

OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, ANGUL
(dhhstore.angul@gmail.com) cell: 9439994973 WAP: 9937736676

Quotation call Notice No: CS/20CD/ 4.30 Date: 17.11/2021

Sealed Quotations are hereby invited by the CDM&PHO, Angul from registered suppliers to supply the following items to the CDM & PHO, Angul. The Quotationers should mention clearly in the following format along with the required documents with super-scribing in the envelope as 'CS/Quotation for Drugs, Logistics ETC CDM&PHO, Angul, Last Date 29.11.21'. The last date for submission of quotation to the undersigned is Dt. 29.11.2021 at 5.00P.M and the same will be opened on date 01.12. 2021 at 11 AM in the office chamber of CDM &PHO, Angul (Subject to availability of CDM &PHO, Angul) in the presence of the purchase committee members. The quotation will be opened either in the presence or absence of quotationer or their authorised agents. The authority has the right to cancel all or any quotation without assigning any reasons thereof. The quotation should be send through speed post/Regd. Post /Courier Only.

Documents to be submitted

1. Copy of GST Registration Certificate 2. Copy of PAN CARD 3. Valid Drug license

List of Drugs & Medical Consumables

Sl. No	Name of the Item	Specifications	Rate(Inclusive of GST+OT)
1	Inj Neostigmine	2ml/amp	
2.	Inj Plasma Volume Expander I.V. 500ml	Each bot	
3.	Tab Baclofen 10mg	10 Tabs	
4.	Tab Serratlopeptidase 10mg	10 tab	
5.	Inj Haloperidol	Each amp	
6	Inj Lorazepam	Each amp	
7	Tab Resperidone 2mg	10Tab	
8	Tab Resperidone 3mg	10mg	
9	Tab Clonazepam 1mg	10tab	
10	Tab Sodium Valporate 500mg	10mg	
11	Tab Olanzepine 5mg	10mg	
12	Tab Fluoxetine 20mg	10tab	
13	Tab Lithium 300mg	10 tabs	
14	Oint Clobetasol Propionate+ Salicylic Acid	Each tube	
15	Oint Sodium Fusidate	Each tube	
16	Inj Piracetam 200mg	Each amp	
17	Neonatal Mask (size 0 & 1)	Each piece	

Terms and Conditions

1. The rate should be inclusive all taxes of items once approved will be valid for one year. The payment shall be made after delivery of above mentioned items & submission of bills in triplicate (separate show of Tax) at the O/O CDM&PHO, Angul in the name of '**CDM &PHO, Angul**'. Any dispute arises thereof under jurisdiction of Dist Judge Court, Angul only. The bank details are to be submitted at the time of submission of bill.
2. The agency should start supply the materials within 5 days and compete within 15 days from placing an order. Time limit to supply will be strictly followed up. The address for communication is "**Chief District Medical & Public Health Officer, Angul, Dist. Hq. Hospital, Angul ,Pin-759122**"
3. The incomplete bids will be rejected by the undersigned without assigning reasons thereof.
4. Quantity may vary at time of placing order and as per budget availability.

Yours Faithfully

P. S. Reddy
16/11/21

Memo No: 431 Date: 17.11.21 Chief District Medical & Public Health Officer, ANGUL

Copy to the D.I.O (N.I.C), Angul, for information & requested to display on district web portal for wide circulation.

P. S. Reddy
16/11/21

Memo No: 432 Date: 17.11.21 Chief District Medical & Public Health Officer, ANGUL

Copy to the notice board of CDM & PHO, Angul, other wings notice board/DRDA for information & necessary action.

P. S. Reddy
16/11/21

Chief District Medical & Public Health Officer, ANGUL