



**ZILLA SWASTHYA SAMITI, NUAPADA**  
**National Health Mission**  
**QUOTATION CALL NOTICE**



No. 103 /NCD/ 2023-24

Date: 04.07.2023

Sealed quotations are invited from the reputed Firm/Supplier having valid TAN and GST certificate for supply of following items:

Sl.No	Name Of the Items	Specification
01	<b>NCD Patient Treatment &amp; Referral Card</b>	Size – ½ Demi Size (11.25"x17.5"), Inner page - 2nos. 80 GSM Copier paper both side single colour printing + Cover Page - 1no. 130 GSM Glossy Paper, Multi Colour single side printing + Middle Pining

The sealed quotation should reach the office of the undersigned in any working day by **13/07/2023 till 2 P.M** along with all required documents by **speed post/regd. post/courier only**. The Quotation will be opened on **same day at 4 P.M** in the office of the undersigned. Details regarding items and terms and conditions may be downloaded from [www.nuapada.nic.in](http://www.nuapada.nic.in) from **05/07/2023**. The envelope should be superscripted as "Quotation for supply of NCD Patient Treatment & Referral Card" The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

  
CDM & PHO cum DMD  
Nuapada

Memo No: 104 /NCD/NHM

Date: 04/07/2023

Copy to DIO, NIC, Nuapada for information and necessary action. He is requested to upload the tender documents on **05.07.2023** in the district website and the same should be available till 13.07.2023 up to 04:00 P.M. ( Soft copy enclosed)

  
CDM & PHO cum DMD  
Nuapada

Memo No: 105 /NCD/NHM

Date: 04/07/2023

Copy to DMO(MS) cum Superintendent/ADPHO(FW)/DPHO/DPM/DAM for information and necessary action. They are requested to attend the tender opening meeting in the office of the undersigned on **13.07.2023 at 4 P.M.**

  
CDM & PHO cum DMD  
Nuapada

## SPECIFICATION

The Specification of the ***NCD Patient Treatment & Referral Card*** is mentioned as follows

### 01. NCD Patient Treatment & Referral Card

Description	
Size	Size – ½ Demi Size (11.25"x17.5")
Cover Page	1no., 130 GSM Glossy Paper, Multi Colour single side printing
Inner Page	2nos., 80 GSM Copier paper, both side single colour printing
Pinning	Two numbers of pinning
Quantity	10,000 nos.(approx)

### **TERMS AND CONDITIONS**

01. Sealed quotations will be received by 13.07.2023 till 2 P.M along with all required documents. The quotations will be opened on the same day at 4 P.M in the office of the CDMO cum District Mission Director, Nuapada in presence of the quotationers /authorized representative of the quotationers who may wish to be present. Any quotation received after the due date & time will be rejected. The quotations will be received through speed post/regn. post/courier only.
02. The Firms (s) are to submit their quotations in a sealed covered envelop for technical bid along with Price bid which should be superscripted as "Quotation for supplying of NCD Patient Treatment & Referral Card"
03. Rates should be inclusive of all taxes, Transportation.
04. The supplier selected shall have the responsibility to supply above mentioned items as per as per the tender within period of 15days.
05. The suppliers shall also ensure that the quality and quantity has to be as per supply order and approved rate contract in the quotation process.
06. The firm should have PAN & valid GST certificate.
07. Order to the supplier will be vary as per the requirement of the undersigned.
08. The supply of items shall be made immediately according to volume after placing the supply order in the Office of CDMO cum DMD, Nuapada/ any other office under the jurisdiction of the undersigned and supplier shall submit the bill for payment at the approved rate in respect to the quantity of items supplied. The transportation of items is sole responsibility of the supplier and must deliver the item on door delivery basis.
09. Payment will be made after 100% supply of items with delivery challan as per order.
10. The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

Place

Date

Signature and seal of the authorized signatory



**QUOTATION FORM 'A'**

**Technical Bid**

.1	Name of the Firm/agency	
2	Address of the Firm/agency	
3	Name of authorized signatory (in capital letters)	
4	Specimen signature of the authorized signatory.	
5	Telephone number of authorized signatory / Firm/agency	
6	GST Certificate (Photo Copy to be Attached)	
7	PAN (Photo Copy to be Attached)	
8	Whether all documents submitted signed by the authorized signatory of the Firm/agency ( Yes/ No)	

**DECLARATION**

I / we hereby certify that the terms and conditions, specification etc. given with the short quotation notice have been read carefully and acceptable to me/us and that the information furnished above is full and correct to the best of my /our knowledge. I / we understand that in case of any deviation in the above statement at any state, our Firm/Agency will be blacklisted and will not have any dealing with your organization in future.

Place:

Date:

(Signature and seal of the authorized signatory)



