



: 2538-2664/0203

Fax: 2538-6442

MADHYAMGRAM MUNICIPALITY

P.O.: Madhyamgram, Dist.: North 24 Parganas
Kolkata – 700 129

Ref No: MM/E.O/HOSP/MEDICINE/NIQ-208/24-25

Date: 12/09/2024

NOTICE INVITING QUOTATION

Sealed Quotation are therefore invited from Manufacturer/Authorized agent, the rate should be quoted as per pack size as mentioned in the list and should **inclusive GST**. The Quotation should be submitted in Quotation form duly sealed covered super scribing “ **Quotation of rate for supply of medicine Items**” in ‘Netaji Subhas Chandra Bose Specialised Hospital & Research Centre’, **addressed to the Chairman, Madhyamgram Municipality**, so as to reach this office within 12.30 Hrs. on 19/09/2024. The Quotation received after due date & time will not be considered. The Quotation will be opened on 19/09/2024 at 1.30 Hrs. and the Quotation are requested to remain present or send their suitable authorized persons to be present at the time of opening and offer clarification required if any.

Terms & Condition:-

1. Quotation forms will be available at the store of the NSCBSHOSPITAL & RC under Madhyamgram Municipality .
2. The last date of collecting Quotation From on – 19/09/2024
3. Supply against order to the successful Quotation is to be made as when as per requirements.
4. Supplier should remain bound to follow all other terms & condition as will be specified in the supply order.
5. Supplier must be submitted up to date Xerox copy of their up to date trade license, GST Registration, Pan Card, P. Tax Certificate & Income Tax.
6. Authority reserve the rights of accept or reject or every tender without assigning reason whatsoever.
7. First priority first brand name.
8. Quotation dropping address at Finance Officer's Room (Madhyamgram Municipality)
9. The above Quotation is also available on our website, www.madhyamgrammunicipality.org.

Executive Officer
Madhyamgram Municipality

Executive Officer
Madhyamgram Municipality
North 24 Parganas



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ANNEXURE-I

SL NO	Name of the Articles	Pack size	Brand
1	NORMAL SALALINE SODIUM CHLORIDE INJ. I. P. (0.9 %W/V)	500 ML. 1 BOTTLE	BEST QUALITY
2	COMPOUND SODIUM LACTATE INJ. I. P. (RINGER LACTATE SOLUTION FOR INJ.)	500 ML. 1 BOTTLE	BEST QUALITY

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