

**OFFICE OF THE MEDICAL SUPERINTENDENT**

COLLEGE OF MEDICINE & J.N.M HOSPITAL  
GANDHI MEMORIAL HOSPITAL (2<sup>ND</sup> CAMPUS)  
WEST BENGAL UNIVERSITY OF HEALTH SCIENCES  
KALYANI, NADIA, WEST BENGAL PIN- 741235  
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Memo No.: JNM/ 492Date: 17/02/2025**SPOT QUOTATION NOTICE**

Spot Quotation in sealed cover is asked to submit Rates in Rupees from Manufacturers/ Authorized Distributors / Suppliers for the items mentioned below. Venue and date of submission of quotation is mentioned below.

Rate should be quoted F.O.R. Door Delivery Equipment Store, Hospital Wing, College of Medicine & JNM Hospital, WBUHS, Kalyani, Nadia exclusive of all Taxes, as applicable. Rates should be submitted in a sealed envelope, mentioning the Quotation Reference No. along with all documents and credentials such as I.T. RETURN, GST, TRADE LICENCE ETC. (Current Year) Acceptance of the lowest rate is not mandatory.

Date of submission of Quotation is 27/02/2025 upto 4.00 pm in the drop box of Account's officer of the hospital  
Venue : Medical Superintendent's Chamber, Hospital wing, 2<sup>nd</sup> Floor of Emergency Block. Quotation will Be valid For ONE YEAR

SL No	Name of the items	QUANTITY	Rate per pc
1.	CHEST DRAINAGE BAG	As Per Requirement	Rate Per Pc
2.	LEPTOSPIRA KIT ( PAN BIO)	Do	1 KIT ( (96 wells) per
3.	Ryles Tube 6 No	AS per Requirement	Rate Per PC

*(Signature)*  
Medical Superintendent  
College of Medicine & J.N.M Hospital  
WBUHS, Kalyani, Nadia

Memo No.: JNM/492/1/09Date: 17/02/2025**Copy to:**

1. S.D.O. Kalyani, Nadia.
2. Principal, COMJNMH, Kalyani, Nadia.
3. Accounts Officer, COMJNMH, Kalyani, Nadia (College wing).
4. Accounts Officer, COMJNMH, Kalyani, Nadia (Hospital wing).
5. Treasury Officer, Kalyani, Nadia.
6. Station Master, Kalyani, Nadia.
7. Web Administrator for uploading in the College Website.
8. Notice Board of this College & Hospital.
9. Office Copy.

*(Signature)*  
Medical Superintendent  
College of Medicine & J.N.M Hospital  
WBUHS, Kalyani, Nadia