



ZILLA SWASTHYA SAMITI, NUAPADA
National Health Mission
(District Programme Management Unit, NRHM)
E-mail : nhmnuapada2025@gmail.com



QUOTATION CALL NOTICE

No. 2883 /DPMU/ 2025-26

Date: 11/09/2025

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

Sl.No	Name Of the Items	Approx Qnty.	Specification
01	Fluoride Ion meter	1 no.	Detailed terms and condition with specification can be downloaded from website www.nuapada.odisha.gov.in

The sealed quotation should reach the office of the undersigned in any working day by 20.09.2025 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 4:00 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 11.09.2025. The envelope should be superscripted as “Quotation for supply of Fluoride Ion meter for NCD” The undersigned reserves the right to accept or reject any or all the quotations without assigning any reason thereof.


Chief District Medical Officer cum
District Mission Director, Nuapada

Memo No: 2884 /DPMU/NHM

Date: 11/09/2025

Copy to De C, Nuapada for information and necessary action. He is requested to upload the tender documents on 11.09.2025 in the district website and the same should be available till 20.09.2025 up to 2 P.M. (Soft copy enclosed)


Chief District Medical Officer cum
District Mission Director, Nuapada

Memo No: 2885 /DPMU/NHM

Date: 11/09/2025

Copy to DMO(MS) cum Spdt/ADPHO(FW)/DPHO/ADPHO(DC)/ADPHO(VBD)/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 20.09.2025 at 4:00 P.M.


Chief District Medical Officer cum
District Mission Director, Nuapada

SPCIFICATION

The Specification of the Fluoride Ion Meter is mentioned as follows :

Technical Specification for Fluoride Ion meter

FLUORIDE ION METER FOR MEASUREMENT OF FLUORIDE IN DRINKING WATER, URINE & SERUM

Technical Features

- Large colour graphic LCD display which can show parameter (s) together or each parameter individually.
- Display should provide additional information of showing reading with connections, time, date, sample ID, User ID, Calibration information, temperature, etc.
- Up to 5 point calibration.
- Meter should have Auto Read continuous display facility.
- ISE measurement should have Auto Blank, Linear Point to Point & Non linear point to point.
- Low Concentration Range Stability.
- At least 1500 point Data logging with time and date.
- USB and RS232 for transfer of data to PC
- Software upgradation facility of equipment through Internet.

Technical Specifications

ISE

Range : 0 to 100 ppm
Resolution : Up to 3 significant digits
Units : mg/L, ppm, ppb.

Power : Universal AC Power Adapter, 90 – 260 VAC, 50 - 60 Hz

ACCESSORIES TO BE SUPPLIED WITH EQUIPMENT

1. Fluoride Combination, Epoxy Body Electrode - 2Nos.
2. Fluoride Calibration Standard, 1.0 ppm & 100 ppm, 400 ml each - 1 No.
3. TISAB III, at least 400 ml - 2Nos.
4. TISAB II, at least 3 Liters - 1 No.
5. Electrode filling solution, 5 x 60 ml in one packet - 1No.
6. Electrode holding Stand - 1No.

- The Supplier should provide 3 year warranty for the equipment & 2 year AMC
- Supplier should provide list of users of the equipment in Health Sector during the last five years.



TERMS AND CONDITIONS

01. Sealed quotations will be received by ~~20.09.2025~~ till 2 P.M along with all required documents. The quotations will be opened on the same day at 4:00 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 **Fluoridé Ion meter 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 07 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 account number and IFSC code of the supplier should be submitted along with the bill for payment.
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 registration certificate (Photocopy to be attached)	
7	Latest GST return copy (Photocopy to be attached)	
8	PAN (Photo Copy to be Attached)	
9	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)



QUOTATION FORM - B
Financial Bid

Si.No	Name of the Items	Make & Model of Items Quoted	Rate Per Unit including tax	Remarks
01	Fluoride Ion Meter			
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)

