

Government of West Bengal
Office of the District Magistrate, Nadia
District Swasthya Sathi Cell
Administrative Building, 2nd Floor, PO-Krishnagar, Dist-Nadia, W.B.
E-mail: health.nadia@gmail.com

Memo. No. 532 /H.S.

Dated: 23/10/2017

NOTICE INVITING QUOTATION

Sealed Quotation is hereby invited from the bonafide, reliable and experienced vendors/agencies in own letter head pad for online Data Entry work of "Swasthya Sathi" beneficiaries. The Agencies/Vendors should have hold credentials of similar type of work.

The details data entry Form in Format-"B" is enclosed herewith. The quotation is to be submitted **per family wise rate** and should be quoted in figure & words clearly. **The rate should be inclusive of all taxes.**


The Agencies/vendors should submit their current Valid Trade Licence, GST, Income Tax Certificate alongwith the quotation.

Acceptance of lowest quotation is not obligatory and the undersigned reserve the right to reject or accept any or all of the quotation received at his discretion without assigning any reason what-so-ever. Deduction will be done for wrong entry.

The quotation should reach to the District Swasthya Sathi Cell, 2nd Floor of Nadia Collectorate, Room No. 310 **by 06/11/2017 within 3:00 PM.**

The quotation will be opened at 4:00 PM on the same date in the office chamber of District Nodal Officer, Swasthya Sathi, Nadia and the quotationers are requested to remain present at the time opening of quotation.

Encl.: Format-B

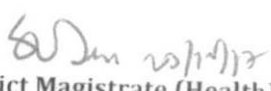

Addl. District Magistrate (Health)
&
DKM, RSBY, Nadia

Memo. No. 532/1(1) /H.S.

Dated: 23/10/2017

Copy forwarded for information and taking necessary action to

1) PA to District Magistrate, Nadia for placing the same before the authority.


Addl. District Magistrate (Health)
&
DKM, RSBY, Nadia

FORMAT - B (One format for one Beneficiary's Family)

Names	Sex	Age	Relationship with Beneficiary	Caste SC/ST/OBC/OTHERS	BLP/Non-BPL	Minority (Y/N)	AADHAAR No.	Mobile No.	Job/Work Details of Beneficiary ↓ (must mention from the list attached) ↓	Other Details (Must if applicable) Name of SHG Group (for Members of SHG only) ↓ SHG Group ID (for Members of SHG only) ↓ ASHA ID (for ASHA Worker only) ↓ RSBY Status (Y/N) if Yes, URN No. ↓	ADDRESS ↓	
											PERMANENT RESIDENTIAL/HOME ADDRESS OF BENEFICIARY (Must fillup all Field) ↓	Office Address of Beneficiary ↓
			Beneficiary (Self)						Department (must mention from the list attached) ↓		Block Name → or Municipality Name → or Corporation Name →	
									Category under Deptt. (must mention from the list attached) ↓		Panchayat Name → or Ward Number →	
											Village Name →	
											Nearest Land Mark →	
									Designation ↓			
									Name of Office ↓		District →	
											Pin Code →	

Signature of Beneficiary

Seal & Signature of Officer-in-Charge of the Concerned Deptt.

N.B. Either AADHAAR or Mobile No. is mandatory. So, Please submit either both or atleast any one of those (Aadhar or Mobile No.)