यू.टी. प्रशासन दादरा एवं नगर हवेली और दमन एवं दीव
U.T. Administration of Dadra & Nagar Haveli and Daman & Diu
स्वास्थ्य और परिवार कल्याण विभाग, डीएनएच और डीडी
Department of Health and Family Welfare, DNH & DD
केंद्रीय खरीद शाखा का कार्यालय
Office of the Central Procurement Branch
दमन/ Daman
E-mail: cpbdaman106@gmail.com

No. CPB/DNH&DD/NIDDCP-QUOT/2025-26/ 177 Date: 14 /11/2025

QUOTATION NOTICE

Sir/Madam

Quotation is hereby invited for the Purchase of Salt Iodine Test Kit (MBI Kit) under Hepatitis B Immunoglobulin under National Iodine Deficiency Disorder Control Program (NIDDCP), NHM, DNH & DD, as per Annexure – A.

Annexure – A:

Sr. No.	Particulars	Specifications	Quantity	Required Manufacturing Company	Company Offered	Unit Rate (Rs.)
1.	Salt Iodine Test Kit (MBI Kit)	Contains: Test Solution 10ml, RE-check Solution 15 ml)	4000 Kits	Kruise Pathline or "Equivalent"		

Terms and Conditions:

1. The rate should be quoted for Hospital and should be valid for one year.
2. The Supplier must attach copy of **valid PAN Card and Valid GST Registration Certificate if the firm produces false documents; the department will take appropriate action against the firm.**
3. A **valid Drug Licence Certificate** to be enclosed in accordance with the provisions of the Drugs and Cosmetics Act, 1940 and the rules framed thereunder.
4. The rate should be quoted **inclusive of all taxes** and no extra charges will be paid for any taxes/packing/forwarding and insurance etc.
5. The sealed quotation should be super scribed by words **"QUOTATION FOR PURCHASE OF SALT IODINE TEST KIT (MBI KIT) UNDER NATIONAL IODINE DEFICIENCY DISORDER CONTROL PROGRAM (NIDDCP), NHM, DNH & DD".**

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6. Rejected item should be replaced by the supplier at his own risk and cost.
7. Payment will be made only after receipt of the said items successfully.
8. Quotation received after due date and time will not be taken into consideration.
9. Right to reject or accept any of the quotation is reserved by the undersigned.
10. **The vendor should provide a self-declaration stating that the firm has not been debarred by any government or semi-government organization by any state /central government.**
11. **If the vendor fails to provide the self-declaration, the department will not consider their quotation.**
12. Quotations to be submitted on bidder's letterhead, Signed and Stamped and should reach the office of the undersigned by 21.11.2025 till 15.00 Hrs.

In charge
Central Procurement Branch,
2nd Floor, CHC Campus,
Fort Area, Moti -Daman.
Daman, DNH & DD.

Sr. No.	Entity	Description
1	Department	Central Procurement Branch, DNH & DD.
2	Type of Document	Quotation Notice
3	Title/Subject	Quotation for Purchase of Salt Iodine Test Kit (MBI Kit) under National Iodine Deficiency Disorder Control Program (NIDDCP), NHM, DNH & DD.
4	Upload on (date)	14.11.2025
5	Expiry date (if any)	21.11.2025
6	Last date of Submission	**Last Date of Submission:** 21.11.2025