



OFFICE OF THE CDM&PHO-CUM-DISTRICT MISSION
DIRECTOR, NUAPADA



Letter No. 207 /NLEP/2025

Date: 16.01.2026

QUOTATION CALL NOTICE

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
	One set of Aids/Appliance (Ulcer Kit) <i>One set of ulcer kit includes following item:</i> 1. Plastic tub (30ltr x 1ft)-1 pc 2. Plastic mug(1lit)- 1pc 3. Cotton Towel (1.5ft x1.5ft)- 2 nos 4. Moisturizing Cream/oil (Vaseline) (50gm)- 2pc 5. Foot Scraper(6cmx4cm)-2pc	196pc	Detailed terms and condition with specification can be downloaded from website www.nuapada.odisha.gov.in .

1. The sealed quotation should reach the office of the undersigned in any working day by **27/1/2026 till 2 P.M** along with all required documents by **speed post/regd post/courier & By hand 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.odisha.gov.in. **from dt 16.01.2026. The envelope should be superscripted as "Quotation for supply of the Aids/Appliance (Ulcer Kit) "** 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

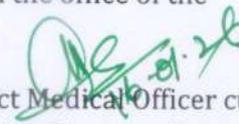
Memo No: 208 /Date: 16.1.2026

Copy to DeGM, Nuapada for information and necessary action. He is requested to upload the tender documents on **dt 16.1.2026** in the district website and the same should be available till 27.1.2026 up to 2 P.M. (Soft copy enclosed)


Chief District Medical Officer cum
District Mission Director, Nuapada

Memo No: 209 /Date: 16.1.2026

Copy to DMO(MS) cum superintendent/ADPHO(FW)/ADPHO(LEP)/DPM/DAM for information and necessary action. They are requested to attend the tender opening meeting in the office of the undersigned on **27.1.2026 at 4 P.M**


Chief District Medical Officer cum
District Mission Director, Nuapada

SPCIFICATION

The Specification of the Megaphone is mentioned as follows

1. Aids/appliance (Ulcer Kit)

Sl no.	Name of the items	Description
<u>1</u>	Plastic Tub	30 Ltr Volume & 1ft height
<u>2</u>	Plastic Mug	1 Ltr
<u>3</u>	Cotton Towel	1.5 ft x 1.5 ft
<u>4</u>	Moisturizing Cream/Oil (Vaseline)	50gm
<u>5</u>	Foot Scraper	6cmx4cm

TERMS AND CONDITIONS

01. Sealed quotations will be received by **27.1.2026 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 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 supplying of Item of the Aids/Appliance (Ulcer Kit) "**
03. Rates should be inclusive of all taxes, Transportation.
04. The rate will be applicable for purchase of the above mentioned items for the period of one year.
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 and approved rate contract in the quotation process.
07. The firm should have PAN/TIN 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	TIN/ 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	Remarks
01	One set of Aids/Appliance (Ulcer Kit)			
	One set of the same include the following items.			
	1. Plastic Mug 1 ltr			
	2. Plastic Tub (30ltr volume & 1ft height)			
	3. Cotton Towel 1.5 ft * 1.5 ft)			
	4. Moisturizing Cream/Oil (Vaseline) 50gm			
	5. Foot Scraper (6cm x 4cm)			
	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)