

Administration of
UT of Daman & Diu,
Office of the Director Medical
& Public Health Services

No.NHM/DHS/DMN/PRINTING-MCP/2017-18/ 1685

Daman

Date: 15/06/2017

QUOTATION NOTICE

The Member Secretary of District Health Society (Daman), Community Health Centre, Moti Daman on behalf of the President of India invites quotation for printing of MCP cards. The sealed quotation has to reach to the Undersigned's Office on before 21 /06/2017 up to 15.00hrs. By Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned.

Sr. No.	Name of the Items	Required Qty.	Rate per Card
1.	MCP Cards	4700	

TERMS AND CONDITIONS

1. The rate should be quoted for F .O. R. Hospital and it should be valid for period of one year.
2. Photo copy of PAN No. & TAN No. (**Mandatory**) need to be attached
3. The rate should be quoted inclusive of all taxes no extra charges will be paid for any taxes/packing/forwarding and insurance etc.
4. The sealed quotation should be super scribed by words “ QUOTATION FOR MCP CARDS UNDER NHM.
5. Supplier can collect the format of MCP card from Office of Nation Health Mission Moti Daman.
6. Rejected article should be replaced by the supplier at his own risk and cost
7. Payment will be made only after receipt of the said material successfully.
8. Quotation received after due date and time will not be taken into consideration.
9. Right to reject or accept any of all quotation is reserved by the undersigned.

Sd/-
Member Secretary,
District Health Society,
Daman