

Government of West Bengal Office of the Chief Medical Officer of Health, 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 (<u>Trade License</u>, <u>PAN No</u>, <u>GST Registration Certificate</u>, <u>P. Tax Certificate</u>). 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.

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

Chief Medical Officer of Health Jalpaiguri

Dated, Jalpaiguri 12 /03 /2024

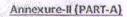
Memo No. CMOH/ 1158/10)

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
- The DSM, with the direction to publish the matter in official website of CMOH Jalpaiguri
 - 8) Office Notice Board
 - 9) Office copy *

(2) 2/2 Mary

Chief Medical Officer of Health



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.....

Service I	Last pregnancy complication						
SI 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 >=140 mm hg &/or Diastolic>=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

	and present Ageand
1.	Name of the Moutet
-	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									
	Monthwise Observations									9 th
SI. No.	Observation (Yes / No)	1 st	2 nd	34	4 th	5 th	6 th	7 th	8th	9
	Teenage (<19 years), (If yes mention age)									
	Height whether < 4'ft 10 inches				- 100				144	
	Weight on registration, (<40 Kg or> 80 kg)									
	Weight gain (Whether ,2kg/month weight gain after 20 weeks of pregnancy)	, , , , , , , , , , , , , , , , , , ,								
• 7.	Blood pressure, Diabetes, Respiratory disease including Tuberculosis, Kidney disease, liver disease, Blood disorder like Thalassemia: (Tick the appropriate option)		V							
5.	Bleeding in early pregnancy – before 20 weeks (threatened abortion)						N. 3 4 1 1 1 1			
7.	Pallor / Anaemia(Hb < 11%)		Charles on	-					100	
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			J. 101 (2011) A.				1 2 1	į.	
14	Blood sugar- > 140 mg% Postprandial – Gestational diabetes after 24 weeks of pregnancy				4				150,	
15	Urine protein >2+								10	