

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

No. DMHS /NHM/DD/IDCF/2020-21 11500

Daman

Date: 13/11/2020

QUOTATION NOTICE

The DMHS Daman & Diu on the behalf of President of India invites quotation from the Authorized Distributers/ Dealers/ Suppliers for Rate Contract for purchase of Zinc Tablets for CHC & PHC's Daman. The sealed quotation has to reach to the Undersigned's Office on before 19/11/2020 up to 15.00hrs. By Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned.

Sr. No.	Particulars	Mfg Co. Reqd	Mfg Co. Reqd	Unit	Unit Rate Per Tablet (in Rs.)
1.	Rate Contract of Zinc Tablet	Leeford or Equivalent		1 tab	

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. The medicines offered should be of Long Expiry or Latest Manufacturing date
3. The Supplier must attach copy of Pan Card, GST Registration and valid license.
4. The rate should be quoted inclusive of all taxes no extra charges will be paid for any taxes/packing/forwarding and insurance etc.
5. The sealed quotation should be super scribed by words " QUOTATION FOR ZINC TABLETS FOR CHC & PHC'S DAMAN.
6. The Medicines should be of long Expiry i.e., of more than two years.
7. Rejected article should be replaced by the supplier at his own risk and cost
8. Payment will be made only after receipt of the said material successfully.
9. Quotation received after due date and time will not be taken into consideration.
10. Right to reject or accept any of all quotation is reserved by the undersigned.



(Dr. V.K. Das)

Director

Medical and Health Services

e-mail Id: dmhs-daman-dd@nic.in

Tel.No.(0260) 2230470.

Copy to fd.wcs.to:-

- 1) The Store Committee, DMHS, for information.
- 2) The Account Section, DMHS, Daman for information.
- 3) All Authorized Distributers/Dealers/Suppliers for information and necessary action