

Government of Puducherry
Office of State TB control Officer
Govt. Chest Clinic
Ambour Salai, Puducherry - 605 001
Phone: 0413-2336262/2226275

Enquiry No: PSHM/NTEP/S2/2021-22/ 272

Dated: 19.04.2021

To
//as below//

Enquiry Letter

Sir,

Sub: NTEP – Calling for quotation –Regarding.

Please send your lowest quotation for the printing of the following items for the use of this institution in a sealed cover superscribed as **“Quotation for Printing of TB Elimination Document”** with due date **28.04.2021** so as to reach this office on or before **28.04.2021 at 4.00 p.m.** and intimate your acceptance of the following conditions in case an order is placed with you.

S.No.	Description of the Material	Rate to be quoted for
1	TB Elimination Document Book Size:A4 No. of Pages :70 Material Text:130 GSM Art paper , Wrapper:300 GSM ART Board Multi colour Printing with Lamination in Wrapper	50 Nos

Terms & Conditions:

1. **Insurance** : No insurance charges are payable. The purchaser will not pay separately for transit insurance and the supplier should be responsible until the stores arrive in good condition at the destination and for this purpose the rates quoted should be inclusive of insurance charges. Central Sales Tax if applicable may be charged extra.
2. **Payment** : Payment will be made by Drafts/Crossed Cheque within 30 days after receipt of the materials in good condition. If any items are found broken during transit, a replacement or credit note for the value of broken items should be sent immediately on receipt of intimation form this office to avoid the delay of payment in question.
3. **Validity** : (a) The rates once quoted and approved will be final for **180 days** from the date of acceptance and no deviation in rates will be allowed.(b) Supply should be immediately from date of receipt of our supply order.
(b) Supply should be made within 1 week from the date of receipt of our supply order.
(c) The medicines/materials/books/instruments should be supplied strictly in accordance with the specifications given in the requirement. The items which are not conforming to the specifications will be returned to supplier at their own cost.

(d) Quotation received either in person/ post after the time prescribed above will be summarily rejected.

(e) A certificate to the effect that the conditions mentioned above are accepted should be furnished along with the quotation.

4. **Delivery** : Delivery should be made in F.O.R, Pondicherry.
5. **Tax** : PAN/GST should be mentioned clearly in your quotation for deduction of TDS/GST.
6. **Warranty** : Warranty period has to be mentioned.


Dr. S. Govindarajan),
Programme Manager (NTEP).

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Enquiry Letter

Sir,

Sub: NTEP – Calling for quotation –Regarding.

Please send your lowest quotation for the printing of the following items for the use of this institution in a sealed cover superscribed as **“Quotation for Printing of NTEP Forms and Registers”** with due date **28.04.2021** so as to reach this office on or before **28.04.2021 at 4.00 p.m.** and intimate your acceptance of the following conditions in case an order is placed with you.

S.No.	Name of the Item	Technical Specifications	Rate to be quoted for
1	Referral /Transfer forms for Treatment	Letter Pad Model – 100 Sheets – 70 GSM-Single Colour	60 Nos
2	Sputum/CBNAAT Examination forms(NTEP Request card for examination of biological specimen for TB	A4 Size- Double Side printing – Letter pad model-100 sheets -70 GSM	100 Nos.
3	Referral Case Register	Lagar Sheet – Rexine Binding 1/3– double side printing – 100 sheets	10 Nos.
4	Patient Treatment card (white colour)	14 Kg white Card – Double Side printing size:11”x 9”	3000 Nos.
5	Patient Identity Card	14 Kg Card- Double side printing Size 8.5” x 9”	2000 Nos
6	Tuberculosis Register	Double Side Printing, Lagar Sheet Rexine binding – 100 sheets Size:1/4	10 Nos.
7	Lab. Register	Double Side Printing, Lagar Sheet Rexine binding – 200 sheets Size:1/4	10 Nos.
8	EQA of Sputum Microscopy form (Annexure-C)	A4 – Single Side printing 100	2000 Nos
9	Quality Assurance Report on sputum microscopy (Annexure-D)	A4- single Side printing – Letter pad model – 100 sheets	10 Nos.

Terms & Conditions:

- 1. Insurance :** No insurance charges are payable. The purchaser will not pay separately for transit insurance and the supplier should be responsible until the stores arrive in good condition at the destination and for this purpose the rates quoted should be inclusive of insurance charges. Central Sales Tax if applicable may be charged extra.
- 2. Payment :** Payment will be made by Drafts/Crossed Cheque within 30 days after receipt of the materials in good condition. If any items are found broken during transit, a replacement or credit note for the value of broken items should be sent immediately on receipt of intimation form this office to avoid the delay of payment in question.

- 3. Validity** : (a) The rates once quoted and approved will be final for 180 days from the date of acceptance and no deviation in rates will be allowed.(b) Supply should be immediately from date of receipt of our supply order.
(b) Supply should be made within 1 week from the date of receipt of our supply order.
(c) The medicines/materials/books/instruments should be supplied strictly in accordance with the specifications given in the requirement. The items which are not conforming to the specifications will be returned to supplier at their own cost.
(d) Quotation received either in person/ post after the time prescribed above will be summarily rejected.
(e) A certificate to the effect that the conditions mentioned above are accepted should be furnished along with the quotation.
- 4. Delivery** : Delivery should be made in F.O.R, Pondicherry.
- 5. Tax** : PAN/GST should be mentioned clearly in your quotation for deduction of TDS/GST.
- 6. Warranty** : Warranty period has to be mentioned.


Dr.S.Govindarajan.
Programme Manager (NIEP)