by this office on 01.08.2014 up to 12.30 pm and it will be opened on the same day on 01.08.2014 at 2.00pm in the office chamber of the undersigned.

The undersigned reserve the right to accept or reject any or all quotations without assigning any reasons thereof.

Payment of Bill will be made as and when fund will be available from the Government.

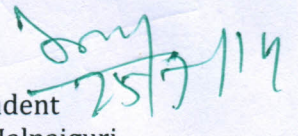

Superintendent
District Hospital, Jalpaiguri.

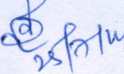
Memo No. 837 /1/P(8)

Dated, Jalpaiguri, the 25.07.2014

Copy forwarded for wide circulation to:-

1. Chief Medical Officer of Health, Jalpaiguri.
2. The District Magistrate, Jalpaiguri.
3. The Sabhadhipati, Jalpaiguri Zilla Parishad.
4. The Chairman, Jalpaiguri Municipality.
5. The Post Master, Jalpaiguri Post Office.
6. D.S.M. to upload in the website www.jalpaigurihealth.com.
7. Account Section, District Hospital, Jalpaiguri for information & necessary action please.
8. Store-Keeper, District Hospital, Jalpaiguri for information & necessary action please.


Superintendent
District Hospital, Jalpaiguri.


25/7/14