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MADHYAMGRAM MUNICIPALITY

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

Kolkata – 700 129

Ref No: MM/E.O./HOSP/LYLEN DRESS/NIQ-234/25-26

Date: 20/01/2025

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 LYLEN DRESS 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 02/02/2026. The Quotation received after due date & time will not be considered. The Quotation will be opened on 02/02/2026 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 NSCBOSHOSPITAL & RC under Madhyamgram Municipality .
2. The last date of collecting Quotation From on – 02/02/2026 within 12.30hrs.
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.

Executive Officer
Madhyamgram Municipality

Executive Officer
Madhyamgram Municipality
North 24 Parganas



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ANNEXURE-I

SL NO	Name of the Articles	COLOUR	Brand
1	CLOTH PER MEDICAL PERSON	AS PER OUR REQUIREMENT	AS PER OUR SAMPLE
2	MAKING CHARGES PER MEDICAL PERSON	N/A	N/A

Thanking you,

Executive Officer

Madhyamgram Municipality

Executive Officer
Madhyamgram Municipality
North 24 Parganas