



# MADHYAMGRAM MUNICIPALITY

P.O.: Madhyamgram, Dist.: North 24 Parganas

Kolkata – 700 129

Ref No: MM/E.O/HOSP/LAB RE- AGENT/NIQ-012/26-27

Date: 16/04/2026

## NOTICE INVITING QUOTATION

Sealed Quotation are therefore invited from Manufacturer/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 Re-Agent Items**” 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 24/04/2026. The Quotation received after due date & time will not be considered. The Quotation will be opened on 16/04/2026 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 store of the NSCBSHOSPITAL & RC under Madhyamgram Municipality .
2. The last date of collecting Quotation From on – 16/04/2026.
3. Supply against order to the successful Quotation is to be made as when as per requirements.
4. Supplier should remain bound to follow all other terms & condition as will be specified in the supply order.
5. 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.
6. Authority reserve the rights of accept or reject or every tender without assigning reason whatsoever.
7. First priority first brand name.
8. Quotation dropping address at Finance Officer's Room (Madhyamgram Municipality)
9. The above Quotation is also available on our website, [www.madhyamgrammunicipality.org](http://www.madhyamgrammunicipality.org).

Executive Officer

Madhyamgram Municipality

Executive Officer

Madhyamgram Municipality

North 24 Parganas



T. No. 2020-0000(Direct)

: 2538-2664/0203

Fax: 2538-6442

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## ANNEXURE-I

Sl No	Description	Pack size	Brand
1	ALPHA COUNT 60 DILUENT	20 LTR	OZONE
2	ALPHA COUNT 60 LYSE	500 ML	OZONE
3	ALPHA COUNT 60 CLEANER	1 LTR	OZONE
4	ALPHA COUNT 60 OZOCLEAN	100 ML	OZONE
5	ALPHA COUNT 60 TROL(H.L.N)	3x2.5 ML	OZONE
6	ALPHA COUNT 60 PAPER ROLL	PCS	OZONE

Thanking you.

Executive Officer  
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