GOVERNMENT OF WEST BENGAL

HEALTH & FAMILY WELFARE

OFFICE OF THE SUPERINTENDENT, SILIGURI DISTRICT HOSPITAL

SILIGURI, DARJEELING, Email: dh.slg2018@gmail.com

Memo No. 9698 **Dated:** 29.10.26

QUOTATION

Sealed quotation are invited from the reputed Company /Direct importers/ authorised distributor firms for supply of the following items as mentioned below for use of different departments(s) under Siliguri District Hospital, Darjeeling.

The intending parties may submit their quotations in sealed cover super scribed "**QUOTATION FOR PRINTING ITEMS FOR SILIGURI DISTRICT HOSPITAL"** and should reach the office of the undersigned by 05/11/2026 **at 11:00 Hrs**. The same will be opened on **05/11/2026 13:00 Hrs** in presence of interested bidder, if any. The bidders will submit the quotation in their own official pad along with the **following essential documents.**

1. **Valid Trade/Drug License.**
2. **PAN card of the Bidder /Bidder company**
3. **Manufacturing License (in case of manufacturer)**
4. **GST Registration certificate.**
5. **IT Return of Last Year i.e. for the year 2024-25.**
6. **Export import License with IEC Code (for Importer)**
7. **Test Certificate in the category of BIS/IS/FDA/US FDA or European CE with registration number of the products or products.**
8. **Brochure of the product or products.**

****The quotation is to be submitted at the office of the undersigned on all working days before **05/11/2026** at **11:00 Hrs**.

TERMS & GENERAL CONDITIONS BEFORE SUBMITTING BID (Read Carefully before submitting the bid) :

Terms & Conditions

1. Physical verification of samples and/or demonstration may be conducted by an Expert Committee constituted by **Siliguri District Hospital** to assess the suitability, quality, and conformity of the offered items with the required specifications. The decision of the Expert Committee shall be final.
2. Items not conforming to the prescribed specifications, standards, or intended use shall be rejected.
3. No Earnest Money Deposit (EMD) is required unless otherwise specified.
4. Rates shall be quoted in figures and words, **excluding GST**, which shall be shown separately.
5. The quotation is liable to be accepted on **item-wise L-1 basis**, subject to fulfilment of all technical specifications and terms & conditions.
6. The **Superintendent, Siliguri District Hospital** reserves the right to accept or reject any or all quotations, wholly or partly, without assigning any reason.
7. Conditional, incomplete, unsigned, or late quotations shall be rejected.
8. The authority reserves the right to verify the credentials and quality of the offered products before finalization.
9. Rates quoted shall remain firm during the validity period of the quotation.
10. No advance payment shall be made. Payment will be released after satisfactory supply and acceptance of the materials against submission of bills in duplicate.
11. The authority reserves the right to cancel the quotation process or invite a fresh quotation at any stage without assigning any reason.

Sl. No.	Name of Item	Required Quantity	Dept.
1.	General Emergency Form (Pad Type, each of 100 Pages)	200 Pads	STORE
2.	X-Ray, USG Form (Both Side Print – Pad Type A4 Size) Each of 100 Pages	200 Pads	

29.10.26

Superintendent
Siliguri District Hospital

Memo No. 9698/1(8) Dated: 29.10.26

Copy forwarded for information to :

1. The District Magistrate, Darjeeling.
2. The Sub-Divisional Officer, Siliguri.
3. The Chief Medical Officer of Health, Darjeeling.
4. The Principal, North Bengal Medical College & Hospital, Sushrutanagar.
5. The Pharmacist, Stationery & Printing Store, Siliguri District Hospital.
6. The Store Keeper, Siliguri District Hospital.
7. The Notice Board, Siliguri District Hospital.
8. Office Copy.

29.10.26

Superintendent
Siliguri District Hospital