



Government of West Bengal
Office of the Chief Medical Officer of Health
Department of Health & Family Welfare
South 24 Parganas

Administrative Building, M R Bangur Hospital Complex, 241, Deshapran Sashmal Road, Tollygunge, Kolkata 33.
Mail Id- cmohs24pgs@gmail.com, Website- www.spghealthgov.in, Phone no / Fax - 033-2422 1037, 033-2422-0124

Memo No: CMOH (SPG)/3004

Date: 05.04.24

NOTICE

As per letter received from Jt.DHS (TB) &STO, Dept.of Health & Family Welfare, Govt.of West Bengal vide memo no.:HFW-27035/65/2018-NHM/82 dated 28-03-2024, sealed quotation are hereby invited through offline from bona-fide medicine stockiest/retailers/suppliers/Firms for supplying of below mentioned Anti TB Drugs on as and when required basis at the office of the undersigned for a period of 180 days or it may be extended after 180 days for his satisfactory service for NTEP programme, South 24 Parganas District from the date of award of contract.

SI No.	Name of the Item	Brand & Specification	Price to be Quoted in Rupees (Including GST)	Delivery Location
1	Tab. 4FDC(A)	Isoniazid-75mg Rifampicin-150mg Pyrazinamide-400mg Ethambutol-275mg	Per 1000 Strips (Either 28 Tabs per Strip or 10 Tabs per Strip)	DDS, Baruipur, South 24 Parganas (No extra transportation cost will be provided)
2	Tab. 3FDC(A)	Isoniazid-75mg Rifampicin-150mg Ethambutol-275mg		

The firm/suppliers have to be submitted the following self attested documents at the time of submitting the quotation along with Application Form:-

- 1) Copy of Trade License
- 2) Copy of Drug License or Stockiest License
- 3) Copy of GST Registration,
- 4) Copy of PAN/TAN.
- 5) Batch Testing Report

The quotation will be received at **Office of the Chief Medical Officer of Health, South 24 Parganas, Department of Health & Family Welfare, Administrative Building, M.R.Bangur Hospital Complex, 241 Deshapran Sashmal Road, Tollygaunge,Kolkata-33** by Post/registered post/courier/by hand till **15.04.2024** upto **5.00 pm** and the quotation will be opened on **18.04.2024** at **1.00 pm** at the office of the Chief Medical Officer of Health, South 24 Parganas.

The selected supplier has to supply the above mentioned items to Baruipur, District Drug Store (NTEP), South 24 Parganas at their own cost. (No additional transportation charge will be given).

Decision of the committee for quotation will be final and the committee will reserve the right to accept or reject any quotation what so ever rate may be quoted without any reason thereof.

05.04.24


Chief Medical Officer of Health & Secretary,
District Health & FW, South 24 Parganas

Memo No: CMOH (SPG)/ 3004/1(11)

Date: 05.04.24

Copy forwarded for information & necessary action to:

1. The District Magistrate, South 24 Parganas
2. The Jt.DHS(TB) & STO, Swasthya Bhawan
3. The Director, STDC, Swasthya Bhawan, West Bengal
4. The DDHS,CMS, West Bengal
5. The WHO Consultants, NTEP, West Bengal
6. The Dy.CMOH-I/II/III/IV/DMCHO/DTO/DPHNO, South 24 Parganas
7. The ACMOH (All), South 24 Parganas
8. The Accounts Officer, South 24 Parganas
9. The System Coordinator, IT Cell, Swasthya Bhawan with request to display the quotation in the www.wbhealth.gov.in website
10. The DSM South 24 Parganas, with request to upload the notice in www.spghealth.gov.in website.
11. Office file


Chief Medical Officer of Health & Secretary,
District Health & FW, South 24 Parganas

QUOTATION/TENDER FORM

Technical bid-

1. Tender Notice No. with date-
2. Name of the Work- **Supply of Anti TB Drugs**
3. Name of the Agency/ Retailer/ Supplier-
4. Name of the bidder in full (in BLOCK LETTERS)-
5. Full Office Address for correspondence-

6. Local Address (If any)

7. Email address-
8. Contact number-
9. Legal entity of the bidder whether MSME/Stockiest/Retailer/Supplier/
Firm/Company/other entity-

10. Trade License number-

11. Trade License issued by-

12. Drug license No. and or Stockiest License No. -

13. GST Number-

14. PAN/TAN Number-

15. Batch Testing Report-

16. Any previous experience of supplying such materials in any Government offices-

This is to certify that the above information is correct and true to the best of my knowledge and belief. In case of any information found incorrect later on, I will be responsible and be liable to be rejected forthwith.

Date:

Full signature of the bidder

FINANCIAL/PRICE BID

1. Name, Address and Contact No. of the bidder-

2. Rate Quoted:

Sl No	Name of the Item	Brand & Specification/s	Unit/s	No of Tab contains in a strip (28 Tabs or 10 Tabs)	Offering Price(In INR)-Rate as per piece and including GST	Price in Words
(1)	(2)	(3)	(4)	(5)	(6)	(7)
1	Tab. 4FDC(A)	Isoniazid-75mg Rifampicin-150mg Pyrazinamide-400mg Ethambutol-275mg	Per 1000 Strips (Either 28 Tabs per Strip or 10 Tabs per Strip)			
2	Tab. 3FDC(A)	Isoniazid-75mg Rifampicin-150mg Ethambutol-275mg				

- a) The rate should be quoted as per specification (as mentioned in column no.3).
- b) Rate should be quoted as per above mentioned table.
- c) Rate should not be quoted above MRP; otherwise it will be treated as cancelled.
- d) If any changes are made to the above table, Quotation/Tender will be treated as cancelled.
- e) No, carrying charges will be paid for delivery of items.
- f) Medicines must be delivered within stipulated time (as per requirement) from the date of issuing of supply order or as mentioned in supply order.
- g) Lowest bid is not the sole criteria for selection, quality of article will be taken into account while finalization of bidder.
- h) Before assigning contract, the sample may be called for. If sample shown is not found satisfactory, the Quotation/ Tender selection authority reserves the right to cancel the bid.

I/We _____ agree to all the terms and conditions laid by the Chief Medical Officer of Health, South 24 Parganas District in their Quotation/Tender Notice no _____ Dated: _____

Date:

Full signature of the bidder

Office Seal of bidder

DECLARATION

I do hereby declare that I/We shall/will abide by all terms and conditions mentioned above accordingly.

Date:

Full signature of the bidder

Office Seal of bidder: