

OFFICE OF THE MEDICAL SUPERINTENDENT
College of Medicine & J.N.M.Hospital,
Gandhi Memorial Hospital (2nd Campus)
West Bengal University of Health Sciences,
Kalyani, Nadia , West Bengal, Pin-741235
Tele :- Fax : (033) 2582 6647, (033) 2582 8562
jnmch@gmail.com

Memo No. JNMH/-----2609-----

Dated 23/8/22

QUOTATION NOTICE

Quotations in sealed cover of rates in Rupees are invited to submit from experienced Manufacturers/ Authorized Distributors / Suppliers for the items mentioned in the ANNEXURE-1.

- 1) Rate should be quoted For Door Delivery Medicine Store, Hospital wing, College of Medicine & JNM Hospital, WBUHS, Kalyani, Nadia in the following format.
- 2) Rates should be submitted in a sealed envelope, mentioning the Quotation Reference No. along with all self attested documents and credentials such as :-
 - (i) PAN CARD
 - (ii) I.T returns for at least last ONE year (2021-2022).
 - (iii) GST registration with latest return
 - (iv) Updated Trade LICENSE (VALID AFTER MARCH-2022)
 - (v) UPDATED DRUG LICENCE (VALID AFTER MARCH-2022)
- 3) Acceptance of the lowest rate is not mandatory. The authority strictly reserves the right of acceptance or cancellation of any quotation without assigning any reason.
- 4) The items supplied by the selected vendor must conform to the specification as mentioned in the quotation.
- 5) The vendor qualified as L-1 bidder must supply the item within the scheduled date mentioned in the purchase order and vendor failing to supply the item at all or failing to supply within the stipulated date will be black listed by the authority. **The Authority solely reserves the right of blacklisting the L-1 vendor violating the terms and condition of the quotation.**
- 6) QUOTATION NO. & DATE must be mentioned on the envelop otherwise the envelop will be cancelled without opening.
- 7) Only one quotation is acceptable from one owner i.e. one owner Can not submit more than one quotation in the name of different FIMRS.
- 8) Envelope containing quotation should be dropped in the drop box kept in the room of ACCOUNTS OFFICER, (HOSPITAL SIDE) within the time mentioned below.
- 9) The L-1 rate will remain valid for one year from the date of opening and it may be extended if required.
- 10) If updated Trade License (after March-2022) & Updated Drug license (after March-2022) are not available but applied to the competent authority through online mode for the same, then the copies of such application will have to be attached along with the written declaration that updated Trade License & updated drug License will be submitted as soon as it will be available.

- Last Date of submission of quotation: 13-09-2022 at 11.00 am
- DATE & TIME OF OPENING OF Quotation :- 13-09-2023 at 11.30 a.m.

- Venue :- Chamber of the Medical Superintendent, Hospital side (2nd floor , emergency Block)

Medical Superintendent
College of Medicine & J.N.M.Hospital, Kalyani, Nadia

Date 23/8/22

23/8/22
Medical Superintendent
Com & JNM Hospital
Kalyani Nadia

MemoNo. 2609/1(12)

Copy to-

1. Hon'ble Zilla Sabhadhipati, Nadia Zilla Parishad, Krishnannagar.
2. District Magistrate, Krishnannagar, Nadia
3. SDO Kalyani.
4. Principal, COM & JNMH, Kalyani, Nadia
5. The Deputy Superintendent, College of Medicine & J.N.M.Hospital, Kalyani, Nadia
6. The Accounts Officer (College side), College of Medicine & J.N.M.Hospital, Kalyani, Nadia
7. The Accounts Officer (Hospital), College of Medicine & J.N.M.Hospital, Kalyani, Nadia
8. Treasury Officer, Kalyani, Nadia
9. Station Master, Kalyani, Nadia 10. Post master, Kalyani, Nadia
10. Web Administrator , Office of the Principal, COM & JNMH for uploading in the college website
11. Notice board of the college & hospital.
12. Office copy.

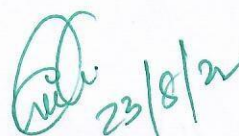
Medical Superintendent
College of Medicine & J.N.M.Hospital, Kalyani, Nadia

23/8/22
Medical Superintendent
Com & JNM Hospital
Kalyani Nadia

ANNEXURE-1

List of the items

SL NO.	NAME OF ITEMS	specification	Accounting Unit	APPROX ANNUAL REQUIREMENT
1.	C.R.P. TEST KIT	LATEX AGGLUTINATION	PER TEST	8000 TEST S
2.	CABERGOLIN (0.5 MG) TABLET	0.5 mg tablet	strip of 4 tablet	200 STIRPS
3.	CEFOTAXIME SODIUM INJECTION	1 GM VIAL	PER VIAL	6000 VIALS
4.	CHOLECALCIFEROL-6000 I.U. CAP/TAB	60000 I.U.	PER STRIP OF 4 TABS/CAPS	3000 STRIPS X4
5.	COLLODION SOLUTION 4 % W/V	500 ML BOTTLE	PER BOTTLE	120 BOTS
6.	DOXYCYCLINE INJECTION (COMBO PACK WITH VITAMIN -C INJ.)	100 MG/ VIAL	PER PACK	4000 PACK
7.	EDARAVONE INJECTION FOR I.V. USE	20 ML AMP	PER AMPOULE	5000 AMPS
8.	IRON-SUCROSE INJECTION (20 MG/ ML)	5 ML AMPOULE	PER AMPOULE	3000 AMPS
9.	LEVETIRACETAM INJECTION (500 MG/ 5 ML)	5 ML AMPOULE	PER AMPOULE	10000 AMPS
10.	LIGNOCAINE HYDROCHLORIDE (LOXICARD) 2% INJECTION FOR I.V. USE	50 ML VIAL	PER VIAL	300 VIALS
11.	LIGNOCAINE HYDROCHLORIDE 4% TROPICAL SOLUTION	30 ML VIAL	PER VIAL	300 VIALS
12.	LIQUID PARAFFIN (HEAVY)	500 ML BOTTLE	PER BOTTLE	100 BOTTLES
13.	METHYL ERGOMETRIN INJECTION 0.2 MG / ML	1 ML AMPOULE	PER AMPOULE	500 AMPOULES
14.	PIRACETAM INJECTION (200 mg / ml)	15 ML AMP	PER AMPOULE	5000 AMPS
15.	R.A. FACTOR TEST KIT	LATEX AGGLUTINATION	PER TEST	6000 TESTS
16.	SODIUM PHOSPHATE ENEMA	100 ML BOTTLE	PER BOTTLE	4000 BOTS
17.	VITAMIN B. COMPLEX NFI TABLET	NFI	STRIP OF 10 TABLETS	60000 X 10


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