



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.1745

Dated, the, Jalpaiguri, 24.11.2017.

Quotation Notice

Sealed quotation is hereby invited from the bonafide suppliers/agencies, for **the supply of equipment 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. Before quoting must see 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.	Abjel	2000	Pack of 02 such	
02.	Plastic cord vial 10 ml with cork & Label for blood grouping	80000 Such	Pack of 100 such	
03.	Tunicate rubber	1000 x 01 Meter	01 Meter	
04.	Battery of Glucometer Machine	500 Such	01 Such	
05.	Battery of Digital Thermometer	500 such	01 Such	
06.	Dental X -Ray film	1000 Pack x 150 such	01 pack x 150 such	
07.	Disposable Syringe 2 ml	2000 Pack x 100 such	01 Pack x 100 such	
08.	Disposable Syringe 5 ml	3000 Pack x 100 such	01 Pack x 100 such	
09.	Disposable Syringe 10 ml	6000 Pack x 50 such	01 Pack x 50 such	
10.	Disposable Syringe 50 ml	5000 Pack x 25 such	01 Pack x 25 such	
11.	Flexi Mask for Oxygen (Adult)	2000 Such	01 such	
12.	Flexi Mask for Oxygen (Child)	2000 Such	01 such	
13.	Oxygen Key	200 Such	01 such	
14.	Sli Range No. 10 (Taparia)	400 Such	01 such	
15.	Plastic Rod for blood grouping	03 Lacks	Pack of 500 such	

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 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 make within the stipulated period of placement order as directed by the Superintendent.

Superintendent
District Hospital, Jalpaiguri.

[Handwritten Signature]
24/11/17