GOVT. OF WEST BENGAL

Office of the Medical Superintendent-cum-Vice Principal **IPGMER SSKM Hospital**

Memo. No. IPGMER SSKMH/MSVP/ 9753

Dated: 02

QUOTATION NOTICE

Sealed QUOTATION are invited from the reputed Companies/ Direct Importers/ Authorized Distributors/Traders for supply of the following items as mentioned below for use Histopathology LAB of IPGME&R-SSKM HOSPITAL, Kolkata-20

The last date of submission of quotation on will submit the quotation in their own official pad along with the self attested copies of the following essential documents.

- Valid Trade License/Enlistment
- PAN Card of the Bidder/ Bidder Company
- GST Registration Certificate
- Last GST return of current year

The quotation is to be submitted in the Pathology Store on all working days from with in 2 P.M, . After taking receiving number from received section of MSVP Office

The undersigned reserves the right to accept or cancel the whole procedure at any time without showing any

reason.

- Rate should be quoted (Figures and Words) & free delivery to the Pathology Store of this Hospital.
- 2. If the Schedule item is approved by CMS in that case purchase will be made from CMS approved firm
- 3. Rate should be mentioned without GST, GST as applicable.
- 4. Tender committee reserves the right to decleare the Firm/ Company Blacklisted due to the falliure in supply within the stipulated period of 30 days each for two occasions during the quotation period.
- 5. Rate is Valid for one years or up to purchase below 1 lakhs.
- Ratch test Report should be submitted at the time of Delivery of the item

SL.NO.	Indication	NAME OF THE ITEM	Pack Size	Rate per Pack	Application
1	MAS	CD206 (MMR) Monoclonal Antibody (19.2), PE-Cyanine7	100 test	TI KIND	Flow cytometry
2	MAS	TGFbeta1 Polyclonal Antibody, FITC	100 test		Flow cytometry
3	MAS	PE Mouse Anti-Human HLA-DR	100 test		Flow cytometry
4	MAS	PerCP-Cy™5.5 Mouse Anti-Human CD163	100 test		Flow cytometry
5	MAS	APC Mouse Anti-Human CD86	100 test		Flow cytometry
6	AH50	Human Complement AH50 (AH50) ELISA, (Species:- Human)-96 Test	96 test		ELISA
7	CH50	Human CH50 (50% complement hemolysis)ELISA Kit (Species:-Human)-96 Test	96 test		ELISA
8	C1q	Human C1q (Complement 1q) ELISA Kit(Species:-Human)-96 Test	96test		ELISA
9	CD25 for MAS	Human IL-2sRa/CD25 (Soluble Interleukin-2 Receptor alpha chain) ELISA Kit(Species:-Human)-96 Test	96 test		ELISA
10		Sheath fluid, (Volume: 20 litre)	20 lit		Flow Cytometry
11		Falcon 5mL Round Bottom Polystyrene Test Tube, with Snap Cap,Sterile	1000pcs		Flow Cytometry
12	DADA2 Syndrome	EHNA hydrochloride	10mg	-	
13	DADA2 Syndrome	Inosine	25gm		
.4	TTP	Human ADAMTS-13 ELISA Kit	96 test		ELISA

Medical Superintendent-cum-Vice Principal PGME&R- SSKM Hospital, Kolkata-700020

Memo. No. IPGMER SSKMH/MSVP/

Dated: 0 8

Copy to:

- 1. IT Cell IPGME&R SSKM Hospital
- Notice Board, IPGME&R SSKM Hospital
- Office Copy

Medical Superintendent-cum-Vice Principal

GOVT. OF WEST BENGAL Office of the Medical Superintendent-cum-Vice Principal **IPGMER SSKM Hospital**

Memo. No. IPGMER SSKMH/MSVP/ 9727

Dated: 08,9,25

QUOTATION NOTICE

Sealed QUOTATION are invited from the reputed Companies/ Direct Importers/ Authorized Distributors/Traders for supply of the following items as mentioned below for use Histopathology LAB of IPGME&R-SSKM HOSPITAL, Kolkata-20

- 1. Valid Trade License/Enlistment
- 2. PAN Card of the Bidder/ Bidder Company
- 3. GST Registration Certificate
- 4. Last GST return of current year

The quotation is to be submitted in the <u>Pathology Store</u> on all working days from ... with in 2 P.M, . After taking receiving number from received section of MSVP A.M to 4 P.M except .Saturday &...

The undersigned reserves the right to accept or cancel the whole procedure at any time without showing any reason.

- 1. Rate should be quoted (Figures and Words) & free delivery to the Pathology Store of this Hospital.
- 2. If the Schedule item is approved by CMS in that case purchase will be made from CMS approved firm
- 3. Rate should be mentioned without GST, GST as applicable.
- 4. Tender committee reserves the right to decleare the Firm/ Company Blacklisted due to the falliure in supply within the stipulated period of 30 days each for two occasions during the quotation period.
- 5. Rate is Valid for one years or up to purchase below 1 lakhs.
- Batch test Report should be submitted at the time of Delivery of the item
- 7. Sample must be submit with the Quotation, after sample test quotation will be open

SI No.	Name Of the Items	Packaging Unit	Rate per Unit
1.	Contact Surface Cleaner/Fumigation Solution Electrolyte (Disinfectant) i) Electrolysed Non-Toxic ii) Non Irritant and Non –Corrosive iii) Ready to use Disinfectant Solution With Neutral pH Containing Sodium Chloride (NACL)0.023% iv) Sodium Hypoclorite (NaOCL)-0.005% v) Hypo Chlorous Acid (HOCL)-0.004% vi) Electrolysed Water -99.97% in Jerricane of 5 Lit (CE Certified)	5 lit	
2	PETRI DISC 90 (Specification:-Crystal Clear, Sterile, single sealed, 25 pcs pack, size 90X15mm)	Pcs	

GST AS APPLICABLE

Medical Superintendent-cum-Vice Principal IPGME&R- SSKM Hospital, Kolkata-700020

Memo. No. IPGMER SSKMH/MSVP/

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Medical Superintendent-cum-Vice Principal IPGME&R- SSKM Hospital, Kolkata-700020