



OFFICE OF THE CHIEF DISTRICT MEDICAL & PUBLIC HEALTH OFFICER, SAMBALPUR

DISTRICT PROGRAMME MANAGEMENT UNIT (NATIONAL HEALTH MISSION)

AT -DISTRICT HEADQUARTER HOSPITAL, MODIPARA, SAMBALPUR

PO/DIST- SAMBALPUR, PIN - 768 002, ORISSA

Ph :- (0663) 2400441, E-mail:- nhmsambalpur@gmail.com



Letter No: 1974 /Pest Control/2023-24/Sambalpur

Date: 15 / 07 /2024

QUOTATION CALL NOTICE

Sealed quotations are invited from different agencies having valid GST, PAN & Experience in Govt. Offices documents for Providing Pest Control Service to District Headquarter Hospital, SDHs & CHCs of Sambalpur district under NHM as per terms & Condition mentioned below. The sealed quotation must be superscripted by "Quotation for Providing Pest Control Service to District Headquarter Hospital, SDHs & CHCs of Sambalpur district" at the top of the envelope. The sealed quotation along with related documents should reach to the office of Chief Dist. Medical & Public Health Officer, Sambalpur on or before **24/07/2024** up to **4:00 P.M.** by Hand/ Regd. Post / Speed Post / Courier. The same will be opened on **25/07/2024** in the Office Chamber of the undersigned at **11:00 AM** in presence of interested supplier / parties or his/her authorized representative. The Detail terms & Condition are as follows:

1. Must have either its registered office or operating office in Odisha. (Self Attested copy of documentary evidence in this respect to be enclosed.)
2. Must have appropriate Govt. License for Pest Control/ Pesticides / Insecticides/ Chemicals for the purpose of Pest Control. (Self-attested copy of License to be furnished.)
3. Must have provided Pest Control Services to at least two Government/ SemiGovernment/ Public Sector Undertaking/ Corporate Clients during last three Financial Years i.e. 2020-21, 2021-22 & 2022-23. (Self-attested copies of Work Orders/ Completion Certificates from the Employers to be furnished.)
4. Self-attested copy of Registration Certificate of Firm.
5. Self-attested copy of PAN Card.
6. Self-attested copy of GST Registration Certificate.
7. Rate quoted should be inclusive of all taxes, transportation charges. (Annexure-II)
8. All payments will be made through e-transfer /RTGS/PFMS after submission of bill in triplicate.
9. Any legal dispute arising out of this is subject to Sambalpur district jurisdiction only.
10. Notwithstanding anything above, the undersigned reserves the right to accept or reject any or all quotation and to cancel the quotation process and reject all quotation at any point of time prior to issue of supply order without assigning any reason thereof.
11. Any other document related to the quotation (Evaluation Form (Annexure-I) & Price Quotation Format (Annexure-II)).
12. Non submission of any of the above-mentioned document may subject to rejection of the quotation.

Chief District Medical & Public Health Officer
Sambalpur

Memo No: 1975 /Pest Control/2023-24/Sambalpur

Date: 15 / 07 /2024

Copy forwarded to the District Informatics Officer, National Informatics Centre (NIC), Sambalpur for information & necessary action. He is requested to upload the notice and documents in the district website on or before 15.07.2024 and the same should be available till 24.07.2024 4.00 PM.

Copy forwarded to the all the members of the District Purchase Committee of ZSS, Sambalpur with a request to attend the opening of bids in the schedule time.

Chief District Medical & Public Health Officer
Sambalpur



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Annexure-I

EVALUATION FORM

| | | |
|---|---|--|
| 1 | Name of the Organization | |
| 2 | Address of the Organization with telephone no. E-Mail address: | |
| 3 | Self-attested copy of Govt. License for Pest Control/ Pesticides/ Insecticides/ Chemicals for the purpose of Pest Control | |
| 4 | Registration No. of the Firm (Attach self-attested copy of the Registration Certificate of the firm) | |
| 5 | GST Registration (Attach self-attested copy of GST Registration Certificate) | |
| 6 | PAN (Attach self-attested copy of PAN Card) | |
| 7 | Self-attested copies of Work Orders/ Completion Certificates received from Government/ Semi-Government/ Public Sector Undertaking/ Corporate Clients during last three Financial Years i.e. 2020-21, 2021-22 & 2022-23. | |

I do hereby certify that the above-mentioned particulars are true to the best of my knowledge.

Full Signature of the bidder with seal

Date:

DECLARATION

It is hereby declare that, I / We the undersigned, have read and examined all the terms and conditions etc. of the quotation document for which I / We have signed and submitted the bid. It is also certified that the quotation documents are fully acceptable to me /us and I / We will abide by the terms and conditions laid in the document.

Full Signature of the bidder with seal

Date:



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Annexure-II

Name & Address of the Bidder:

PRICE QUOTATION FORMAT

I/ We do hereby submit price quotation below:

| SL. No | Particulars | Rate per Sq. Ft. (Including all Taxes) (Rs.) |
|--------|--------------------------------|--|
| 1. | Providing Pest Control Service | |

Full Signature of the bidder with seal

Date: