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
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

<table>
<thead>
<tr>
<th>Sr.No.</th>
<th>Particular</th>
<th>Specification</th>
<th>Quantity Required</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>RNTCP Referral Slip</td>
<td>A 4 Size, Landscape, 50 GSM, Single Side, Two Perforated Line Vertical.</td>
<td>5000</td>
</tr>
<tr>
<td>2</td>
<td>RNTCP PMDT Treatment Card</td>
<td>A 3 Size, 300 GSM Paper, Both Side, Landscape</td>
<td>200</td>
</tr>
<tr>
<td>3</td>
<td>RNTCP PMDT Treatment Book</td>
<td>A 5 Size, Cover Page 150 GSM Paper, Inside Page 70 GSM, Stapled, 22 Pages 1 book</td>
<td>50</td>
</tr>
<tr>
<td>4</td>
<td>Referral / Transfer form for Treatment</td>
<td>A4 Size, 70 GSM Paper, 1+2</td>
<td>2400 (1+2)</td>
</tr>
<tr>
<td>5</td>
<td>RNTCP PMDT Referral for Treatment Form</td>
<td>A4 Size, 70 GSM Paper, 100 Pages Book, 1+1</td>
<td>02 Book (1+1)</td>
</tr>
<tr>
<td>6</td>
<td>TB Notification Register</td>
<td>A3 Size, 300 GSM Paper Cover Page, 95 GSM Inside Paper, 100 Pages Book (With Number)</td>
<td>40</td>
</tr>
<tr>
<td>7</td>
<td>RNTCP PMDT Treatment Register</td>
<td>A3 Size, 300 GSM Paper Cover, 95 GSM Inside Paper, 100 Pages Book with number</td>
<td>02</td>
</tr>
<tr>
<td>8</td>
<td>Tuberculosis Laboratory Register</td>
<td>A4 Size, 300 GSM Paper Cover, 95 GSM Inside, 150 Pages book with number</td>
<td>15</td>
</tr>
<tr>
<td>9</td>
<td>RNTCP Lab, Culture and DST Register</td>
<td>A3 Size, 300 GSM Paper cover, 95 GSM inside Paper, 100 Pages Book with number</td>
<td>01</td>
</tr>
</tbody>
</table>
## 2) Submission of Quotation

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 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, Aurangpura, 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 -

<table>
<thead>
<tr>
<th>No.</th>
<th>Description</th>
<th>Details</th>
</tr>
</thead>
</table>
| 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 |

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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 Govt. Purchase.

<table>
<thead>
<tr>
<th>Item No.</th>
<th>Name of Item</th>
<th>Specification</th>
<th>Unit Rate</th>
<th>Mfg by</th>
</tr>
</thead>
</table>

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