



District Programme Manager (NRHM)  
Dist.TB Center, Dist.Hospital,  
Kottayam

SHORT QUOTATION NOTICE

No. DPMSU-KTYM/3159/MIS ASSISTANT/2022/DPMSU

Dated: 15.06.2024

**Printing and supply of ID card with lanyard for employees of NHM in Kottayam District**

Sealed competitive quotations are invited for printing and supply of identity cards with neck lanyard for the employees of the National Health Mission(Arogyakeralam) Kottayam. The details are given below.

**Specification:**

<b>Total number of cards to be printed</b>	750+
<b>Specification and design</b>	As per the card which will be provided by the National Health Mission
<b>Rate</b>	Rate per card should be specified includes the tax rates. Any other claims will not be entertained
<b>Date of supply</b>	Within 15 days from the date of supply order
<b>Place of Supply</b>	National Health Mission, Near TB Centre, District Hospital Compound, Kottayam

**Payment :**

Payment will be made on presentation of bill after supplying the identity cards with tag.

Please note that TDS(Tax Deducted at Source) will be deducted as per applicable laws.

Quotations should be super scribed as "Quotation for printing and supply of identity cards" and should reach the undersigned on or before 01.07.2024, 4.00 PM. The quotations will be opened on 01.07.2024 itself at 4.30 PM in presence of the quotationers present. The District Programme Manager, National Health Mission, Kottayam reserves the right to accept or reject any or all the quotations.

**Dr.Vyas Sukumaran**  
**District Program Manager**

The document is digitally approved. Hence signature is not needed.

## **Quotation Terms & Conditions**

1. **Deadline Compliance:** All quotations must be received by the specified deadline and must be sealed. Any quotations received after the deadline or unsealed will not be considered under any circumstances. The Institute will not be responsible for any postal delays.
2. **Quotation Format:** Quotations must be submitted using the enclosed prescribed Performa on the official letterhead of the firm. The document must be duly signed by the Proprietor, Partner, Director, or their authorized representative. If the quotation is signed by an authorized representative, a letter of authorization must be attached to the quotation.
3. **Rate Inclusion:** The rates quoted must be on a FOR (Free on Road/Rail) basis. This means the rates should include all associated costs such as designing, packing, courier, freight charges, and any other incidental expenses.
4. **No Overwriting:** Any quotation that contains overwriting or cutting in the rates will be summarily rejected. It is imperative that all rates are clearly and accurately presented.
5. **Rate Validity:** The rates quoted must remain valid until 31 March 2025 from the date the quotation is opened. If a quotation does not explicitly state the validity period, it will be assumed that the quoted rates comply with this condition.
6. **Award Criteria:** Simply quoting the lowest rate (L1) will not automatically guarantee the awarding of the purchase order. The rates must be reasonable and justified in order to be considered.
7. **Firm Conditions:** The firm or agency submitting the quotation must not be blacklisted by any Government Agency or Department. A self-attested copy of a declaration confirming this must be attached to the quotation.
8. **Inclusive Rates:** The rates quoted must be comprehensive, including GST, any other applicable taxes, duties, and transportation charges. No additional claims will be entertained beyond the quoted rates.
9. **Card Longevity:** Each set of cards should have a lifespan of up to one year. The selected firm or agency must provide a guarantee for the printing quality of letters, photos, and logos on both sides of thermal or fused PVC cards.
10. **Employee Data:** The District Programme Manager, National Health Mission, Kottayam will provide the necessary employee details in either hard copy or soft copy format for the preparation of ID cards.
11. **Data Confidentiality:** The selected firm or agency must ensure the confidentiality and privacy of all provided data. Sharing of employee information with any third party is strictly prohibited and may result in legal action.

12. **Sample Submission:** The quotationer must submit samples along with the sealed Annexure 1 and the terms and conditions. Quotations submitted without samples will not be considered.
  
13. **Quantity Modification:** The District Programme Manager, National Health Mission, Kottayam reserves the right to increase or decrease the quantity and/or the amount of work as necessary.
  
14. **Right to Reject:** The District Programme Manager, National Health Mission, Kottayam reserves the right to reject any quotation or the entire quotation process without assigning any reason. The decisions of the District Programme Manager will be final and binding in this regard.

**Submission Details:**

- Start Date for Submission: **18/06/2024, 10:00 AM**
- Last Date for Submission: **01/07/2024, 04:00 PM**

(On Vendor Letter Head)  
**ANNEXURE-I A**

To  
District Programme Manager  
National Health Mission  
Kottayam

**Subject: Quotation for Supply of ID card with Lanyard  
Printing**

<b>Sl.No</b>	<b>Specification</b>	<b>Quantity (Approx)</b>	<b>Rate in Rs. Per ID Card set</b>
1	Design and printing of Thermal / PVC fused Employee ID Card (Multi-colored, double side printing) with transparent plastic card holder.  Card size: 3.370 x 2.125 inches  Single colour printed premium quality neck lanyards	750+	

Name of Supplier:

Address:

Email Id:

Mobile No:

GST Number :

**Declaration:**

I ..... Proprietor / Partner / Director /Agent of ..... hereby declared that I have read this tender of documents terms and condition carefully and the above particulars furnished are true and correct to the best of my knowledge/belief.

Seal and Signature of the  
bidder:

Date:

**ANNEXURE-I B**

**DECLARATION REGARDING NON-BLACKLISTING FROM  
TAKINGPART IN GOVT.TENDER BY DOT/GOVT. DEPT**

I / We Proprietor / Partner / Director / Agent of M/S.....  
hereby declare that the firm M/S has not been blacklisted or debarred in the past by any  
Government organization from taking part in Government tenders.

In case the above information found false I/We are fully aware that tender/ contract will be  
rejected/cancelled.

In addition to the above District Programme Manager, National Health Mission will not be  
responsible to pay the bills for any completed / partially completed work.

**Signature**

**Name**

**Name & address of the firm**

**Date:**

**Signature of Bidder with seal.**