



Government of West Bengal
Office of the Chief Medical Officer of Health
District Health and Family Welfare Samiti
Lalbagh: Cooch Behar

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Memo no.:- 1410

Date: 22/10/2020

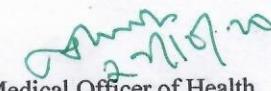
QUOTATION NOTICE

On cancellation of previous quotation notice (memo no.: 3678, dated: 8/10/2020), a fresh quotation notice is hereby invited from the reputed establishment for procurement and supply of "Malaria M1 & 2 register" under NVBDCP programme, Cooch Behar.

Sl. No.	Item name	Total Quantity (in pcs)	Maximum rate/pcs (inclusive of all charges in Rs/-)	Maximum total amount (inclusive of all charges in Rs/-)	Specification
1.	M1 Register	82	190	15,580	Size- DFC ¼ No of sheet -200 (100 duplicate, light blue/yellow coloured +100 original white coloured), Paper- 80 GSM Conquest paper, All through 1 colour printing. Fabrication- Side binding with 32 ounce board, perforation in every duplicate sheet.
2	M2 Register	82	180	14,760	Size- DEMI ¼ No of sheet -200 (100 duplicate, light blue/yellow coloured +100 original white coloured), Paper- 80 GSM Conquest paper, All through 1 colour printing. Fabrication- Side binding with 32 ounce board, perforation in every duplicate sheet.

Papers required for vendors:

1. Valid Trade License, Pan, IT Return and GSTIN for last year /period.
2. Successful bidder should supply up to the pin (i.e. printing & paper quality) on his own responsibility within 10 days from the issue of the supply order.
3. Rate should be quoted per piece (inclusive of all charges).
4. Quotation should be submitted, addressed to **The Chief Medical Officer of Health, Lalbag, Cooch Behar, PIN- 736101, super scribing** on the envelop "Quotation for Malaria M1 & M2 register under NVBDCP" through courier service/post/by hand and should be reach the office of the undersigned by **05:30 p.m. on 03/11/2020**, said quotation will be opened on next day at **02:00 pm**.
5. It is obligatory to the selected supplier to supply as per order, in case of delay, unless extension of delivery is granted, @2% will be recovered as liquidated damage and in case of non compliance of the order.
6. The undersigned reserves the right to accept or reject the tender in part or full without mentioning any reason whatsoever.
7. The undersigned also reserves the right to accept or reject the lowest rates quoted (or can select lowest quotes for individual items separately) rate by the tenderer.


Chief Medical Officer of Health
Cooch Behar.

Dated:

Memo no.:-

Copy for Information & wide circulation to:

1. The Sabhadhipati, Zilla Parisad, Cooch Behar.
2. The District Magistrate, Cooch Behar.
3. The Superintendent of Police, Cooch Behar.
4. The DIO, NIC, Cooch Behar with request to upload in district website.
- 5-7. The Dy. CMOH-I/II/III, Cooch Behar with request to display at office notice board.
8. The Accounts Officer, Office of the CMOH, Cooch Behar.
9. The AM, DPMU, Office of the CMOH, Cooch Behar.
10. Office copy (for display).

Chief Medical Officer of Health
Cooch Behar.

M 2 Laboratory Request Form for Slide Examination
NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME

For the use of ASHA/village level volunteer/MPHW

Village:

Village code:

Provider code:

Subcenter:

1	2	3	4	5	6	7	8	9	10	11	12
Slide No.	Name of patient	Age	Sex	Duration of fever	A/ P	Date of dispatch	Slide received date	Pv : Pos (✓) Neg (-)	Pf : Pos (✓) Neg (-)	Feed-back on smear quality by LT (Poor/ satisfactory/ good)	Result recd date

Fill the first 7 columns and send to lab along with slide(s)

Fill this form even if there is only one slide.

The "Slide received date", "Result" and "Feedback on smear quality" columns will be filled by the laboratory and the form returned to the provider

In the last column, "Result received date", enter the date on which the result reached you

Once you get this form back from the lab, enter the result in your form M1

The form has to be filled in duplicate; One copy is retained and one copy is sent to Lab. Lab results are sent back in same form