

SUB-DIVISIONAL PROGRAMME MANAGEMENT UNIT SUB-DIVISIONAL HOSPITAL, BALIGUDA, PIN – 762103 (ODISHA)

Ph.: 06846-243254 (SDMO), E-mail-sdmosdhballiguda@gmail.com

Letter No/NRHM/SDH, Baliguda	Date
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### **QUOTATION CALL NOTICE**

**Quotation call for** : Supply of X-Ray items.

Date of quotation call : 25th July 2013

Last date and time of Submission of

: 06<sup>th</sup> August 2013, 2.00 PM

quotation

Date & time of Opening of quotation : 06<sup>th</sup> August 2013, 4.00 PM

Sealed quotations are invited from eligible supplier/ manufacture through Regd. Post/ Speed Post for supply of X-Ray items to this S.D. Hospital, Balliguda. The supplier/ manufacture should be registered with Orissa Sales Tax Deptt. for Sales Tax or Central Excise of Customs Dept. for service tax and have valid TIN No, wherever applicable. The quotation need to be reached in due time and date as mentioned above.

Sl. No.	NAME OF THE ITEMS	UNIT PACK	NAME OF THE MANUFACTURER	RATES INCLUDING ALL TAXES & F O R DESTINATION	REMARK
	•		X-Ray Films		
1	15" X 12"	50 Sheets			
2	12" X 12"	50 Sheets			
3	12" X 10"	50 Sheets			
4	10" X 8"	50 Sheets			
5	6.5" X 8.5"	50 Sheets			
		X-Ray H	anger (Channel Type	)	1
6	15" X 12"	Each			
7	12" X 12"	Each			
8	12" X 10"	Each			
9	10" X 8"	Each			
10	6.5" X 8.5"	Each			
		X-	Ray Chemicals		
16	Developer	9 Ltrs.			
17	Fixer	9 Ltrs.			
18	Barium Sulphate	Per Kg.			
		Intensifying Scr	een with Cassette (800	0 Speed)	•
19	15" X 12"	Each			
20	12" X 12"	Each			
21	12" X 10"	Each			
22	10" X 8"	Each			
23	6.5" X 8.5"	Each			
	ı	X	-Ray Marker	1	<u>I</u>
24	Lead Number (0 to 9)	1 Pkt.			
25	Lead Number (A to Z)	1 Pkt.			
26	R & L Lead Marker	1 Pkt.			



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	Letter No	/NRHM/SDH, Baliguda	Date	
Terms	& Condition:			
1.	2.00 PM and vo	vill be opened on the same day i	e undersigned on or before 06 <sup>th</sup> August 2013 i.e. 6 <sup>th</sup> August 2013 at 4.00 PM in the presence any bidder/ representative fails to be presentative	
2.		1 0 1	written in English and rates should be clearly	
3.		ld be mentioned inclusive of all t	taxes.	
		tion cost should be borne by the		
	-	tems and name of the manufacturer	± ±	
			year or inviting of next quotation whichever i	
7.	If any information will	•	the bidder are found incorrect at any stage the	
8. The authority / Committee reserve the full right to accept in full or reject any of quotation without assigning any reasons thereof.				
9.		all furnish the Xerox copy of up	to date VAT clearance Certificate, PAN card	
	Memo No.	/NRHM/SDH Baliguda	S.D.M.O cum-Member Secretary R.K.S., S.D.H., Balliguda Date.	
		_	Saliguda/ Office of the Sub-Collector, Baliguda	
Block	• •		ar Balliguda/ Project Administrator, ITDA	
	•	_	, Balliguda/ M/s Sri Laxmi Medical Store	
_		·	Sangha, Balliguda with a request to publish the	
quotati	on call Notice i	n their notice Board for general l	Publication.	
			S.D.M.O cum-Member Secretary R.K.S., S.D.H., Balliguda	
Memo	No	_/NRHM/SDH Baliguda	Date	
		_	th a request to upload this quotation call Notice	

in the district website for general publication.

S.D.M.O.- cum-Member Secretary R.K.S., S.D.H., Balliguda



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Letter No	/NRHM/SDH, Baliguda	Date	
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### **QUOTATION CALL NOTICE**

Quotation call for : Supply of Pathological Reagents for Laboratory

Date of quotation call : 25th July 2013

Last date and time of Submission of

: 06<sup>th</sup> August 2013, 2.00 PM

quotation

Date & time of Opening of quotation : 06<sup>th</sup> August 2013, 4.00 PM

Sealed quotations are invited from eligible supplier/ manufacture through Regd. Post/ Speed Post for supply of Pathology Reagents to this S.D. Hospital, Balliguda. The supplier/ manufacture should be registered with Orissa Sales Tax Deptt. for Sales Tax or Central Excise of Customs Dept. for service tax and have valid TIN No, wherever applicable. The quotation need to be reached in due time and date as mentioned above..

SI. No.	NAME OF THE ITEMS	UNIT PACK	NAME OF THE MANUFACTURER	RATES INCLUDING ALL TAXES & F O R DESTINATION	REMARK
1.	ICT Kit for Malaria Test	Each			
2.	Pregnancy Test Kit (Cassette type)	Each			
3.	Widal Antigen	1 box			
4.	Benedict Reagent	500 ml./ Bot.			
5.	J.S.B I	500 ml./ Bot.			
6.	J.S.B II	500 ml./ Bot.			
7.	Toxo Kit (Cassette type)	Each			
8.	VDRL Kit	Each			
9.	HBs Ag				
10.	Blood Grouping				
11.	ASO Antigen				
12.	R.A. Antigen				
13.	Test Tube	Each			
14.	Test Tube Holder	Each			
15.	Glass Marking Pencils	Each			
16.	Test Tube Brush	Each			
17.	Hemoglobin Reading Tube	Each			
18.	Q.B.C. Capillaries Tube	250 Nos.			
19.	HCl N/10 Solution	500 ml. / Bot.			
20.	Hemoglobino Meter	1 set			



Date

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Ph.: 06846-243254 (SDMO), E-mail-sdmosdhballiguda@gmail.com

		_		
21.	Sulphur Powder	500 ml/ Bot.		
22.	Cover Slip	1 pkt		
23.	Sodium Citrate Solution	500 ml/ Bot.		
24.	Leishman's Stain	500 ml/ Bot.		
25.	Glacial Acetic Acid 10%	500 ml/ Bot.		
26.	Hydrogen Peroxide	500 ml/ Bot.		
27.	Benzidine Powder			
28.	Strong Ammonia Solution			
29.	Barium Chloride Solution			
30.	Forchets Reagent			
31.	Lugols Iodine			
32.	Pipette Stand			
33.	Pasteur Pipette			
34.	Paraffin wax/ Petrolium Jelly			
35	Dropping Bottle			

#### **Terms & Condition:-**

- 1. The sealed quotations will be received by the undersigned on or before 06<sup>th</sup> August 2013, 2.00 PM and will be opened on the same day i.e. 6<sup>th</sup> August 2013 at 4.00 PM in the presence of bidders or their authorized representative. If any bidder/ representative fails to be present there is no bar for opening of quotations.
- 2. The quotation paper should be clearly typed/ written in English and rates should be clearly visible.
- 3. The rates should be mentioned inclusive of all taxes.

Letter No\_\_\_\_\_/NRHM/SDH, Baliguda

- 4. The transportation cost should be borne by the Supplier.
- 5. The unit of the items and name of the manufacturer should be mentioned clearly.
- 6. The rate of present quotation is valid up to 1 year or inviting of next quotation whichever is earlier.
- 7. If any information or documents furnished by the bidder are found incorrect at any stage the quotation will be rejected.
- 8. The authority / Committee reserve the full right to accept in full or reject any or all the quotation without assigning any reasons thereof.
- 9. The bidder shall furnish the Xerox copy of up to date VAT clearance Certificate, PAN card with the quotation.

S.D.M.O.- cum-Member Secretary R.K.S., S.D.H., Balliguda



# SUB-DIVISIONAL PROGRAMME MANAGEMENT UNIT SUB-DIVISIONAL HOSPITAL, BALIGUDA, PIN – 762103 (ODISHA)

Ph.: 06846-243254 (SDMO), E-mail-sdmosdhballiguda@gmail.com

Letter No	/NRHM/SDH, B	aliguda	D	ate	
Memo N	o/NRHN	M/SDH Baliguda	Γ	Date.	
Copy to	the Notice Board of S	DMO, Baliguda	Office of the	Sub-Collector, Ba	liguda/
Block Development	Officer, Balliguda/	Tahasildar Ball	iguda/ Projec	t Administrator,	ITDA
Balliguda/ Asst. Engi	neer RWSS, Balligu	da/ SBI, Ballig	uda/ M/s Sri	Laxmi Medical	Store,
Balliguda/ M/s Prabhat	Medicines, Balliguda	/ Banik Sangha,	Balliguda with	h a request to publ	ish the
quotation call Notice in	their notice Board for	general Publicat	ion.		
		S.D		Member Secretary H., Balliguda	r
Memo N	o/NRHM	M/SDH Baliguda	Γ	Date	
Copy sul	bmitted to NIC, Kandl	namal with a requ	uest to upload	this quotation call	Notice
in the district website fo	or general publication.				
		S.D	.M.O cum-N	Member Secretary	7

S.D.M.O.- cum-Member Secretary R.K.S., S.D.H., Balliguda



SUB-DIVISIONAL PROGRAMME MANAGEMENT UNIT SUB-DIVISIONAL HOSPITAL, BALIGUDA, PIN – 762103 (ODISHA)

Letter No	/NRHM/SDH, Baliguda	Date	_
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### **QUOTATION CALL NOTICE**

**Quotation call for** : Supply of Instruments and Equipments

: 25th July 2013 Date of quotation call

Last date and time of Submission of

: 06<sup>th</sup> August 2013, 2.00 PM

quotation

Date & time of Opening of quotation : 06<sup>th</sup> August 2013, 4.00 PM

Sealed quotations are invited from eligible supplier/ manufacture through Regd. Post/ Speed Post for supply of Pathology Reagents to this S.D. Hospital, Balliguda. The supplier/ manufacture should be registered with Orissa Sales Tax Deptt. for Sales Tax or Central Excise of Customs Dept. for service tax and have valid TIN No, wherever applicable. The quotation need to be reached in due time and date as mentioned above.

Sl. No.	NAME OF THE ITEMS	UNIT PACK	NAME OF THE MANUFACTURER	RATES INCLUDING ALL TAXES & F O R DESTINATION	REMARK
1	Thermometer (Digital)	Each			
2	Stethoscope	Each			
3	B.P. Instrument ( Digital LED) Model	Each			
4	Weighing Machine	Each			
5	Weighing Machine (Paeditric)				
6	Height Measuring Scale	Each			
7	Oxygen Flow Meter with Key	Each			
8	Electrical Suction Machine	Set			
9	Centrifuge Machine	Each			
10	Foot operated suction machine	Each			
11	Oxygen mask (Adult Size)	Each			
12	Oxygen mask (Child Size)	Each			
13	Lights of Phototherapy unit	1 set			
14	Bulbs of shadow less light	Each			
15	Ambu bag with mask (Adult Size)	Each			
16	Ambu bag with mask (Child Size)	Each			
17	Plastic Appron	Each			



### OFFICE OF THE SUB-DIVISIONAL MEDICAL OFFICER, BALIGUDA

### SUB-DIVISIONAL PROGRAMME MANAGEMENT UNIT SUB-DIVISIONAL HOSPITAL, BALIGUDA, PIN – 762103 (ODISHA)

Ph.: 06846-243254 (SDMO), E-mail-sdmosdhballiguda@gmail.com

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	Letter No	/NRHM/SDH, Baliguda	Date			
Terms	& Condition:-					
1.	2.00 PM and w of bidders or the	ill be opened on the same day i.e.	undersigned on or before 06 <sup>th</sup> August 2013 6 <sup>th</sup> August 2013 at 4.00 PM in the presence any bidder/ representative fails to be present			
2.	The quotation visible.	paper should be clearly typed/ w	ritten in English and rates should be clearly			
3.	The rates shoul	d be mentioned inclusive of all tax	ces.			
	-	ion cost should be borne by the Su	± ±			
		ems and name of the manufacturer sh	· · · · · · · · · · · · · · · · · · ·			
6.	The rate of present quotation is valid up to 1 year or inviting of next quotation whichever is earlier.					
7.	If any informat quotation will be	•	e bidder are found incorrect at any stage the			
8.	-	/ Committee reserve the full right out assigning any reasons thereof.	ht to accept in full or reject any or all the			
9.		ll furnish the Xerox copy of up to	o date VAT clearance Certificate, PAN card			
	Memo No.	/NRHM/SDH Baliguda	S.D.M.O cum-Member Secretary R.K.S., S.D.H., Balliguda Date.			
		_	iguda/ Office of the Sub-Collector, Baliguda			
Block	Development	Officer, Balliguda/ Tahasildar	Balliguda/ Project Administrator, ITDA			
Balligu	ıda/ Asst. Eng	ineer RWSS, Balliguda/ SBI,	Balliguda/ M/s Sri Laxmi Medical Store			
Balligu	ıda/ M/s Prabha	t Medicines, Balliguda/ Banik San	ngha, Balliguda with a request to publish the			
quotati	on call Notice in	n their notice Board for general Pu	blication.			
			S.D.M.O cum-Member Secretary R.K.S., S.D.H., Balliguda			

Copy submitted to NIC, Kandhamal with a request to upload this quotation call Notice

Memo No. \_\_\_\_\_/NRHM/SDH Baliguda

in the district website for general publication.

**S.D.M.O.- cum-Member Secretary** R.K.S., S.D.H., Balliguda

Date. \_\_\_



SUB-DIVISIONAL PROGRAMME MANAGEMENT UNIT SUB-DIVISIONAL HOSPITAL, BALIGUDA, PIN – 762103 (ODISHA) Ph.: 06846-243254 (SDMO), E-mail- sdmosdhballiguda@gmail.com

Letter No	/NRHM/SDH, Baliguda	Date	

### **QUOTATION CALL NOTICE**

**Quotation call for** : Supply of Printing Materials.

Date of quotation call : 25th July 2013

Last date and time of Submission of

: 06<sup>th</sup> August 2013, 2.00 PM

quotation

Date & time of Opening of quotation : 06<sup>th</sup> August 2013, 4.00 PM

Sealed quotations are invited from eligible supplier/ manufacture through Regd. Post/ Speed Post for supply of Pathology Reagents to this S.D. Hospital, Balliguda. The supplier/ manufacture should be registered with Orissa Sales Tax Deptt. for Sales Tax or Central Excise of Customs Dept. for service tax and have valid TIN No, wherever applicable. The quotation need to be reached in due time and date as mentioned above.

SL. NO	NAME OF THE ITEMS	Size	UNIT PACK	Price
1.	OPD Ticket (Self Carbonated)	A4 size	Each @ 200 pages	
2.	OPD Ticket (Self Carbonated)	1/2 of A4 size	Each @ 200 pages	
3.	Indoor Admission Ticket (Bed Head Ticket)	A4 size	Each @ 200 pages	
4.	Indoor Admission Ticket (Bed Head Ticket) (Additional page)	A4 size	Each @ 200 pages	
5.	Indoor/Misc. Receipt Book (including Original & Duplicate)	Length- 4 inch Width- 6.5 inch	Each @ 100 pages	
6.	Pathological Receipt Book (including Original & Duplicate)	Length- 4 inch Width- 6.5 inch	Each @ 100 pages	
7.	X-Ray Receipt Book (including Original & Duplicate)	Length- 6.5 inch Width- 4 inch	Each @ 100 pages	
8.	Ambulance Receipt Book (including Original & Duplicate)	Length- 4 inch Width- 6.5 inch	Each @ 100 pages	
9.	Cabin Receipt Book (including Original & Duplicate)	Length- 4 inch Width- 6.5 inch	Each @ 100 pages	
10.	X-Ray Application form	Length- 8.0 inch Width- 7.0 inch	Each @ 200 pages	
11.	Cabin Application form	A4 size	Each @ 200 pages	
12.	Discharge / Referral Slip	Length- 5.5 inch Width- 4.5 inch	Each @ 200 pages	
13.	Baby Ticket	Length- 5.5 inch Width- 4.5 inch	Each @ 200 pages	
14.	Pathological Investigation Report (Both side)	Length- 8.0 inch Width- 6.0 inch	Each @ 200 pages	
15.	Prescription Pad	Length- 4.0 inch Width- 3.0 inch	Each @ 100 pages	
16.	Indoor Patient Register	Length- 15.0 inch Width- 24.0 inch	Each @ 200 pages	
17.	Out Door Patient register	Length- 15.0 inch Width- 24.0 inch	Each @ 200 pages	



Date

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18.	Diet register	Length- 15.0 inch	Each
	-	Width- 24.0 inch	@ 200 pages
19.	Operation register	Length- 15.0 inch	Each
		Width- 24.0 inch	@ 200 pages
20.	Police information slip	A4 size	Each
	_		@ 300 pages

#### **Terms & Condition:-**

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- 2. The bidder shall furnish the quotation paper according to the format given and rates should be clearly visible.
- 3. The price should be mentioned basing upon the unit pack column.
- 4. The rates should be mentioned inclusive of all taxes.

Letter No\_\_\_\_\_/NRHM/SDH, Baliguda

- 5. The transportation cost should be borne by the Supplier.
- 6. The Supplier should supply the quality paper otherwise the printing materials will not be received by the undersigned.
- 7. Every page must be numbered by the supplier at the time of supplying the printing materials.
- 8. The rate of present quotation is valid up to 1 year or inviting of next quotation whichever is earlier.
- 9. If any information or documents furnished by the bidder are found incorrect at any stage the quotation will be rejected.
- 10. The authority / Committee reserve the full right to accept in full or reject any or all the quotation without assigning any reasons thereof.
- 11. The bidder shall furnish the Xerox copy of up to date VAT clearance Certificate, Xerox copy of PAN card Number with the quotation.

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or, Baliguda/ rator, ITDA edical Store, o publish the
retary la
on call Notice

S.D.M.O.- cum-Member Secretary R.K.S., S.D.H., Balliguda

S.D.M.O.- cum-Member Secretary