



OFFICE OF THE COUNCILLORS BELDANGA MUNICIPALITY

ESTD. 1981

P.O & P.S BELDANGA, DIST. MURSHIDABAD. PIN- 742133

Form : Chairman

PHONE NO. **03482 264113**

Email: beldanga.municipality@gmail.com

MEMO NO. **226/III-9(S)/24**



DATE **18/01/24**

Quotation Notice

Quotations are invited on behalf of BOC, Beldanga Municipality from reputed suppliers for supplying of **Medicine** for CBPHCS of Beldanga Municipality as per terms and conditions.

The Terms and Conditions are as under

1. All quotations shall have to reach to the office of the undersigned within the specified time date.
2. Recoveries towards Govt. Taxes. Cess. GST will be deducted from the bill of the Supplier on the basis of prevailing Govt. Rules.
3. Quotations will be accepted as per rules. However the undersigned reserves the right to accept or reject any or all quotations without assigning any reason what so ever.
4. The drop box is placed at the Office Chamber of the undersigned.
5. Last date of submitting quotation : 30/01/2024, 1:30pm
6. Date of opening the quotation : 30/01/2024, 4:30pm
7. Date of issuing Work Order : 31/01/2024
8. Date of supply to be completed within : 09/02/2024

Brief description of item affixed here with this notice (one page) In Annexure – (1).


(Anuradha Hazra Banerjee)
Chairman, Beldanga Municipality

DATE **18/01/24**

MEMO NO. **226(S)/III-9(S)/24**
For wide publicity and information, copy forwarded to,

1. The Finance Officer, Beldanga Municipality.
2. The B.M.O.H ; Beldanga -I, BPHC, Beldanga, Murshidabad.
3. The Station Master, Beldanga Rail Station, Beldanga, Murshidabad.
4. Notice Board, Beldanga Municipality.
5. The IT Co-ordinator, Beldanga Municipality to upload the notice of Beldanga Municipal Website (www.municipalitybeldanga.org)


(Anuradha Hazra Banerjee)
Chairman, Beldanga Municipality

Annexure – (1)



Sl No.	Specifications of items (Medicine)	Quantity/unit (Approx)	Rate per unit Including all taxes
<u>1</u>	PARACETAMOL 650MG TAB.	<u>15000</u>	
<u>2</u>	PARACETAMOL 500MG TAB.	<u>6000</u>	
<u>3</u>	CIPROFLOXACIN 500	<u>1000</u>	
<u>4</u>	AZITHROMYCIN 500mg TAB	<u>600</u>	
<u>5</u>	TELMISARTAN (40mg) TAB	<u>1000</u>	
<u>6</u>	PANTOPRAZOL (40mg) TAB	<u>10000</u>	
<u>7</u>	ONDANSETRON (8mg)	<u>1000</u>	
<u>8</u>	MONTELUKAST + LEVOCETRIZINE(10/5)mg	<u>600</u>	
<u>9</u>	LEVOTHYROXINE 25MG	<u>600</u>	
<u>10</u>	DROTIN (40mg)	<u>600</u>	
<u>11</u>	ASCORIL LS / D	<u>300</u>	
<u>12</u>	OTRIVIN OXY NASAL DROP	<u>100</u>	
<u>13</u>	BETADINE SOLUTION 10%	<u>100</u>	
<u>14</u>	AMLODIPIN 5mg	<u>600</u>	
<u>15</u>	CALCIUM & VITAMIN D3 TAB	<u>15000</u>	
<u>16</u>	PARACETAMOL 01 (125mg/5ml)	<u>10000</u>	
<u>17</u>	AMOXY CLAV (228.5/5ml)	<u>300</u>	
<u>18</u>	RANITIDINE (7.5mg/5ml)	<u>300</u>	
<u>19</u>	DYCYCLOMINE (40mg/5ml)	<u>100</u>	
<u>20</u>	CETRIZINE (5mg/5ml)	<u>300</u>	
<u>21</u>	SALINE NASAL DROP	<u>300</u>	

Handwritten signature and date: 18/01/24

Handwritten signature and date: 18/01/24
Chairperson
Beldanga Municipality