

CHANDERNAGORE MUNICIPAL CORPORATION

No.IA/TEND/2019-20/239

URGENT TENDER NOTICE :

Dated. 01.02.2020

Sealed tenders are invited from the enlisted suppliers of this Corporation as well as from the experienced, resourceful and interested suppliers for supply of the following Printing items required for "DISHARI" the Corporation Managed Hospital during the financial year 2020-2021.

Quotations are to be given on or before 25.02.2020 within 3 p.m. and will be opened on the same day at 3.30 p.m. Rates should be inclusive of all the taxes and other incidental charges if any.

Head of A/c. DISHARI.

In case of accepted tenderers whose rates have been accepted, fails to supply the required items within the stipulated date & time, necessary items will be purchased from the available sources and the difference in cost will be recovered from the tenderers.

The Corporation reserves the right to accept or reject any tender without assigning any reason whatsoever.

This Tender Notice may visit in CMC website No. www.chandernagoremunicipalcorporation.in

It is here noted that the items should be as per specification/sample.

(PRINTING ITEMS)

| SL. No | Name of Items | SIZE | Brands/Model | Quantity | Rate required |
|--------|---|------------|--------------|-----------|---------------|
| 1. | CONCENT FORM (DE/DC/DIC/MTP) | 7.5"X8.5" | Best Quality | 1000 PCS | Lot |
| 2 | CONCENT FORM (G.MAJOR/MINOR/ SURGICAL/ND/SAESAREAN SEC/LIC) | 11"X8.5" | - Do - | 30BX100P | - Do - |
| 3 | ADMISSION WITH CONCENT FORM | 13.5"X8.5" | - Do - | 30BX100P | - Do - |
| 4 | Admission FORM FOR NEURO | 13.5"X8.5" | - Do - | 2BX100P | - Do - |
| 5 | DISCHARGE BOOK (DUPLICATE) | 13.5"X8.5" | - Do - | 30BX100P | - Do - |
| 6 | DISCHARGE BOOK FOR NEURO | 13.5"X8.5" | - Do - | 2BX100P | - Do - |
| 7 | REQUISITION BOOK(DUPLICATE) | 7X10.5" | - Do - | 20BX100P | - Do - |
| 8 | REQUISITION BOOK(TRIPPLICATE) | 7X10.5" | - Do - | 10BX100P | - Do - |
| 9 | TREATMENT SHEET | 13.5X8.5" | - Do - | 30BX100P | - Do - |
| 10 | MEDICINE CHART | 13.5X8.5" | - Do - | 20BX100P | - Do - |
| 11 | PARAMETRE CHART | 13.5X8.5" | - Do - | 20BX100P | - Do - |
| 12 | OPD PRESCRIPTION | 8.5"X13" | - Do - | 25BX100 P | - Do - |
| 13 | POLYCLINIC PRESCRIPTION | 8.5"X13" | - Do - | 10BX100 P | - Do - |
| 14 | STOCK REGISTER | 8.5"X13" | - Do - | 15BX200P | - Do - |
| 15 | CASH BOOK (DOUBLE COLUMN) | 7.5"X10" | - Do - | 6B X200P | - Do - |
| 16 | OPD BILL (DUPLICATE) | 7.5X4.5 | - Do - | 400BX100P | - Do - |
| 17 | X-RAY BILL | 7.5X4.5 | - Do - | 20BX100P | - Do - |
| 18 | PATHOLOGY BILL | 5.5X8.5" | - Do - | 15BX100P | - Do - |
| 19 | ECG BILL | 7"X4" | Best Quality | 10BX100P | Lot |
| 20 | MATERNITY BILL (TRIPPLICATE) | 5.5"X11" | - Do - | 300BX50P | Lot |
| 21 | PATHOLOGY REPORT (BLOOD) | 7"X4" | - Do - | 20BX100 P | Lot |
| 22 | PATHOLOGY REPORT (URINE) | 7"X4" | - Do - | 20BX100 P | Lot |
| 23 | PATHOLOGY REPORT (STOOL) | 7"X4" | - Do - | 20BX100 P | Lot |
| 24 | OT REGISTER | 18"X11.5" | - Do - | 4BX200 P | Lot |
| 25 | BIRTH REGISTER | 11X9 | - Do - | 5BX200P | Lot |
| 26 | DEATH REGISTER | 11X9 | - Do - | 2BX100P | Lot |
| 27 | ADMISSION REGISTER | 11.5X9 | - Do - | 8BX200P | Lot |
| 28 | EMERGENCY REGISTER | 10X11.5 | - Do - | 6BX200P | Lot |
| 29 | OPD REGISTER | 8.5"X13" | - Do - | 2BX200P | Lot |
| 30 | LOG BOOK | 14.5X10" | - Do - | 8BX200 P | Lot |
| 31 | CREDIT VOUCHER | 9X5.5 | - Do - | 15BX100P | Lot |
| 32 | DEBIT VOUCHER | 9X5.5 | - Do - | 20B X100P | Lot |
| 33 | SLIP PAD(SMALL) WITH OUT PRINT | 5X4 | - Do - | 100BX100P | Lot |
| 34 | SLIP PAD(BIG) WITH OUT PRINT | 8X5 | - Do - | 100BX100P | Lot |
| 35 | SMALL PAD WITH PRINT | 6X4 | - Do - | 100BX100P | Lot |
| 36 | PROFESSIONAL TAX/ CHALLAN | 7"X9" | Best Quality | 1BX100P | Lot |
| 37 | BIRTH CERTIFICATE (TRIPPLICATE) | 5.5X8.5" | - Do - | 1500 PCS | Lot |
| 38 | DEATH CERTIFICATE (TRIPPLICATE) | 5.5X8.5" | - Do - | 100 PCS | Lot |
| 39 | EYE POWER CARD | 5.5X8.5" | - Do - | 1000 PCS | Lot |
| 40 | ADVICE FORM FOR CHILD | 8.5X13" | - Do - | 5BX100P | Lot |

