



ZILLA SWASTHYA SAMITI, NUAPADA
National Health Mission



QUOTATION CALL NOTICE

NS-05

No. 551 /DPMU/ 2024-25

Date: 12/02/2025

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

Sl.No	Name Of the Items	Approx Qnty.	Specification
01	Nicotine Gum-2mg	980 Nos. Pkt	Detailed terms and condition with specification can be downloaded from website www.nuapada.odisha.gov.in
02	Nicotine Gum-4mg	200 Nos. Pkt	

The sealed quotation should reach the office of the undersigned in any working day by 25.02.25 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 5:00 P.M in the office of the undersigned. Details regarding items and terms and conditions may be downloaded from www.nuapada.odisha.gov.in from 19.02.2025. The envelope should be superscripted as "Quotation for supply of Nicotine gum for NCD" The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.

NS
CDM&PHO-cum-DMD
Nuapada
25/02/2025

Memo No: 552 /DPMU/NHM

Date: 12/02/2025

Copy to DEGM, Nuapada for information and necessary action. He is requested to upload the tender documents on 19.02.2025 in the district website and the same should be available till 25.02.2025 up to 2 P.M. (Soft copy enclosed)

NS
CDM&PHO-cum-DMD
Nuapada
25/02/2025

Memo No: 553 /DPMU/NHM

Date: 12/02/2025

Copy to DMO(MS) cum Spdt/ADPHO(FW)/DPHO/DPM/DAM/FLC/LM(LPI) for information and necessary action. They are requested to attend the tender opening meeting in the office of the undersigned on 25/02/2025 at 5 A.M./P.M.

NS
CDM&PHO-cum-DMD
Nuapada
25/02/2025

SPECIFICATIONS

Sl No	Item	Specification
1.	Nicotine Gum 2mg	Nicotine gum that helps you quit smoking using the Principles of Nicotine Replacement Therapy (NRT), A 12-week therapy program that will help you get back to life without dependence on cigarettes.
2.	Nicotine Gum 4mg	Quantity Per Pack: 10 Nos. / 12 Nos. Shelf Life: Yes Sugar Free: Yes

Dr. B. N.

TERMS AND CONDITIONS

01. Sealed quotations will be received by 25.02.25 till 2 P.M along with all required documents. The quotations will be opened on the same day at 5:00 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 Regd. Post / Speed Post /Courier only.**
02. The Farms (s) are to submit their quotations in **separate** sealed covered envelops for **technical bid** and **Price bid** by superscripting **Cover "A" (Technical Bid) & Cover "B" (Price Bid)** and both the sealed covers should be put into a **third outer Cover**, which should be superscripted as **"Quotation for supply of Nicotine gum for NCD"**
03. Rates should be inclusive of all taxes, Transportation.
04. The rate will be applicable for purchase of the above mentioned items for one time only.
05. The supplier selected shall have the responsibility to supply above mentioned items as per supply order which is required for carrying out day to day official work.
06. The suppliers shall also ensure that the quality and quantity has to be as per the supply order within 15 days and approved rate contract in the quotation process.
07. The firm should have PAN/GST holder & up to date. (Originals to be produced at the time of quotation opening). If demanded.
08. Order to the supplier will be made as per the requirement.
09. 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.
10. Payment will be made after 100% supply of items.
11. The quoted rate should be inclusive of all taxes, transportation.
12. 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 number 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 by /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)



QUOTATION FORM - B
Financial Bid

Sl. No	Name of The Items	Make & Model of Items Quoted	Rate Per Unit including tax (per Pkt)	No of gums contains in Pkt.	Remarks
01	Nicotine Gum-2mg				
02	Nicotine Gum-4mg				
Total					

(Signature, name and designation of the authorized executive of the firm)

For and on behalf of.....

(Name and address of the tendering firm).....

Place:

Date:

(Signature and seal of the authorized signatory)

