



Phone: 2538 0203

# MADHYAMGRAM MUNICIPALITY

*Madhyamgram, Kolkata – 700 129*

Ref. No: MM/CHAIR/HOSP/LAB.REAGENT/NIQ-621/23-24


Date: 03/05/2023

## NOTICE INVITING QUOTATION

Sealed Quotation are therefore invited from Manufacturer/Distributor/Authorized, agent, bonafide supplier. **The rate should be quoted as their own different pack size as mentioned in the list and should inclusive of all taxes.** The Quotation should be submitted in Quotation form duly sealed covered super scribing Quotation of rate for supply of LAB.REAGENT/CONSUMABLE items etc in 'Netaji Subhas Chandra Bose Specialized Hospital & Research Centre' addressed to the **Chairman, Madhyamgram Municipality**, so as to reach this office within 13.00 Hrs. on **11/5/2023**. The Quotation received after due date & time will not be considered. The Quotation will be opened on **11/5/2023** at 13.30 Hrs. and the Quotation are requested to remain present or sent their suitable authorized persons to be present at the time of opening and offer clarification required if any. Who are already submitted the Quotation is not to needed for further participation.

### Terms & Condition:

1. Quotation forms will be available at the cash counter of the Municipality on payment of Rs.200/- only.
2. The last date of purchasing Quotation form is on 10/05/2023.
3. Earnest money Rs. 1000/- will have to deposited by Bankers cheque /Demand draft/Bank guarantee, whose are successful.
4. Supply against order to the successful Quotation is to be made as when as per requirements.
5. Supplier should remain bound to follow all other terms & condition as will be specified in the supply order.
6. Supplier must be submitted Xerox copy of their up to date Trade license, GST Reg. No. Professional Tax Payment Certificate and Pan Card.
7. Any notice into ended to be served upon the supplier will be treated as served if displayed on the notice board of this office and/ or if by post under certificate of posting.
8. Authority reserve the rights of accept or reject or every Quotation without assigning reason whatsoever.
9. Supplier should be submitted the rate as per SL. NO. In maintain Quotation, and hand writing or over Writing not allowed.
10. One Time.
11. Quotation dropping address at Madhyamgram Municipality (Finance Officer's Room)
12. The above Quotation is also available on our website  
[www.madhyamgrammunicipality.org](http://www.madhyamgrammunicipality.org)

  
Executive officer  
Madhyamgram Municipality

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North 24 Parganas

LIST OF LAB REAGENT ITEMS .

<b>Sl. No.</b>	<b>Items name</b>	<b>Pack size</b>	<b>Brand</b>
1.	TSH Vast	192 TEST	TOSOH
2.	Urine collection pot( Sterile)	100 PCS OF PKT.	LOCAL
3.	Syringe 10 ml	PER BOX	NIPRO
4.	Dengue NS-1	96 TEST	TULIP
5.	Dengue IgG	96 TEST	TULIP
6.	Dengue IgM	96 TEST	TULIP
7.	H.C.V. Spot (Kit)	50 TEST	J.MITRA
8.	H.I.V. (1&2)	50 TEST	J.MITRA
9.	Advantage Malaria Card	25 Test	J.MITRA



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