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| SL. No | Name of Items | SIZE | Brands/Model | Quantity | Rate required |
|--------|--|---------|--------------|----------|---------------|
| 41 | BLOOD REQUISITION FORM | 8.5X13" | - Do - | 3BX100P | Lot |
| 42 | MEDICINE Record Book for Indoor | | - Do - | 16Bx200P | Lot |
| 43 | Diet Record Book | | - Do - | 16Bx200P | - Do - |
| 44 | Daily Payment Register | | - Do - | 10Bx200P | - Do - |
| 45 | PLASTIC JACKET WITH PRINTING(DISHARI) | 17"X11" | - Do - | 2000PCS | Per thousand |
| 46 | LETTER HEAD | A4 | - Do - | 24BX100P | Lot |
| 47 | LETTER HEAD | 10X8 | - Do - | 24BX100P | - Do - |
| 48 | SPECIAL ATTENDANCE FORM | 6'X3' | - Do - | 24BX100P | - Do - |
| 49 | EXAMINATION BOARD | | - Do - | 12PCS | Per pc |
| 50 | Dialysis slip | | - Do - | 10BX100P | Lot |
| 51 | Follow up investigation sheet of HD patient | | - Do - | 10BX100P | - Do - |
| 52 | Test Requisition Book(in house out patient& in patient | | - Do - | 10BX100P | - Do - |
| 53 | Consent for Hemodialysis | | - Do - | 10BX100P | - Do - |
| 54 | Consent for Vascular access | | - Do - | 10BX100P | - Do - |
| 55 | Hemodialysis Treatment Record | | - Do - | 10BX100P | - Do - |
| 56 | Receipt with Serial No. | | - Do - | 10BX100P | - Do - |


 Commissioner/Secretary/Finance Officer
 Chandernagore Municipal Corporation

Copy to :-

1. F. O.
2. Engineer
3. Health Officer
4. M. O. Dishari Hospital
5. A.E. (Mechanical)
6. System Analyst, I.T. Cell, for immediate uploading the notice in the official website.
7. A. O.
8. Store
9. Computer Deptt.
10. Office Notice Board

11. M/S.....

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