



Government of West Bengal
Office of the Chief Medical Officer of Health, Jalpaiguri
District Health Administrative Building, 1st floor, Hospital Road, Jalpaiguri
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Memo No. CMOH/

Dated, Jalpaiguri / / 2024

NOTICE INVITING QUOTATION

Sealed quotations are hereby invited from the reputed bonafide Firms or Agencies by the undersigned for supplying the following Register required for Dy. III section under the Chief Medical Officer of Health, Jalpaiguri.

The rate should be quoted inclusive of all taxes and delivery charges. All bidders are requested to submit their up to date papers (Trade License, PAN No, GST Registration Certificate, P. Tax Certificate). The authority reserve the right to cancel or reject the whole quotation or party without assigning any reason thereof.

The quotation should reach to this office by registered post or by hand on or before 20/03/2024 upto 2:00 p.m. and it will be opened on same day at 4:00 p.m. in the office of the u/s in presence of the bidders.

| Sl. No | Particulars | Quantity | Quoted Rate | Annexure – II register (Part- A & B) for Health & Nutrition Information Sheet of the at Risk Mother) Specification is being given in the Attachment |
|--------|-------------|----------|---|---|
| 1 | Register | 372 nos. | Rates to be given in Firm's/Agencies' Official letter Pad | |

Sd/-
Chief Medical Officer of Health
Jalpaiguri

Memo No. CMOH/ 1158/160

Dated, Jalpaiguri 12 /03 / 2024

Copy forwarded for information & necessary action to:-

- 1) The Sabhadhipati Zilla Parishad, Jalpaiguri
- 2) The District Magistrate, Jalpaiguri
- 3) The Principal, Jalpaiguri Govt. MC&H, Jalpaiguri
- 4) The Dy. CMOH-I/II/III/IV/DMCHO/DTO, Jalpaiguri
- 5) The Station Master, Jalpaiguri Railway Station Jalpaiguri
- 6) The Post Master, Head Post Office Jalpaiguri
- 7) The DSM, with the direction to publish the matter in official website of CMOH Jalpaiguri
- 8) Office Notice Board
- 9) Office copy

12/3/24
Chief Medical Officer of Health
Jalpaiguri

Annexure-II (PART-A)

Health & Nutrition Information Sheet of the at Risk Mother

1. Name of the Mother and present Age.....
2. Name of the Husband/ Father/ Guardian.....
3. Name of the Block.....Sub-Centre Name & Code.....
4. Name of the AWC with 11 digit Code No.....
5. Name of the AWW.....Name of the ASHA.....

| Last pregnancy complication | | |
|-----------------------------|--|---|
| Sl No. | Identification Parameters | Observation/Reply |
| 1. | Anaemia | Yes/No, (If yes, Mention whether needing Therapeutic IFA/ Iron infusion/ Blood transfusion) |
| 2. | PIH- Hyper tension in pregnancy or Eclampsia | Yes/No (If yes, then mention whether (Systolic \geq 140 mm hg &/or Diastolic \geq 90mmhg)) |
| 3. | Repeated Abortion (2 or more) | Yes/No, (If yes, mention number) |
| 4. | Antepartum Haemorrhage (APH - bleeding in last pregnancy) | Yes/No |
| 5. | Still Birth | Yes/No, (If yes, mention number) |
| 6. | Twins | Yes/No |
| 7. | Prolonged / Obstructed labour / Instrumental delivery | Yes/No |
| 8. | Caesarian section delivery | Yes/No |
| 9. | Postpartum Haemorrhage (PPH)- bleeding after child birth | Yes/No |
| 10. | ICU/CCU/HDU admission during pregnancy or following delivery | Yes/No |

Annexure-II (Part-B)

Health & Nutrition Information Sheet of the at Risk Mother

1. Name of the Mother and present Age.....
2. Name of the Husband/ Father/ Guardian.....
3. Name of the Block.....Sub-Centre Name & Code.....
4. Name of the AWC with 11 digit Code No.....
5. Name of the AWW..... Name of the ASHA.....

| Present pregnancy complication | | | | | | | | | | |
|--------------------------------|---|------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|
| Sl. No. | Observation (Yes / No) | Monthwise Observations | | | | | | | | |
| | | 1 st | 2 nd | 3 rd | 4 th | 5 th | 6 th | 7 th | 8 th | 9 th |
| 1. | Teenage (<19 years), (If yes mention age) | | | | | | | | | |
| 2. | Height whether < 4'ft 10 inches | | | | | | | | | |
| 3. | Weight on registration, (<40 Kg or > 80 kg) | | | | | | | | | |
| 4. | Weight gain (Whether ,2kg/month weight gain after 20 weeks of pregnancy) | | | | | | | | | |
| 5. | Blood pressure,, Diabetes, Respiratory disease including Tuberculosis, Kidney disease, liver disease, Blood disorder like Thalassemia: (Tick the appropriate option) | | | | | | | | | |
| 6. | Bleeding in early pregnancy – before 20 weeks (threatened abortion) | | | | | | | | | |
| 7. | Pallor / Anaemia(Hb <11%) | | | | | | | | | |
| 8. | Jaundice – visible icterus | | | | | | | | | |
| 9. | Oedema : (If yes, mention in face/hand/abdomen) | | | | | | | | | |
| 10. | Pregnancy related Hyper-tension: (If yes, then mention whether (Systolic >=140 mm hg &/or Diastolic>=90mmhg)) | | | | | | | | | |
| 11. | Vaginal bleeding in late pregnancy > 20 weeks | | | | | | | | | |
| 12. | Fever – Temperature >100 degree F during pregnancy | | | | | | | | | |
| 13. | HIV +ve/ VDRL +ve | | | | | | | | | |
| 14. | Blood sugar- > 140 mg% Postprandial – Gestational diabetes after 24 weeks of pregnancy | | | | | | | | | |
| 15. | Urine protein >2+ | | | | | | | | | |