

Quotations call Notice No: CS-DBCS-23/ 321 Date: 14 Feb/2023

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 'Quotation for Crescent/Keratome etc C.S/DACS/CDM &DHH, Angul,L.S. Date. 27.02.2023,OpeningDate: 28.02.23' The last date for submission of quotation to the undersigned is Dt 27.02.23 at 5.00 P.M and the same will be opened on date 28.02.23 at 11.00AM 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. Copy of Valid Drug License for supply.

List of Items for supply

Sl. No	Name of the Item	Specifications	Rate( Inclusive of GST& O.T) Cost inclusive of door delivery
1	Crescent (2.6)mm	Each no	
2	Keratome(2.8)mm	Each no	
3	Povidine Iodine Scrub(500ml)	Each bottle	
4	Suture 10-0 Nylon 1box 10nos	Each box	
5	Glutaradehyde(500ml)	Each bottle	
6	Inj Gentamicinn 80mg/ml	Each vial	
7	EYE OT TOWEL	Each no	
8	Swab stick	Each PKT	
9	Flourocin Stain	1 box (100 nos)	

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.
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. Time limit to supply will be strictly followed up.
6. 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 arise comes under judiciary of District Judge court, Angul Only.
7. The bank details are to be submitted at the time of submission of bill.
8. Quantity may vary at time of placing order and as per budget availability.

Yours Faithfully

*[Signature]* 09/02/23

Chief District Medical & Public Health Officer, Angul

Memo No. 322 /Date 14.2.23

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

*[Signature]* 09/02/23

Chief District Medical & Public Health Officer, Angul

Memo No. 323 /Date 14.2.23

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

*[Signature]* 09/02/23

Chief District Medical & Public Health Officer, Angul