Government of West Bengal
Office of the Chief Medical Officer of Health
Department of Health & Family Welfare
South 24 Parganas
Administrative Building, M R Bangur Hospital Complex, 241, Deshapran Sashmal Road, Tollygunge, Kolkata 33.
Mail Id- cmohs24pgs@gmail.com, Website- www.spghealthgov.in, Phone no / Fax - 033-2422 1037, 033-2422-0124

Memo No.: CMOH (SPG) / 4748 Date: 09/06/26

Sub: Notice Inviting Quotation for Procurement of X-Ray Films

Sealed quotations are hereby invited through offline from bona-fide vendors/suppliers/retailers/firm for supplying of below mentioned X-Ray Films on as and when required basis at the Office of undersigned for a period of one year for NTEP Programme, South 24 Parganas District from the date of award of contract.

Sl.No.	Name of the Item	Specification	Price to be quoted in Rupees(including GST)	Delivery Location
1	X-Ray Film	20x25CM (8x10 IN) DVE Carestream Dry view laser film	Per Packet containing 125 sheet	Mollargate TB Unit, South 24 Parganas

The firm/ suppliers have to submit the following self attested documents at the time of submitting the quotation along with the application form:

1) Copy Of Trade License
2) Copy of GST Registration
3) Copy of PAN/TAN

The quotation will be received at the office if the Chief Medical Officer of Health, South 24 Parganas, Departmentof Health & Family Welfare, Administrative Building, M.R.Bangur Hospital, Complex, 241, Deshapran Sashmal Road, Tollygunge, Kolkata 33 by post/ registered/courier/ by hand till 16-06-2026 upto 5:00 PM and the quotation will be opened on 17-06-2026 at 2:30pm at the office if the Chief Medical Officer of Health, South 24 Parganas.

The selected supplier has to supply the above mentioned items to Mollargate TB Unit, South 24 Parganas (No additional transportation charge will be given).

Decision of the committee for quotation will be final and the committee reserved the right to accept or reject any quotation what so ever rate may be quoted without any reason thereof.

09.06.26

Chief Medical Officer of Health
South 24 Parganas

Memo No.: CMOH (SPO) / [illegible] / 1(10) Date: [illegible]

Copy forwarded for information & necessary action to:

1. The Jt.DHS(TB) & STO, Swasthya Bhawan
2. The ADHS (TB), Swasthya Bhawan
3. The WHO Consultant (NTEP), W.B.
4. The Dy.CMOH-I/II/III/V/DMCHO/DPHNO, South 24 Parganas
5. The ACMOH (All), South 24 Parganas
6. The Accounts Officer, South 24 Parganas
7. The Superintendent -Baruipur SDH, Canning SDH, Amtala RH, South24 Parganas
8. The BMOH/MOIC (All), South 24 Parganas
9. The DSM/DPM, South 24 Parganas, with request to upload the notice in www.spghealth.gov.in website.
10. Office file

Chief Medical Officer of Health
South 24 Parganas

QUOTATION/TENDER FORM

Technical bid-

1. Tender Notice No. with date-
2. Name of the Work- **Supply of X Ray Film**
3. Name of the Agency/ Retailer/ Supplier-
4. Name of the bidder in full (in BLOCK LETTERS)-
5. Full Office Address for correspondence-
6. Local Address (If any)
7. Email address-
8. Contact number-
9. Legal entity of the bidder whether MSME/Stockist/Retailer/Supplier/ Firm/Company/other entity-
10. Trade License number-
11. Trade License issued by-
12. GST number-
13. PAN/TAN number-
14. Any previous experience of supplying such materials in any Government offices-

This is to certify that the above information is correct and true to the best of my knowledge and belief. In case of any information found incorrect later on, I will be responsible and be liable to be rejected forthwith.

Date: **Full signature of the bidder**

Office Seal of bidder:

FINANCIAL/PRICE BID

1. Name, Address and Contact No. of the bidder-

2. Rate Quoted:

Sl No	Name of the Item	Brand & Specification/s	Unit/s	Offering Price(In INR)- Rate as per piece and including GST	Price in Words
(1)	(2)	(3)	(4)	(5)	(6)
1	X-Ray Film	20x25CM (8x10 IN) DVE Carestream Dry view laser film	Per Packet containing 125 sheet		

a) The rate should be quoted as per specification (as mentioned in column no.3).

b) Rate should be quoted as per above mentioned table.

c) Rate should not be quoted above MRP; otherwise it will be treated as cancelled.

d) If any changes are made to the above table, Quotation/Tender will be treated as cancelled.

e) No, carrying charges will be paid for delivery of items.

f) X-Ray Film must be delivered within stipulated time (as per requirement) from the date of issuing of supply order or as mentioned in supply order.

g) Lowest bid is not the sole criteria for selection, quality of article will be taken into account while finalization of bidder.

h) Before assigning contract, the sample may be called for. If sample shown is not found satisfactory, the Quotation/ Tender selection authority reserves the right to cancel the bid.

I/We _____agree to all the terms and conditions laid by the Chief Medical Officer of Health, South 24 Parganas district in their Quotation/Tender Notice no_____Dated:_____

Date:

Full signature of the bidder

Office Seal of bidder

DECLARATION

I do hereby declare that I/We shall/will abide by all terms and conditions mentioned above accordingly.

Date: **Full signature of the bidder**

Office Seal of bidder: