



**OFFICE OF THE DISTRICT MEDICAL OFFICER (MEDICAL SERVICES) –CUM-
SUPERINTENDENT, DHH KENDRAPARA**

Letter No.: - 1635 /Date: 18.09.25

To

The District E-Governance Manager,
Kendrapara.

Sub- Regarding Display of Tender document for Supply of Hospital Bed with Mattress, AC & CWC Cutter Pump, DHH Kendrapara.

(Through Proper Channel)

Sir,

With reference to subject cited above, you are requested to upload the details of Tender document for Supply of Hospital Bed With Mattress, AC & CWC Cutter Pump, DHH Kendrapara in the District portal i.e. www.kendrapara.odisha.gov.in for the period from 18.09.2025 to 10.10.2025. The details are attached with this letter.

Yours faithfully,

[Signature]
18.9.25
DMO (Medical Services) - cum -
Superintendent, DHH, Kendrapara

Memo No. 7778 /Date: 18.09.2025

Copy forwarded to the District E-Governance Manager,
Kendrapara for favour of kind information & necessary action.

[Signature]
18.9.25
Chief District Medical &
Public Health Officer,
Kendrapara.

DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVT. OF ODISHA

Tel. No. - (06727) 230444,230222,230400 , Website- <https://kendrapara.dhhodisha.in/>

E-mail: hdtkendrapara2@gmail.com / financedhkhkendrapara@gmail.com



**OFFICE OF THE DISTRICT MEDICAL OFFICER (MEDICAL SERVICES) -CUM-
SUPERINTENDENT, DHH KENDRAPARA**

OFFICE OF THE DISTRICT MEDICAL OFFICER (MEDICAL SERVICES) -CUM- SUPERINTENDENT, DHH KENDRAPARA

Tender No.: 1634 /Date: 18.09.25

Sealed tenders are invited from eligible registered firms/agencies/organization for supply of Supply of Hospital Bed with Mattress, AC & CWC Cutter Pump under RKS. The details of the terms & conditions are available in district website www.kendrapara.odisha.gov.in. / www.kendrapara.dhhodisha.in. Interested firms/agencies/organization are requested to submit their tender (under two bid system) along with necessary documents (Technical & Financial bid separately and outer envelope must contain the said bid documents) to the O/o The DMO(MS)-CUM-SUPDT., DHH Kendrapara-754212 on or before dt.09.10.2025 till 4.00 P.M. though Speed Post/Regd. Post/Courier only. The tender will be opened on dt.10.10.2025 at 11.00 A.M. Authority reserves all the rights to cancel or reject any or all tender without assigning any reason thereof.

Sd/-

DMO (Medical Services) - cum -
Superintendent, DHH, Kendrapara

18/9/25
District Medical Officer
(Medical Services)-cum-
Superintendent DHH, Kendrapara

DEPARTMENT OF HEALTH & FAMILY WELFARE, GOVT. OF ODISHA

Tel. No. - (06727) 230444,230222,230400 , Website- <https://kendrapara.dhhodisha.in/>

E-mail: hdtkendrapara2@gmail.com / financedhhkendrapara@gmail.com



OFFICE OF THE DISTRICT MEDICAL OFFICER (MS) -CUM-
SUPERINTENDENT, DHH KENDRAPARA



Tender Call No. / 1634 /DHHKND/ dated the 18.09.25

TENDER CALL NOTICE

Tender Call for : Supply of Hospital Bed with Mattress, AC &
CWC Cutter PUMP
Date of Tender Call : 18/09/2025
Last Date & Time of submission of Tender : 09/10/2025 AT 4.00 PM
Date & Time of opening of Tender : 10/10/2025 AT 11.00 AM

Sealed tenders are invited from different bidders having valid GST Registration certificate for the "**Supply of Hospital Bed With Mattress, AC & CWC Cutter Pump**" as per the specification given below by the DMO(MS)-CUM- Superintendent, DHH Kendrapara. Interested bidders may submit their quotation to the under signed as per the scheduled date & time mentioned above.

Terms & conditions:

1. The undersigned shall have the right for rejecting all or any of the quotation without assigning any reason thereof.
2. Any tender received after the due date & time will be rejected. The tenders will be received through Regd. Post / Speed Post /Courier Service only.
3. Tender document fee of Rs.500/- in shape of Demand Draft/ Original Money Receipt which is not refundable.
4. An EMD of Rs 2000/- (Rupees Two thousand) only will be paid in the shape of demand Draft only in favour of "ROGI KALYAN SAMITI, DHH KENDRAPARA" from any Nationalized / Scheduled Bank payable at Kendrapara, which will be refundable. The EMD of the unsuccessful tenderers will be returned back without interest and EMD of successful tenderer will be returned after successfully supply of purchase order.
5. Manufacturing unit who has been blacklisted either by the Tender inviting authority or by any state Govt. or Central Govt. organization is not eligible to participate in the tender for that item during the period of blacklisting. (Annexure - III)
6. Annual Average Turnover of Rs. 1 Crore or more in last 3 financial years of bidders. (Annexure IV)
7. The Original Tender Copy with Conditions and the schedules signed by the tenderer at the bottom of each page with his official seal duly affixed
8. The rates should be quoted including F.O.R destination and excluding taxes.
9. The bidder should submit attested copy of valid GST Registration certificate & PAN number along with the quotation.

Only
18.9.25

10. The bidder should submit the relevant documents as per the items technical requirement provided in the technical Specification Para.
11. Two stage bidding systems will be done. (Technical bid & Financial bid)
12. The bidder(s) are to submit their tenders in separate sealed covered envelopes for technical bid and commercial bid by super scribing Cover "A" (Technical Bid) & Cover "B" (Financial Bid) and both the sealed covers should be put into a third outer Cover, which should be super scribed as "**Supply of Hospital Bed With Mattress, AC & CWC Cutter Pump**"
13. The financial bid of only those bidders should be opened who qualify in their technical bid.
14. The price bid is to be quoted as per Annexure - V attached.
15. The supplier / distributor should submit the authorization from the manufacturing firms.
16. The rate contract once approved should remain valid for one year from the date of approval.
17. List of items quoted (Annexure-II) in technical bid
18. Samples of quoted items should be submitted at the time of tender opening.

List of Items:

1. Hospital Bed With Mattress
2. AC (1.5 ton & 2.00 ton)
3. CWC Cutter PUMP

(Technical Specification as per Annexure - I)

Prady
18.7.21

**DMO (Medical Services) - cum -
Superintendent, DHH, Kendrapara**

TECHNICAL SPECIFICATIONS

Sl. No.	Name of the Items	Specification	Remarks
1.	Standard Plain Hospital Bed with Mattress	<p><u>Specification of Hospital Bed: -</u></p> <ol style="list-style-type: none"> 1. Stainless Steel Tubular Head & Foot Bows of Unequal Height with Vertical tube support, stands on rubber stump's 2. Frame made up of M.S Tubes 3. Top made up of uniformly perforated 2 sectional press bend CRCA sheet 4. Provision provided for IV Rod on four 4 slides. 5. Pretreated Epoxy powder coated finish. 6. Fright saving knockdown construction. 7. Dimension (198 L x 90 W x 56 H) cms <p><u>Specification of Mattress: -</u></p> <ol style="list-style-type: none"> 1. Made up of 2" thermocool & 1" 40D foam. 2. Covered with Rexin (Black), Closed with zip at one end. 3. Dimension: - (194 L x 87 W x 7 H) cms 	
2.	Air Conditioner- 1.5 Tonne	<ol style="list-style-type: none"> 1. Star rating (BEE) : 5 Star 2. Type of AC: Inverter Split 3. Compressor Type: Rotary type 4. Warranty: Minimum 5 years for Compressor with free gas charging including 01 year comprehensive 5. Power Source (V/Hz/Ø) : 230V/ 50Hz/ 1 Single 6. Remote control: Wireless with LED/ LCD display 7. Air filtering unit: Dust proof and anti-bacteria filter 8. Refrigerant type: ECO - Friendly (R-410A) 9. Condenser: Copper 	
3.	Air Conditioner- 2.0 Tonne	<ol style="list-style-type: none"> 1. Star rating (BEE) : 5 Star 2. Type of AC: Inverter Split 3. Compressor Type: Rotary type 4. Warranty: Minimum 5 years for Compressor with free gas charging including 01 year comprehensive 5. Power Source (V/Hz/Ø) : 230V/ 50Hz/ 1 Single 6. Remote control: Wireless with LED/ LCD display 7. Air filtering unit: Dust proof and anti-bacteria filter 8. Refrigerant type: ECO - Friendly (R-410A) 9. Condenser: Copper 	
3.	CWC Cutter PUMP	<ol style="list-style-type: none"> 1. Head Range - Up to 39 Meters 2. Discharge Range - Up to 365 LPM 3. Power Rating - 1.2 to 4 KW (1.6 to 5.5 HP) 4. Voltage Range - 415 Volts ± 10% 5. Insulation - F Class 6. Protection - IP68 7. Operating temperature - 40 °C 	

Paul
18.9.25

DMO (Medical Services) - cum -
Superintendent, DHH, Kendrapara

ANNEXURE - II

(To be submitted in *Cover A - Technical Bid*)

DETAILS OF THE TENDERER & LOCAL CONTACT PERSON/
SERVICE CENTRE

	Corporate Office (The address in which the purchase orders and payment details will be communicated)	Address of Local Contact Person / Branch Office / Zonal Office / Address of Service Centre if any, in Odisha.
Name & Full Address		
Telephone Nos., landline		
Mobile		
Fax		
E - Mail		
Date of Inception	(Copy of Certificate of incorporation of Manufacturer)	
Name of the issuing authority		
Import License (in case of Importer only)		
GST	(Furnish photocopy of GST)	
PAN	(Furnish photocopy of PAN)	
Details of the Service Centre Facilities (in Odisha)		

Signature of the Tenderer:

with seal

Date:

Official Seal:

M. Prakash
18.9.25

(To be submitted in **Cover A -Technical Bid**)

DECLARATION FORM

I / Wehaving My / our
.....office at do
declare that I / We have carefully read all the terms & conditions of tender of the _____,
Odisha for the supply of Hospital items for, DHH Kendrapara for the year 2025-26. The approved
rate will remain valid for a period of one year from the date of approval. I will abide with **all the
terms & conditions** set forth in the **Tender Reference no.** _____

I/We do hereby declare I/We have not been de-recognised / black listed by any State
Govt. / Union Territory / Govt. of India / Govt. Organization / Govt. Health Institutions for supply
of Not of Standard Quality(NSQ) items / non-supply.

I/We agree that the Tender Inviting Authority can forfeit the Earnest Money Deposit and
blacklist me/us for a period of 3 years if, any information furnished by us proved to be false at the
time of inspection / verification and not complying with the Tender terms & conditions.

I / Wedo hereby declare that I /
we will supply the _____ as per the terms, conditions & specifications of the tender
document.

Signature of the bidder:

Seal

Date :

Name & Address of the Bidder:

Affidavit before Executive Magistrate / Notary Public.

M. S. S.
18.9.26

ANNEXURE - IV

(To be furnished in the **letter head** of the Auditor/ Chartered Account)

ANNUAL TURN OVER STATEMENT

The Annual Turnover for the last three financial years of M/s _____ who is a Manufacturer /Distributor/Importer (*Pl. tick whichever is applicable*) are given below and certified that the statement is true and correct.

Sl.No.	Year	Turnover in (Rs.)
1.	-	-
2.	-	-
3.	-	-

Average Annual Turnover
(for the above three years) in **(Rs.)**

Date: _____
Place: _____
Signature of Auditor/
(Name in Capital)

Chartered Accountant

Seal

Membership No.-

Registration No. of Bidder

Note:

- To be issued in the **letter head** of the Auditor/Chartered Accountant mentioning the Membership no.
- Separate certificates** should be furnished for **different manufacturer/importer** in case the bidder (authorized distributor) is quoting products of **different manufacturers/importers**. The authorized distributor has also to furnish his turnover statement in the above format.

Done by
18.5.25

Annexure- V

(To be submitted in **Cover B – Financial Bid**)

Sl No	Name of the item	Specification (As per Annexure – I)	Mfd. Name	Cost (in Rs) (including F.O.R destination)	GST + OT(if any)	Total Cost
1	Standard Plain Hospital Bed with Mattress					
2	Air Conditioner- 1.5 Tonne					
3	Air Conditioner- 2.0 Tonne					
4	CWC Cutter PUMP					

Signature of Bidder

Mub
18-9-25

CHECK LIST

(To be submitted in **Technical Bid**)

Note : The documents has to be arranged serially as per the order mentioned in the check list

Please put ✓ in the respective box

COVER – A (TECHNICAL BID) DOCUMENTS: SUBMITTED OR NOT

- | | | | | | | |
|---|------|----|-----|--|-----|--|
| 1. Tender document Fee | Page | No | Yes | | No | |
| | | | | | | |
| 2. Earnest Money Deposit | Page | | Yes | | No | |
| | No. | | | | | |
| | | | | | | |
| 3. Declaration form Self signed
by the Tenderer | Page | | Yes | | No | |
| | No. | | | | | |
| | | | | | | |
| 4. Performance Statement (Last 2 year Order copies) | Page | | Yes | | No | |
| | No. | | | | | |
| | | | | | | |
| 5. Proof of avg. Annual turnover of Rs.1 Crore or more
for preceding 3 financial years | Page | | Yes | | No. | |
| | No. | | | | | |
| | | | | | | |
| 6. Manufacturer Authorization Certificate | Page | | Yes | | No | |
| | No. | | | | | |
| | | | | | | |

Only
18.9.20

7. Catalogues of the Products

Page No.	
----------	--

Yes	
-----	--

No	
----	--

8. Copy of GST Registration Certificate

Page No.	
----------	--

Yes	
-----	--

No	
----	--

9. Latest GSTR3B Certificate

Page No.	
----------	--

Yes	
-----	--

No	
----	--

10. Photocopy of PAN

Page No.	
----------	--

Yes	
-----	--

No	
----	--

11. Copy of ISO-9001

Page No.	
----------	--

Yes	
-----	--

No	
----	--

12. Local contact address

Page No.	
----------	--

Yes	
-----	--

No	
----	--

13. Deviation & No Deviation Copy

Page No.	
----------	--

Yes	
-----	--

No	
----	--

14. Original Tender Copy duly sealed & signed

Page No.	
----------	--

Yes	
-----	--

No	
----	--

18/9/25