

GOVERNMENT OF WEST BENGAL
DISTRICT HEALTH & FAMILY WELFARE SAMITI, JALPAIGURI
OFFICE OF THE CHIEF MEDICAL OFFICER OF HEALTH
DISTRICT HEALTH ADMINISTRATION BUILDING, 1ST FLOOR, HOSPITAL ROAD,
JALPAIGURI - 735101, TELE FAX NO: 03561 225 380

Memo no. DHFWS/ASHA/ 612 /2016

January, 4th-2016

QUOTATION NOTICE

Sealed Quotation is hereby invited from the bonafide suppliers/ Agencies/ Printing press for Identity Card of ASHAs with Sample copy. The rate should be quoted on the plain paper/ letter pad of the agency in both word and figures. The following documents are to be submitted with quotation.

01. Xerox of Pan Card.
02. Up to date IT and VAT clearance certificate.
03. Trade License.


The specification of the ID card will be as Follows:

- Size 2.5" (height) X 3.5" (width)
- Britannia Ivory Board
- Back to Back Printing (including two color logo- Front side)
- One color (Background white color)
- Plastic cover along with a violet ribbon for carrying card
- The Layout and design of the ID card is attached with this quotation notice.

Sl No.	Item & Details:	No. of ID Card	Size:	Rate to be quoted inclusive of all taxes.
01.	Identity Card for ASHAs for Jalpaiguri & Alipurduar District.	2200	2.5" x 3.5"	

Quotation will be received by this office on & from 05.01.2016 to 11.01.2016 up to 2.00pm and will be opened on the same day at 3.00pm in the chamber of the undersigned in the presence of quotationers who wish to present or his representative. For more details, you are requested to contact with the office on all working days. Ph no. 03561-225380.

The Undersigned reserves the right to accept or reject the quotation without assigning any reason thereof.

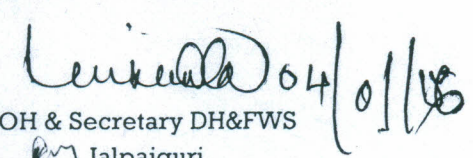

CMOH & Secretary DH&FWS
Jalpaiguri

Memo no. DHFWS/ASHA/ 612 /2016 /1(11)

January, 4th-2016

Copy forwarded for information and publishing on the notice board to -



1. The District Magistrate, Jalpaiguri.
2. The District Magistrate, Alipurduar.
3. ADM & AEO Zilla Parishad, Jalpaiguri & Alipurduar.
4. Chief Medical Officer of Health, Alipurduar.
5. Dy-Chief Medical Officer of health-III, Jalpaiguri.
6. DMCHO, Jalpaiguri
7. The Suparintendent, Jalpaiguri DH
8. Post Master, Jalpaiguri HPO
9. Notice Board of this office
- ✓ 10. DSM, Jalpaiguri to upload in the website WWW.jalpaigurihealth.com
11. Office Copy.


CMOH & Secretary DH&FWS
Jalpaiguri


Annexure 1

ASHAর সচিত্র পরিচয়পত্রঃ

সামনের দিক

 	
ASHAর সচিত্র পরিচয়পত্র	
আই.ডি. নং: <input type="text"/>	
জেলাঃ	ব্লকঃ
নামঃ	স্ট্যাম্প সাইজ ছবি
স্বামীর / পিতার নামঃ	
গ্রাম পঞ্চগয়েতের নামঃ	
গ্রামের নামঃ	

পিছনের দিক

	
জন্ম তারিখঃ	ব্লাড গ্রুপঃ
সনাক্তকরণ চিহ্নঃ	
কাজে যোগ দেওয়ার তারিখঃ	
যে উপস্বাস্থ্যকেন্দ্র এলাকায় নিযুক্তঃ	
_____ ASHAর সই (তারিখ সহ)	_____ ব্লক স্বাস্থ্য আধিকারিক দ্বারা প্রত্যায়িত (সই, সরকারী স্ট্যাম্প ও তারিখ সহ)