

ଜିଲ୍ଲା ମୁଖ୍ୟ ଚିକିତ୍ସା ଓ ଜନ ସ୍ୱାସ୍ଥ୍ୟ ଅଧିକାରୀ, ସୁନ୍ଦରଗଡ଼

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SUNDARGARH

(ଉତ୍ତରାଧିକାରୀଙ୍କ ଦ୍ୱାରା ଦାଖଲ କରାଯାଇଥିବା ଲେଖାରେ ସମ୍ପର୍କିତ)

Notice No 6686 /CDM&PHO/SNG/Date. 18.12.19

SHORT QUOTATION CALL NOTICE.

Sealed quotations are invited from the willing supplier/distributor/wholesalers etc to quote the rates of Hb Electrophoresis Instrument for Sickle Cell, DHH, Sundargarh as mentioned in Annexure-I. The willing bidders are requested to submit their sealed quotations to the office of the undersigned by Speed Post/ Regd. Post/ Courier Service only on or before dt. 2.1.20 till 5 P.M. The said quotations will be opened on dt. 2.1.20 at 11 A.M. and after due date & time any quotations will not be entertained. The bidders or their representatives are requested to remain present in the fixed date & time for opening of quotations. The details terms & conditions and specification of the said instrument can be downloaded from the district website-www.sundargarh.nic.in

The undersigned reserves the right to accept/cancel all the quotations without assigning any reason thereof.

Sd/-Dr.S.K.Mishra,
Chief District Medical & Public Health Officer,
Sundargarh.

Memo No. 6687 /CDMO/SNG/dtd. 18.12.19

Copy forwarded to the District Informatics Officer, NIC, Sundargarh for information & necessary action. He is requested to upload the details information & publish the same in the district website.

Chief District Medical & Public Health Officer,
Sundargarh

Memo No. 6688 / CDM&PHO/SNG/dtd. 18.12.19

Copy forwarded to the DI & PRO, Sundargarh for information and necessary action.

Chief District Medical & Public Health Officer,
Sundargarh.

Memo No. 6689 / CDM&PHO/SNG/dtd. 18.12.19

Copy to Notice Board of CDMO/DWH/Sub-Store, DHH, Sundargarh for information.

Chief District Medical & Public Health Officer,
Sundargarh.

Contd-P/2.....

TERMS AND CONDITIONS:-

Copy of :-

1. GSTIN No. PAN/TIN No. GMP/ISO, Authorization from manufacturers of the quoted product duly authorized for the purpose & license of supplier/wholesaler should be attached with the quotations.
2. The goods should be supplied /delivered at the destination point only i.e. DHH, Sundargarh and no charge for freight should be claimed.
3. The processing/tender fee of Rs.1000/- (non-refundable) & EMD 10,000/- (refundable) should be submitted with the quotation bid in shape of demand draft issued from any Nationalized Bank in favour of CDM & PHO, Sundargarh payable at Sundargarh. The EMD money will be refunded after completion of warranty or guarantee of the item, whichever is earlier.
4. The technical bid & financial bid should be submitted separately in closed envelop which are to be closed in a third envelop superscribing – 'QUOTATION FOR ELECTROPHORESIS'.
5. The rates should be quoted inclusive all taxes.
6. The average annual turnover should not below Rs.50.00 (fifty) lakhs per annum. The turnover should produce three financial year i.e. from 2016-17, 2017-18 & 2018-19. A certified copy from Chartered Accountant should be enclosed with the quotation.
7. The decision/selection of technical expert committee is final.
8. Copy of supply order of similar item duly supplied to any Govt. Hospital/Private Hospital/Any Govt. health institutions during last 3 (three) years i.e. 2016-17, 2017-18 & 2018-19.
9. Any quotations will not be entertained after due date & time fixed for it.
10. Any postal delay the undersigned will not be held responsible.
11. The approved rate will valid for one year from the date of finalization of quotations.
12. The undersigned reserves the right to accept/cancel all quotations without assigning any reason thereof.


Chief District Medical & Public Health Officer,
Sundargarh.

DETAILS OF THE TENDERERS & CONTACT PERSON

	<i>Corporate office (The address in which the purchase order and payment details will be communicated)</i>	<i>Local Contract person/Branch Office/ Service Center if any, In Odisha</i>
<i>Name & Full Address</i>		
<i>Telephone No., Landline No.</i>		
<i>Mobile</i>		
<i>Fax</i>		
<i>E-Mail</i>		
<i>Name of Bank with A/C No and Name of Beneficiary</i>		
<i>IFSC Code</i>		

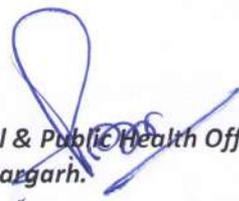


Signature of tenderer.

ANNEXURE-I.

SPECIFICATION OF ELECTROPHORESIS MACHINE.

<i>Sl No.</i>	<i>Use</i>	<i>Specification</i>	<i>No.of unit.</i>	<i>Rate to be quoted Per unit.</i>	<i>Tax</i>	<i>Total Cost.</i>
1	2	3	4	5	5	
01	<i>For routine detection of sickle cell haemoglobinopathies (sickle cell disease, sickle cell trait, HbE, HbD, fast moving hemoglobins and HbF.</i>	<i>Digital Electrophoresis power pack with 0 to 500V with 100V increment range 0 to 100 mA current with coarse and fine adjustments. External and internal power fuse, Timer, Start on /off switch with polarity reverse facility, Smooth jack for supply connectors to tank Horizontal hard plastic tank with transparent lid, platinum wire and banana connectors. The tank should have an elevated middle portion with two buffer reservoirs below the level of the middle bridge to support non-submergible gel plate placement. Comprehensive Warranty:-5 years inclusive thereafter 5 years CMC service support.</i>	1 unit.			


Chief District Medical & Public Health Officer,
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