

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

Quotation call Notice No: CS/ DPHO/ 515 Date: 29-12-2021

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 'C.S/Quotation Salt Testing Kit(NIDDCP)/Nicotine RT Gum patch of CDM&PHO, Angul.LDS: 10-Jan2022.Opening Date. 11-Jan2022'. The last date for submission of quotation to the undersigned is Dt. 10.01.2022 at 5.00P.M and the same will be opened on date 11.01.2022 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/Courier.

**Documents to be submitted**

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

**List of the Item**

Sl. No	Name of the Item	Specifications	Rate ( Inclusive of GST+O.Taxes)
1	Salt Testing Kit (STK)	Salt Testing Kits for NIDDCP	
2	Pharmacotherapy Nicotine Replacement Therapy Gum	2mg/each patch/	
3	Pharmacotherapy Nicotine Replacement Therapy Gum	4mg/each patch/	

**Terms and Conditions**

1. The rate should be **inclusive all taxes** of items once approved will be **valid for one year**.
2. The agency should start supply the materials within 5 days and complete within 15 days from placing an order. Time limit to supply will be strictly followed up.
3. The address for communication is "**Chief District Medical & Public Health Officer, Angul, Dist. Hq. Hospital, Angul ,Pin-759122**"
4. The incomplete bids will be rejected by the undersigned without assigning reasons thereof.
5. 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.
6. The bank details are to be submitted at the time of submission of bill.
7. Quantity may vary at time of placing order and as per budget availability.

Yours Faithfully

*[Signature]*  
29/12/21

Chief District Medical & Public Health Officer, ANGUL

Memo No: 516 Date: 29-12-21

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

*[Signature]*  
29/12/21

Chief District Medical & Public Health Officer, ANGUL

Memo No: 517 Date: 29-12-21

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

*[Signature]*  
29/12/21

Chief District Medical & Public Health Officer, ANGUL