



**Office of the Chief District Medical &
Public Health Officer**
Office of the Addl. District Public Health Officer(FW)
District Headquarter Hospital, Modipara, Sambalpur



Govt. of Orissa

Letter No. 2371 /DPMU/Sambalpur Dated. 08.09.25

QUOTATION CALL NOTICE

Sealed quotations are invited from intending the Manufacturer/ Authorized Distributors / Whole sellers / Firms having valid GST & PAN documents, for supply of "MICRO CELLULAR RUBBER" as per specification detailed below for O/o the CDM & PHO, Sambalpur. The sealed quotation must be superscripted by "Quotation for supply of MICRO CELLULAR RUBBER Foot wear for NELP" at the top of the envelope. The sealed quotation along with related documents as per list mentioned should reach to the office of Chief Dist. Medical & Public Health Officer, Sambalpur on or before **10/09/2025 up to 3:00 P.M. by Regd. Post / Speed Post / Courier**. The same will be opened on **11/09/2025** in the Office Chamber of the undersigned at **11.30 AM** in presence of interested supplier / parties or his/her authorized representative.

The detail specification of the items required is as follows:

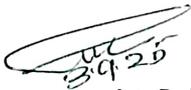
SL. No	Name Of The Item	Detail specification	Quantity required (Approx.)
1.	Micro Cellular Rubber Footwear	<p>Nearly 734nos of MCR footwear required for PALs (Gr-I & Gr-II) in respect of Sambalpur district as per the following technical specification –</p> <ul style="list-style-type: none">• Inner sole should be made up of Micro Cellular Rubber (MCR) with shore strength of 18-20.• The outer sole should be cut out from rubber sheets (not tyre) with rough outer surface having 60+2 shore strength.• Soft leather with inner lining of aster leather should be used for upper straps. No nail should be used.	<p>298 (Gr-I) 436 (Gr-II)</p> <p>TOTAL-734 no's</p>

TERMS & CONDITIONS:-

1. Rate quoted should be inclusive of all taxes and transportation charges
2. The Manufacturer/ Authorized Distributors / Whole sellers / Firms will supply the item within 12 days of receiving supply order.
3. All payments will be made after delivery of goods at desired place through e-transfer / RTGS/PFMS after submission of bill in triplicate.
4. Any legal dispute arising out of this is subject to Sambalpur district jurisdiction only.
5. 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.
6. The quoted rate is valid for one year.

Documents to be submitted with quotation

1. Photocopy of valid GST Registration No.
 2. Photocopy of valid PAN.
 3. Photocopy of bank details/ Cancelled Cheque.
 4. Any other document related to the quotation (Evaluation Form & Price Quotation Format).
- Non submission of any of the above mentioned document may subject to rejection of the quotation.


Chief District Medical & Public Health Officer
Sambalpur



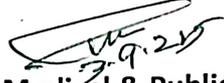
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Govt. of Orissa

Memo No:-.....2372...../Date.....02.09.25 -

Copy to notice board of Collector/DSWO/ADM/DIPRO/CDM & PHO/ADPHO-FW and all prominent places of Sambalpur.


Chief District Medical & Public Health Officer,
Sambalpur

Memo No:-.....2373...../Date.....02.09.25 -

Copy to E Governance Manager (DeGM), NIC Sambalpur for Kind information and requested to publish the advertisement for quotation under NHM.


Chief District Medical & Public Health Officer,
Sambalpur

Memo No:-.....2374...../Date.....02.09.25 -

Copy to District purchase committee members for information and they are requested to attend the meeting for opening and finalization of quotation for supplying of reagents & consumable for DPHL Lab of District Head quarter hospital on dated 30.10.2024 at 11 am positively in office chamber of under signed.


Chief District Medical & Public Health Officer,
Sambalpur



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EVALUATION FORM (Annexure-A)

1	Name of the supplier	
2	Full postal address of the supplier Telephone No. Fax No. E-Mail address:	
3	Are you a Manufacturer/ dealer / reseller (Copy to be attached)	
4	GST / VAT / SALE Tax registration No. (copy to be attached)	
5	PAN / TIN No (copy to be attached)	
6	Bank Account Details (copy to be attached)	

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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PRICE QUOTATION FORMAT (Annexure-B)

I/ We do hereby submit item wise quotation below:

SL. No	Item	Detail specification	Best offered rate (per unit)
1.	Micro Cellular Rubber	<p>Nearly 734nos of MCR footwear required for PALs (Gr-I & Gr-II) in respect of Sambalpur district as per the following technical specification –</p> <ul style="list-style-type: none">• Inner sole should be made up of Micro Cellular Rubber (MCR) with shore strength of 18-20.• The outer sole should be cut out from rubber sheets (not tyre) with rough outer surface having 60+2 shore strength. <p>Soft leather with inner lining of aster leather should be used for upper straps. No nail should be used.</p>	
Total price (Inclusive of all taxes & transportation cost)			
Rupees (in words).....			

Full Signature of the bidder with seal

Date: