



ISO 9001:2008
Certified

KOLKATA PORT TRUST
कोलकाता पत्तन न्यास
HALDIA DOCK COMPLEX
हल्दिया गोदी परिसर

MEDICAL DIVISION / चिकित्सा प्रभाग



Address:
Port Hospital
P.O. Haldia Township
Dist. Purba Medinipore
West Bengal, PIN – 721607
Email: drpb@kopt.in
Telephone No. (03224) 263265
(03224) 264068
Fax (03224) 264722

No.MED/002/DISPOSABLE/406

Date:09.06.2015

M/s.....
.....
.....
.....

Sub: Tender for Supply and delivery of Pathological disposable items, Emergency Disposable items and Surgical Disposable items at Port Hospital, Haldia Dock Complex

Dear Sir,

Sealed quotation are invited for supply and delivery of Pathological Disposable items, Emergency Disposable items and Surgical Disposable items as listed at annexure – A & B at Port Hospital, Haldia Dock Complex and as per terms & conditions appended at annexure –C.

You are requested to sign and submit the stated annexure – A, B & C along with your offer as a token of acceptance of the terms & condition stipulated there in.

The sealed offer must be submitted within 30.06.2015 by 13:00 hours at Port Hospital , Haldia Dock Complex and the same will be opened on the same date at 15:00 hours. You may send your representative at the time of opening.

Thanking you,

Yours faithfully,

(Dr.G.Das),
Dy. Medical Superintendent,
For Medical Superintendent



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No.MED/002/DISPOSABLE/406

Date:09.06.2015

TECHNO COMMERCIAL PART

ANNEXURE - A

Sl. No.	Name of the items	Make/Brand	Required Qty.	Offered Make/Brand
1	Disposable Insulin Syringe with needle,Size:1ml	Hindusthan/ Romsons	1000 pcs.	
2	Disposable Syringe with needle,Size:2ml	Hindusthan/ Romsons	18000 pcs.	
3	Disposable Syringe with needle,Size:5ml	Hindusthan/ Romsons	10000 pcs.	
4	Disposable Syringe with needle,Size:10ml	Hindusthan/ Romsons	3000 pcs.	
5	Disposable Syringe with needle,Size:20ml	Hindusthan/ Romsons	25 pcs.	
6	Disposable Syringe without needle, Size:50ml	Hindusthan/ Romsons	350 pcs.	
7	Accutrend Glucose (Accuchek Active) strips	Roche	4000 strips.	
8	Gluko Chek Strips	Roche	2400 strips.	
9	Latex Tube	Local	10 pcs.	
10	Blood Sample Collection Vial (Plain)	Local	200 pcs.	
11	Blood Sample Collection Vial (EDTA K3 vial)	Local	6000 pcs.	
12	Sample Collection Stool/Urine	Local	1600 pcs.	
13	Sample Collection Stool/Urine (Sterile)	Local	400 pcs.	
14	Auto pipette Tip/Micro Tip,Size:2-200ul	Torson	5000 pcs.	
15	Auto pipette Tip/Micro Tip,Size:200-1000ul	Torson	1000 pcs.	
16	Cover Slip (Micro Cover glass)	Blue Star	10 pkt.	
17	ESR Tube	Local	10 pcs.	
18	Ultra Fine needle Lancet –II	Roche	3000 pcs.	



