

OFFICE OF THE DISTRICT HEALTH SOCIETY ,DHUBRI NATIONAL HEALTH MISSION, DHUBRI

No. NHM/DDWH/DBR/DRUGS-PROCUE-TENDER/2020-21/ 311/ 1353

Date: 30.11.22

NOTICE INVITING TENDER

Sealed quotation affixing non refundable court fee stamp of Rs 8.25/- only is hereby invited from Registered agency/Wholesale & Drug Distributors on behalf of District Health Society Dhubri for supplying of Drugs for DDWH, Dhubri as per proforma attached bellow.

The quotation will be received by the undersigned upto 3 PM of 7th August- 2022 and will be opened at 3.30 PM on the same date. A drop box is kept in the O/o the Joint Director of Health Services for the purpose. The proprietors of the parties /firm or their authorized agents may remain present at the time of opening of the quotation.

List of Drugs:

| SL.NO | ITEM NAME | PACKING | RATE PER UNIT | GST% | NET RATE |
|-------|---------------------------------------|---------|------------------|-----------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 11 | Antacid Gel | bottle | 1000 | Para and the same | 1 |
| 2 | Cough Syrup | bottle | | | |
| 3 | DICLOFENAC GEL 1% | tube | | | 1011 A |
| 4 | BETAMETHASONE CRAM 0.05% | tube | | | |
| 5 | METRONIDAZOLE 400 MG TAB | 1x10,s | | | - |
| 6 | METRONIDAZOLE SYP | Bottle | | | |
| 7 | POVIDONE IODINE OINTMENT 5%W/W | oint | | | May have received a second and the second and the second as the second a |
| 8 | POVIDONE IODINE SOLUTOION 5%W/V | bottle | | | |
| 9 | TAB AMOXYCILLINE500 +CLAVU 125MG | 1x6,s | | | |
| 10 | TAB NORFLOXACIN400MG+TINIDAZOLE 600MG | 1x10,s | | | |
| 11. | DISPOSABLE SYRINGE 10ML | Nos. | | | |
| 12. | DISPOSABLE SYRINGE 2ML | Nos. | | | |
| 13. | DISPOSABLE SYRINGE 5ML | Nos. | | | |
| 14. | PERFUSION SET (IV SET)ADULT | Nos. | | - | Marie a gradual () and a second of |
| 15. | AMOXICILLINE 500MG CAP | 1×10's | | | |
| 16 | AMOXICILLINE 250 MG CAP | 1×10′s | - | *************************************** | |

TERMS AND CONDITIONS:

1) Quotation must be submitted in the firms letterhead having DL.No & GST No. as per above



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2) The rates shall be inclusive of all taxes and other contingent charges, carrying charges etc. Applicable Taxes would be deducted at sources.

3) The rate to be quoted should be economical and reasonable.. Rates once accepted will not be

- 4) Supply of items must be completed within the stipulated time and under no circumstances
- 5) The quotationers should invariably enclose along with their respective quotations- Drug licence. GST registration Certificate, Pan card should enclosed with the quotation.

6) If any sub-standard quality items found, the work order will be cancelled.

7) (a) Failure to supply the items as per direction as stated in the work order will entail the undersigned to cancel the work order of supply.

(b) The undersigned may also take any other action against the defaulter as he may think fit and proper in addition to what has been stated in clause (a) above.

- 8) The undersigned is not bound to accept the lowest or any quotation and reserves the right to accept/ reject any quotation without assigning any reasons thereof.
- 9) Payment against any order will be made subject to availability of fund.

Joint Director of Health Services DHS, Dhubri

Memo No. NHM/DDWH/DBR/DRUGS-PROCUE-TENDER/2022-23/ 311/...\ 35.5... Date: 28.07.22 Copy to:-

- 1. Deputy Commissioner cum Chairman, DHS, Dhubri
- 2. ADC(Health), Dhubri

3. Treasury Officer, Dhubri

4. DPM/DDSM, NHM, Dhubri for information and necessary action 5. Office copy

6. Notice Board, O/o DIPRO

7. Notice Board, O/o the Jt.DHS, Dhubri for information

8. Notice Board, O/o the Deputy Commissioner, Dhubri for information

9. www.dhubri.gov.in / www.dhubri.nic.in

Joint Director of Health Services

DHS. Dhubri