



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/-----

256

Dated -----

30/01/23

**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 ( financial year 2021-2022).
  - (iii) VALID GST registration
  - (iv) GST latest return (DURING THE CURRENT YEAR)
  - (v) Updated Trade LICENSE (VALID FOR THE CURRENT YEAR)
  - (vi) UPDATED DRUG LICENCE (VALID FOR THE CURRENT YEAR)
- 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 Cannot 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 or purchase upto Rs 100000 (one Lakh) which one is earlier and it may be extended if required.**
- 10) **If updated Trade License (VALID FOR THE CURRENT YEAR) & Updated Drug license (VALID FOR THE CURRENT YEAR) 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: ----- 13-02-2023 at 11.00 am

DATE & TIME OF OPENING OF Quotation : ----- 13-02-2023 at 11.30 a.m.

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

Medical Superintendent

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

Date 30/01/23

Medical Superintendent  
Com & JNM Hospi  
Kalyani Nadia

Memo No. JNMH/256/1/12

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

Medical Superintendent  
Com & JNM Hospi  
Kalyani Nadia

## ANNEXURE-1

### List of the items

SL NO.	NAME OF ITEMS	specification	Accounting unit	Approx. requirement
1	DOXYCYCLINE INJECTION	100MG/VIAL	PER VIAL	3000 VIALS
2	INTERFERON BETA 1a INJECTION (PFS/VIAL)	30 mcg VIAL	PER VIAL	16 VIALS
3	LEVOSALBUTAMOL RESPULSE (0.63 MG)	0.63 MG	PER RESPULSE	20000 RESPULSE
4	LEVOSALBUTAMOL RESPULSE (0.31 MG)	0.31 MG	PER RESPULSE	20000 RESPULSE
5	SODALIME POWDER	JAR OF 4 KG	EACH JAR	50 JARS
6	LACTULOSE SURYP (10MG/ 15 ML)	100 ML BOTTLE	PER BOTTLE	2000 BOTTLES
7	AMOXYCILLIN 1 GM + CLAVULANIC ACID 200 MG INJECTION	1.2 GM / VIAL	PER VIAL	3000 VIALS
8	MOXIFLOXACIN HCI (0.5%) + PREDNISOLONE ACETATE1% (EYE DROP	5 ML PHIAL	PER PHIAL	1000 PHIALS

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

**Medical Superintendent**  
**Com & JNM Hospital**  
**Kalyani Nadia**

