



ZILLA SWASTHYA SAMITI, NUAPADA
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(District Programme Management Unit, NRHM)
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QUOTATION CALL NOTICE

No. 2517 /DPMU/ 2025-26

Date: 08/09/2025

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	Glucostrip	60,000 no.	Detailed terms and condition with specification can be downloaded from website www.nuapada.odisha.gov.in
02	Glucometer	As per requirement	

The sealed quotation should reach the office of the undersigned in any working day by 16/09/2025 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 09/09/2025. The envelope should be superscripted as “Quotation for supply of Glucostrip and Glucometer 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: 2518 /DPMU/NHM

Date: 08/09/2025

Copy to DIO, NIC, Nuapada for information and necessary action. He is requested to upload the tender documents on 09/09/2025 in the district website and the same should be available till 16/09/2025 up to 2 P.M. (Soft copy enclosed)


Chief District Medical Officer cum
District Mission Director, Nuapada

Memo No: 2519 /DPMU/NHM

Date: 08/09/25

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 16/09/2025 at 4:00 P.M.


Chief District Medical Officer cum
District Mission Director, Nuapada

SPECIFICATION

The Specification of the Glucometer & Glucostrip is mentioned as follows :

Description	
<u>Glucometer</u>	<p>Specifications :</p> <ol style="list-style-type: none"> 1. Minimum Measurement Range: 30 to 600mg/dl 2. Accuracy: $\pm 15\%$ of glucose concentrations greater than equal to 100 mg/dl 3. Test/Reading Time: Less than equal to 10 sec 4. Reproducibility/Precision: Acceptance criteria related to accuracy criteria of ISO 15197:2013. Criterion A(CV less than equal to 5% at glucose concentrations greater than equal to 100mg/dL. 5. Blood sample Volume: less than equal to 0.6 μl. 6. Display should be LCD Display. 7. Should have data transfer facility with the help of Bluetooth for real time transfer of data. 8. Free from any manual coding. 9. Battery life is of 500/1000test as per predefined specification. 10. The quoted model should have IEC 60601-1-2 medical electrical equipment part1-2: General requirements or IEC 61010-2-101-2018,safety requirement for In Vitro diagnostics(IVD) medical equipment. 11. The Manufacturer of the quoted product should have EN ISO 13485 or ICMED 13485 or ISO 13485 certificate issued from certification bodies accredited by NABCB/NARB under IAF MLA. 12. The quoted model should comply with ISO 15197:2013 standards: In vitro diagnostics test systems-Requirement for blood glucose monitoring systems for self-testing in managing mellitus) issued from certification Bodies accredited as per ISO/IEC 17025 standard.
<u>Glucostrip</u>	<p>Specifications :</p> <ol style="list-style-type: none"> 1. Enzyme used in the glucostrip : Glucose Oxidase 2. Shelf life of glucostrips from the date of manufacture(Months) : 24 3. Shelf life of glucostrips after first opening of the strip pack(Months): 6 4. No of strips packed in one container: 50 5. Free from Manual Coding:Yes 6. Should be able to use fresh capillary whole blood samples: Yes 7. Type of packing of Glucostrips Packed in an Air Tight Container. 8. One compatible glucometer should be provided free of cost on purchase of every 800 Glucostrips.



TERMS AND CONDITIONS

01. Sealed quotations will be received by 16/09/2025 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 Glucometer and Glucostrip 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	ISO Certificates (As per mentioned in specification) (Photocopy to be attached)	
10	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	Glucometer			
02	Glucostrip			
Total				

- One compatible glucometer should be provided free of cost on purchase of every 800 Glucostrips.

(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)

