U.T. Administration of Dadra & Nagar Haveli and Daman & Diu Department of Health and Family Welfare

Daman

No. CPB/DNH&DD/Micro Mat./2023-24/ & 2 *

Dated:- 15/06/2023

QUOTATION NOTICE

The Department of Health & Family Welfare, DNH & DD invites quotation from the Authorized Distributers/ Dealers/ Suppliers for Supply of required Microbiology Laboratory Material for Department of Health & Family Welfare. The list of items is placed at Annexure-1. The sealed quotation has to reach to the office of the undersigned on before 22/06/2023 up to 13.00hr by Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned. The quotation will be open on 22/06/2023 15:30 hr.

TERMS AND CONDITIONS

- The rate should be quoted for F.O. R. Department of Health & Family Welfare, DNH & DD and it should be valid for period of one year.
- 2. The rate should be quoted inclusive of material & labour cost and all taxes. No extra charges will be paid for any taxes/packing/forwarding and insurance etc.
- 3. The bidder should submit copy of PAN Card & GST No.
- 4. The bidder should submit copy of valid license in the field of supply.
- 5. The sealed quotation should be super scribed by words "QUOTATION FOR PURCHASE OF MICROBIOLOGY LABORATORY MATERIAL DEPARTMENT OF HEALTH & FAMILY WELFARE, DAMAN".
- 6. The quotations to be sent to the office of the Central Procurement Branch, Room No. 106, 1st Floor, CHC, Moti Daman (DNH&DD)- 396220.
- 7. Payment will be made only after satisfactory assurance of quality of work done.
- 8. Quotation received after due date and time will not be taken into consideration.
- 9. Right to reject or accept any or all quotations is reserved by the undersigned.

In-charge,

Central Procurement Branch E-mail Id: cpbdnhdd@gmail.com

Copy to:-

1) The IT Department, Daman for upload on the official web site.

Annexure - I

Purchase of Microbiology Material for Department of Health & Family Welfare, Daman

| Sr. No. | Items Name | Unit | Company Offered | Unit Rate in Rs. | Qty. | Total Amount |
|------------|---|-----------|--------------------|------------------------|------|-----------------|
| 1 | Anaero Indicator Tablet (5 Nos./pack) | 1 pack | | | 2 | |
| 2 | Hi-Loop Auto Sterilizer (230 V) | 1 nos. | | | 1 | |
| 3 | Antibiotic Disc (Gram Positive) (1 pack=10nos.) | 1 pack | | | 2 | |
| | | | | Total | | |