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TECHNO COMMERCIAL PART

ANNEXURE -B

Sl. No.	Name of the items	Make/Brand	Required Qty.	Offered Make/Brand
1	I. V.Set	Romsons	1100 pcs.	
2	ECG Roll Paper for digital ECG Machine, Make: BPL, Model : 108T DIGI Size: 50mm x 20 meters Digital Blue	BPL	40 Roll.	
3	Z Fold Paper for Multi Channel ECG Machine , Maker:BPL,Model:6108T	BPL	7 pkt.	
4	Venflon , Size:18	BD	130 pcs.	
5	Venflon, Size: 20	BD	1250 pcs.	
6	Venflon , Size:22	BD	130 pcs.	
7	Thermometer (Clinical)	Hicks	20 pcs.	
8	Ryles Tube, Size:14	Romsons	40 pcs.	
9	Ryles Tube,Size:16	Romsons	30 pcs.	
10	Ryles Tube,Size:18	Romsons	50 pcs.	
11	Folyes Cath,Size:16	Romsons	100 pcs.	
12	Folyes Cath,Size:18	Romsons	50 pcs.	
13	Suction Cath,Size:10	Romsons	10 pcs.	
14	Suction Cath,Size:14	Romsons	40 pcs.	
15	Urine Bag	Romsons	250 Pcs.	
16	Rubber Sheet	Duckback (Red)	25 meters	
17	Surgical Gloves 7"	Gammex	250 pairs	
18	B.P Blade,Size:11	Surgeon/Glassvan	100 pcs.	
19	B.P Blade,Size:15	Surgeon/Glassvan	50 pcs.	
20	Disposable ET Tube with cuff, Size:8.5	Portex	5 pcs.	



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ANNEXURE -B

Sl. No.	Name of the items	Make/Brand	Required Qty.	Offered Make/Brand
21	Electrode for ECG (Disposable)	Medico	3000 pcs.	
22	3 Way connection/Discofix	Romsons	100 pcs.	
23	Twin Bore Nosal Oxy Set	Romsons	20 sets.	
24	Oxygen Mask, Size: Adult	Romsons	30 pcs.	

Date:

(Signature of bidder)



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ANNEXURE -C

**TERMS & CONDITIONS FOR PROCUREMENT OF PATHOLOGICAL & EMERGENCY
AND SURGICAL DISPOSABLE ITEMS**

1.0 SCOPE OF WORK:

The work comprise of supplying the Pathological & Emergency and Surgical Disposable items (as stated in the enclosed bill of quantities) & as per purchase order to be issued to the bidder(s). Prices are to be quoted against the items mentioned on the annexure – A & B of Price Part

2.0 DELIVERY:

Ordered items should be supplied within thirty (30) days from the date of placement of order (part or full) at Port Hospital , Haldia Dock Complex. Supplied materials should be from fresh batch and with long expiry (where applicable).

3.0 PRICING OF BIDS:

- 3.1 Rate should be quoted all inclusive i.e. packing, delivery at Port Hospital and all other charges (if any) involved.
- 3.2 Quoted rate(s) should remain FIRM till the full ordered materials delivered.
- 3.3 The bidder(s) should indicate the percentage (%) of Sales Tax/VAT, and other statutory levies as applicable, showing break-up of the above cost elements in their offer. PLEASE NOTE THAT HALDIA DOCK COMPLEX DOES NOT PROVIDE ANY SALE TAX DECLARATION FORM



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4.0 PAYMENT:

Payment would be made through Bank ECS after satisfactorily receipt of the order materials within 30 (thirty) days of submitting the clear bill.

INSPECTION:

Inspection of materials would be done by HDC's authorized representative prior to acceptance at Port Hospital, Haldia Dock Complex. The materials supplied by the supplier should strictly conform to the laid down specifications of tender/order.

5.0 VALIDITY:

The offer shall remain open for acceptance up to 60 (sixty) days from the date of opening of tender.

EVALUATION:

Evaluation will be on the minimum rate (inclusive of all i.e. statutory levies, delivery charge etc) quoted against individual items.

The Trustees are not bound to accept the lowest or any tender and reserve the right to accept a tender in full or in part and /or reject tender in full or in part without assigning any reason thereof.

DECLARATION BY THE BIDDER:

I/We confirm that all the laid down terms & conditions have been accepted by me/us and I/We agree to be bound the said terms & conditions.

Signature of the bidder with office seal

Full Name.....

Address.....

Date.....Phone number.....



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PRICE PART

ANNEXURE - A

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