

Phone: 2538 0203

MADHYAMGRAM MUNICIPALITY

Madhyamgram, Kolkata - 700 129

Ref. No. MM/CHAIR/HOSP/LAB-REAG/NIQ- 625/23-24

DATE: - 12/05/2023

NOTICE INVITING QUOTATION

Sealed Quotation are therefore invited from Manufacturer/Distributor/Authorized agent, the rate should be quoted as per pack size as mentioned in the list and should **inclusive GST.** The Quotation should be submitted in Quotation form duly sealed covered super scribing "Quotation of rate for supply of LAB-REAG." in 'Netaji Subhas Chandra Bose Specialised Hospital & Research Centre' addressed to the Chairman, Madhyamgram Municipality ,so as to reach this office within 12.30 Hrs. on 20/05/2023. The Quotation received after due date & time will not be considered. The Quotation will be opened on 20/05/2023 at 1.30 Hrs. and the Quotation are requested to remain present or send their suitable authorized persons to be present at the time of opening and offer clarification required if any.

Terms & Condition:-

- 1. Quotation forms will be available at the cash counter of the Municipality on payment of Rs.100/- only.
- 2. The last date of purchasing Quotation Form on 19/05/2023.
- 3. Ernest money Rs. 1000/- will have to deposited by Bankers cheque /Demand draft/Bank guarantee, whose are successful.
- 4. Supply against order to the successful Quotation is to be made as when as per requirements.
- 5. Supplier should remain bound to follow all other terms & condition as will be specified in the supply order.
- 6. Supplier must be submitted up to date Xerox copy of their up to date trade license, GST Registration. Pan Card, P. Tax certificate, Income Tax & Drug License.
- 7. Authority reserve the rights of accept or reject or every tender without assigning reason whatsoever.
- 8. The Quotation One Time Validity.
- 9. First priority first brand name.
- 10. Quotation dropping address at Finance Officer's Room (Madhyamgram Municipality)
- 11. The above Quotation is also available on our website www.madhyamgrammunicipality.org

EXECUTIVE OFFICER
MADHYAMGRAM MUNICIPALITY

Executive Officer Madhyamgram Municipality North 24 Parganas



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List of LAB-REAGENT.

| Sl. No. | Name of articles | Pack Size | Brand |
|---------|---------------------------------|-------------|-----------------------|
| 1. | Albumin | 100 ml. | SPAN |
| 2. | Alkaline Phosphates(IFCC) | 2 X 50 ML. | PATH |
| 3. | Amylase | 2 x 25 ml. | PATH |
| 4. | Anti ABD (ABORH) | 3 x 10 ml. | J. MITRA |
| 5. | Anti ABD (ABORH) | 3 x 10 ml. | TULIP |
| 6. | ASO kit | 100 test | EURO |
| 7. | Bilirubin | 458 ML. | DIASYA (QDS) |
| 8. | CPK (CKNAC) | 20X1.1 ML. | RECKON |
| 9. | CPK(CK-MB) | 20X1.1 ML. | RECKON |
| 10. | Create nine | 2 X 125 ML. | (Euro) |
| 11. | Create nine (Single Re- Agent) | 2 X 50 ML. | PATH |
| 12. | Calcium(ARACNASO-iii) | 50 TEST | PATH |
| 13. | Cholesterol with HDL | 2 X 50 ML. | OZONE |
| 14. | CRP kit(Plain) | 100 test | EURO |
| 15. | Cidex / Tridex | (5 lit.) | JOHNANSON & JOHNANSON |
| 16. | Deionsed water | 5 LTR. | MERCK |
| 17. | Drab kings solution(Hemoglobin) | 1000 ML. | ARKRAY |
| 18. | DHDL | 64 ML. | EURO |
| 19. | DLDL | 64 ML. | EURO |
| 20. | Formalin Tablet | 100 TAB. | SIGMA |
| 21. | Glucose | 1000 ML. | ACCUREX |
| 22. | HbSag card(HEPA CARD) | 100 TEST | OZONE |
| 23. | HCG CARD(PEG CARD) | 50 TEST | ACON |
| 24. | Immersion oil | 30 ML. | MERCK |
| 25. | Lipase | 1 X 25 ML. | PATH |
| 26. | Mantoux 10 TU PPD | 5 ML. | BEACON |
| 27. | Mantoux 5 TU PPD | 5 ML | BEACON |
| 28. | Micro tips 0.2 µl – 10 µl | 1 BOX | TERSON |
| 29. | Micro tips 2 µl -200 µl | 1 BOX | TERSON |
| 30. | Micro tips 200 μl -1000 μl | 1 BOX | TERSON |
| 31. | Multi Strip for Urine (8 P.R.A) | 100 TEST | SIEMENS |
| 32. | OBT test kit | 50 TEST | CREAST |
| 33. | RA-Factor | 100 TEST | EURO |
| 34. | Rubber Tunicate | 1 MTR. | LOCAL |
| 35. | S.G.O.T. | 75 ML. | CREAST |
| 36. | S.G.P.T. | 75 ML. | CREAST |
| | | | |
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| 37. | Total Protein | 2 X 50 ML. | SPAN |
|-----|--|-------------|----------|
| 38. | Triglycerides | 100 ML. | PATH |
| 39. | Test tube 12 MM X 75 MM | 100 PCS. | BOROSIL |
| 40. | Turbilatex CRP | 50 ML | EURO |
| 41. | Urea (Berthelot) | 4 X 100 ML. | PATH |
| 42. | Uric Acid | 75 ML. | CORAL |
| 13. | Vial(Plain) / Clotted(Non vac Double cap) | 100 PCS. | XYNLE |
| 14. | VDRL(RPR) (Syphilis) | 50 TEST | OZONE |
| 15. | Widal | 1 X 20 ML. | BEACON |
| 46. | Syringe 2ml | PER BOX | DISPOVAN |
| | Syringe 5ml | PER BOX | DISPOVAN |
| 48. | LIQUID PARAFFIN (LIGHT) | PER BOTT. | LOCAL |

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