

OFFICE OF THE CDM & PHO CUM MISSION DIRECTOR, KANDHAMAL
District Programme Management Unit, DHH, Kandhamal, Phulbani-762001(Orissa)
E-Mail-dsukandhamal@gmail.com/cdmo_phulbani@sify.com

Phone/Fax No-06842-25349

L.No 2079 /NMHP/2025

Dated 18/02/2025

QUOTATION CALL NOTICE

Sealed quotations are invited from the registered suppliers for supply of Psychotropic Medicines for Dist Mental Health Unit, DHH, Phulbani.

The supplier has to submit their quotations in sealed covers which must be super-scribed as "Quotation for supply of Psychotropic Medicines for District Mental Health Unit, DHH, Phulbani".

Technical Bid should contain as follows:

1. The document should be **serially arranged** and should be securely tied and bound.
2. Copies of organization PAN.
3. Photocopy of the GST Registration Certificate.
4. Valid Drug License.
5. All the quotation documents should sign by the supplier at the bottom of each page with his official seal duly affixed.
6. They should quote the rates for individual items inclusive of excise duty, insurance, packing, forwarding, freight (door delivery) and GST charges (If any).
7. Financial Bid must be submitted in the prescribed format as attached in Annexure-A.
8. The Rates should be computerized.

Eligible bidders should submit their quotation documents to the CDM & PHO, Kandhamal through Speed Post/Registered Post/ Courier on or before 25/02/25 by 5.00 P.M and will be opened on 27/02/25 at 05.30 P.M

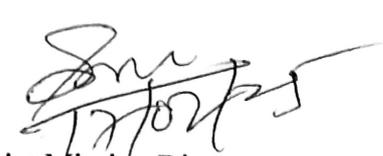
The undersigned reserve the right to reject or cancel any or all the quotations without assigning any reason thereof.


CDM & PHO-Cum District Mission Director
Kandhamal

Memo No: 2080 /DMHP/2024-25

Dated: 18/02/2025

1. Copy to notice board of all District Officers of Kandhamal District for information and wide publicity.
2. Copy to OSWAN, Phulbani, Kandhamal for wide publication.


CDM & PHO-Cum District Mission Director
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Annexure -A				
Sl.No	Name of the Item	Strength	Unit	Rate (Rs.)
1	Clonazepam 0.5 + Melatonin 5 mg	0.5+5mg	10 tab per	
2	Syp.Piracetam	200 ml	Per bottle	
3	Resperidone	3mg	10 tab per	
4	Tab. Memantine	10 mg	10 tab per	
5	Perampanel	2 mg	10 tab per	
6	Amisulpride	200 mg	10 tab per	
7	Phenytoin Sodium	300 mg	10 tab per	

Signature of the Bidder with Seal

