

**REVISED NATIONAL
TUBERCULOSIS CONTROL
PROGRAMME**

MUNICIPAL CORPORATION AURANGABAD

CITY TB OFFICE, AURANGABAD

**N-11 Hospital AMC, Near Petrol Pump, Jalgaon Road, Hudco,
Aurangabad-431003 (Ph) 0240-2356773**

E-mail:- dtomhabm@rntcp.org

Quotation Required for Printing Materials

Year 2017-2018

Name of Item :- List Enclosed

Last Date of Quotation Submission - 09.07.2017



सुधारित राष्ट्रीय क्षयरोग नियंत्रण कार्यक्रम



शहर क्षयरोग अधिकारी, महानगरपालिका , औरंगाबाद

संपर्क:-

कार्यालय :- ०२४०-२३५६७७३

ईमेल :- dtomhabm@rntcp.org

पत्ता:- शहर क्षयरोग अधिकारी,

शहर क्षयरोग केंद्र, औरंगाबाद.

सिटी मार्केल बील्डींग, डाटा सेंटर, औरंगपुरा

औरंगाबाद.पिन.४३१००१. (फोन) ०२४०. २३५६७७३

डॉ.अंजली पाथ्रीकर

शहर क्षयरोग अधिकारी, औरंगाबाद

जा.क्र./मनपा/आरोग्य/क्षयरोग/Open Notice/ 115/२०१७/

दिनांक 30/06/२०१७

OPEN NOTICE

City Tuberculosis Officer, Aurangabad is invited quotation rate for purchase of following item from eligible supplier. The supplier who is interested for filling of rate, please see Terms & Conditions of supply

1) Item Description

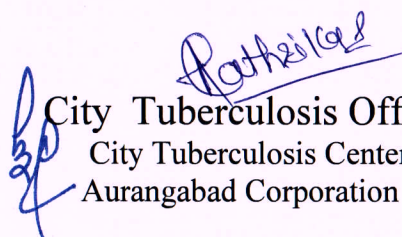
Sr.No.	Particular	Specification	Qunatitiy Required
PRINTING MATERIALS			
1	RNTCP Referral Slip	A 4 Size, Landscape, 50 GSM, Single Side, Two Perforated Line Vertical.	5000
2	RNTCP PMDT Treatment Card	A 3 Size, 300 GSM Paper, Bothe Side, Landscape	200
3	RNTCP PMDT Treatment Book	A 5 Size, Cover Page 150 GSM Paper, Inside Page 70 GSM, Stapled, 22 Pages 1 book	50
4	Referral / Transfer form for Treatment	A4 Size, 70 GSM Paper, 1+2	2400 (1+2)
5	RNTCP PMDT Referral for Treatment Form	A4 Size, 70 GSM Paper, 100 Pages Book, 1+1	02 Book (1+1)
6	TB Notification Register	A3 Size, 300 GSM Paper Cover Page, 95 GSM Inside Paper, 100 Pages Book (With Number)	40
7	RNTCP PMDT Treatment Register	A3 Size, 300 GSM Paper Cover, 95 GSM Inside Paper, 100 Pages Book with number	02
8	Tuberculosis Laboratory Register	A4 Size, 300 GSM Paper Cover, 95 GSM Inside, 150 Pages book with number	15
9	RNTCP Lab, Culture and DST Register	A3 Size, 300 GSM Paper cover, 95 GSM insde Paper, 100 Pages Book with number	01

2) Submission of Quotation

1	Submission of Quotation by Hand Delivery or his/her own risk by Post or Courier before last date	Last Date -09 /07/2017 Time before – 5.30 P.M Place- City Tuberculosis Center, Data Center, Aurangapura, Aurangabad Pin Code – 431001 (Ph) 0240-2356773
2	Opening of Quotation	Date – 11 /07/2017 Time – 4-00 P.M Place- Health Department AMC Aurangabad

3) Supply Terms & Conditions -

1	Rates	Not Exceed than M.R.P To be Quote for Unit Pack Inclusive Transport, Uploading Charges
2	Taxes	Inclusive of All Taxes, like VAT, CST, LBT, Cen.Excise etc.
3	Delivery	Kranti Chowk Health Center, Kranti Chowk, Aurangabad Pin Code – 431005
4	Acceptance of Rate	Minimum 3 Quotation is required for comparison of Rates
5	Delivery Period	One Week
6	Validity of Quotation	One Year from Date of Acceptance of Quotation Rate
7	Payment	From Purchasing Authority CMP/NEFT/Cheque within 30 days or Depend upon Govt. Funds.
8	Filling of Quotation Rate	Prescribed Format on Supplier Letter pad with Duly Signature & Rubber Stamp
	Method of Submission	One Envelope sealed with supplier rubber seal & Signature front & back side of envelope. following words to be write on envelope Quotation for Supply of ----- (Item Name) To, The City Tb officer, City Tuberculosis Center, Aurangabad-431 003 From Supplier Stamp & Sign.
9	Disqualification	Rates over MRP, Overwriting in Rates, Not in Prescribed format Non Submission of documents in case of unregistered Supplier.
10	Judicial Jurisdiction	Aurangabad District Court
11	Rights of Quotation	All Rights are reserved by The City Tb officer, Aurangabad


City Tuberculosis Officer
City Tuberculosis Center
Aurangabad Corporation

FORMAT FOR QUOTATION
TO BE TYPE ON SUPPLIER LETTER PAD

Date-

To,
The City Tuberculosis Officer
City Tuberculosis Center,
Aurangabad

Sub- Quotation

Ref – Your Office Notice Dated

With ref to above subject, We are herewith submitting following item rate for Gvot. Purchase.

Item No.	Name of Item	Specification	Unit Rate	Mfg.by

Noted Before Filling Quotation Rate

- 1) Rates – Inclusive of All Taxes (CST/VAT/LBT/OCTRIO ETC)**
- 2) Transport- Including Collection of Empty Cylinder from City TB Center, Aurangabad**
- 3) Delivery – 48 Hours.**

CERTIFICATE

I undersigned hereby certify that, above rates not exceed than MRP or Current market rate. I accepted all terms & conditions without any complaint. Submitted all information is true.

Yours faithfully
Supplier Stamp & Sign