



GOVERNMENT OF WEST BENGAL  
OFFICE OF THE SUPERINTENDENT, DISTRICT HOSPITAL, JALPAIGURI  
PHONE- 03561-228187, 222574, 230633. FAX-03561-228187 Email [www.super.jalpaiguri@gmail.com](mailto:www.super.jalpaiguri@gmail.com)



Memo. Store /1031

Date/ 13.01.2017

**Tender Notice for washing Linen Items**

The undersigned is directed to notify that a number of Linen items of District Hospital, Jalpaiguri for washing purpose, for the year 2017(January-December) & 2018(January-December) as mentioned in Enclosure=III, are to be given to Lowest Bidder for washing through a bidding procedure in presence of the Board members.

In view of above, the undersigned invites bid in sealed cover from interested parties for sale of such items in prescribed Bid application from mentioned in Annexure –II subject to the terms and condition given in enclosure-I of Annexure-I.

All interested parties who wish to participate shall be required to deposit Rs. 5000.00(Rs. Five Thousand only) as security deposit in the shape of Demand Draft payable in favour of **The Superintendent, District Hospital, Jalpaiguri** along with the bid to the undersigned within the date specified below.

No documents can be modified or withdrawn after submission. In case of withdrawal after opening the bid documents, the bidder will lose money. Tenders not accompanied by the Earnest Money Deposit are will be rejected; EMD of successful bidder will be forfeited if the bidder fails to sign the agreement in stipulated time of 15 days.

In case of submission of tenders, the tender form must be in 1(One) envelop superscribing **TENDER FOR WASHING LINEN ITEMS** and to be addressed to **The Superintendent, District Hospital, Jalpaiguri**. Tender will be opened in presence of participants who might be present. If the specified date is declared a holiday the bids shall be received and opened up to the appointed time on the next working day.

No price preference will be given to any organisation/society.

Any tender received by the Superintendent, District Hospital, Jalpaiguri after the deadline for submission of tender, will be rejected and returned unopened to the participants. Postal delay will not be entertained.

**Cost of Tender Form:** Rs. 500.00 /- through T.R. Form (Govt. Chalan-Head of account-\_\_\_\_\_).

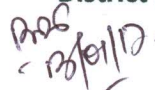
The undersigned reserves the right both accept/reject any bid, including the Lowest bid.

1. **Date of Form collection :** 23/01/2017 to 30/01/2017
2. **Date of submission of Bid:** 23/01/2017 to 30/01/2017 upto 2.00 P.M.
3. **Date of Opening of Bid:** 31/01/2017 at 3.00 P.M.

Enclosure: Annexure as stated

  
Superintendent

District Hospital, Jalpaiguri

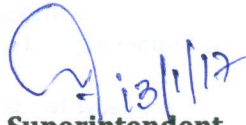


Memo No.1031



**Copy forwarded for information and publication at the notice board: -**

1. Mr. Bijay Ch. Barman, Hon'ble Chairman, Rogi Kalyan Samity, District Hospital, Jalpaiguri
2. The District Magistrate, Jalpaiguri
3. The Sabhadhipati, Zilla Parishad, Jalpaiguri
4. The Chief Medical Officer of Health, Jalpaiguri.
5. The Deputy Chief Medical Officer -I, Jalpaiguri
6. The Radiologist, District Hospital, Jalpaiguri
7. The Medical Officer, District Hospital, Jalpaiguri
8. The Swasthya Karmadhakshya, Jalpaiguri Zilla Parishad.
9. The Dy. Magistrate & O. C Health, Office of the District Magistrate, Jalpaiguri.
10. The Accounts Officer cum Treasurer, DH & FWS, Jalpaiguri.
11. The Treasury Officer, Jalpaiguri Treasury-II.
12. The D. S. M, DPMU, Health Samiti
13. Inspector -in -Charge, Kotwali, Jalpaiguri
14. Nursing Superintendent, District Hospital, Jalpaiguri
15. Assistant Superintendent, District Hospital, Jalpaiguri
16. Head Clerk, District Hospital, Jalpaiguri
17. Facility Manager, District Hospital, Jalpaiguri
18. Pharmacist, District Hospital, Jalpaiguri

  
13/1/17  
**Superintendent**  
**District Hospital, Jalpaiguri**  
R.S.  
13/1/17

## Enclosure II : Particular of the Firm



Sl. No.	Name of the Firm	Details of the Firm
a.	Full Postal Address	
b.	Cell No.	
c.	Telephone No.	
d.	FAX No.	
e.	Date of Establishment of Firm	
f.	Give details of any Government Contracts executed during the last 2 years.	
g.	Any other Information which you consider necessary to furnish.	
h.	Name & Address of your Banker stating the name in which the Account stands.	
i.	PAN Number	
j.	Trade License No. (Please enclose a copy of license.)	
k.	P.Tax Certificate	

Date:

Place:

Signature of the Bidder  
Designation  
Company Seal