



Government of West Bengal
Office of the Chief Medical Officer of Health
MATRISADAN Building, 1st Floor, WARD NO. XVI, NEW ALIPURDUAR,
Dist. ALIPURDUAR, PIN: 736121

NOTICE INVITING QUOTAION (NIQ)

Memo No. DH&FWS/APD/IEC- 291

Dated-29-06-2016

The Chief Medical Officer of Health (CMOH), Alipurduar Invites quotation from eligible and qualified bidders for Good Quality Colour Flex Printing.

Details format of quotation given below

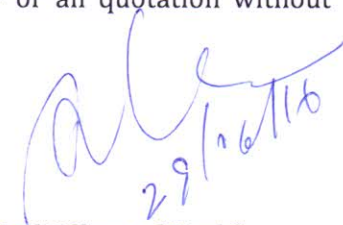
SL NO	ITEM DESCRIPTION	QTY	RATE PER UNIT (per Sq/Ft) (INCL VAT)
1.	Specification 1. GOOD QUALITY COLOUR FLEX PRINTING		
TOTAL AMOUNT			

Date of publishing of Notice	29.06.2016
Last Date of submission of quotation	05.07.2016 12.00 hrs
Date of opening of quotation	05.07.2016 14.00 hrs
Mode of Submission of Quotation	Only in Drop Box at CMOH Office, Alipurduar

Interested bidders may please submit their quotation within 05.07.2016 to the office of the undersigned.

The selected bidder will be bound to supply the materials as per specification in requisite numbers within 5 days of issue the work order.

The undersigned reserves the right to accept or reject any or all quotation without assigning any reason there off.


29/06/16
Chief Medical Officer of Health
Alipurduar



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Technical Bid:

1. NAME OF THE WORK	GOOD QUALITY COLOUR FLEX PRINTING
2. QUOTATION NOTICE NO.	
3. DUE DATE OF THE SUBMISSION OF QUOTATION	
4. NAME OF THE BIDDER	
5. FULL ADDRESS	
	Email ID:
	Telephone No/ Mobile No:
	Fax No:
6. LOCAL ADDRESS, IF ANY	
7. LEGAL ENTRY OF THE BIDDER WHETHER FIRM/SOCIETY/COMPANY/OTHER ENTRY	
a. REGISTRATION NO.	
b. AUTHORITY WITH WHOM REGISTERED	



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8. NAME & ADDRESS OF THE BANKER OF THE BIDDERS	
9. A. PAN NO. / TAN NO. b. VAT NO. IF ANY.	
10. EXPERIENCE IF ANY	
11. DETAILS OF PAST EXPERIENCE PROVIDING COLOUR FLEX TO GOVT/PSU/ REPUTED PVT. ORGANIZATION (PLEASE GIVE CREDENTIALS, IF ANY)	

Certified that the above information is correct and true to the best of my knowledge and belief. In case of information found incorrect later on, I'll be responsible and my application/bid be liable to be rejected forthwith.

Date:

Full Signature of the Bidder



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FINANCIAL / PRICE BID

PROFORMA FOR QUATING OF RATES

Name, Address & Contact No. of the bidder:

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Rate Quote:

Sl. NO.	Description	RATE PER SQUARE/FOOT (BASIC RATE + VAT AND DELIVERY CHARGES) In Figures **
1.	Specification 1. GOOD QUALITY COLOUR FLEX PRINTING	

**No additional delivery charges & installation charges will be entertained.

I / We _____ agree to all the terms and conditions laid by the Member Secretary & Chief Medical Officer of Health, DH&FWS, Alipurduar in their notice for Good Quality Colour Flex Printing, dated _____.

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Full signature of the bidder