



OFFICE OF THE MEDICAL OFFICER IN CHARGE

COMMUNITY HEALTH CENTRE KOKSARA

(BLOCK PROGRAMME MANAGEMENT UNIT)



Telephone: 9439998268, E-mail – bpmuchckoksara@gmail.com, www.chckoksara.co.in

Letter No: 1021 /BPMU/2022

Date: 23-12-2022

QUOTATION CALL NOTICE

Quotation Call For:- PEST CONTROL, RODENT CONTROL & ANTI TERMITE TREATMENT at Selected facility of CHC KOKSARA

Date of Quotation Call:- 23-12-2022

Last Date and Time of Submission of Quotation: - 31-12-2022

Date and Time of Opening of Quotation: - 03-01-2023

Mode of Receive of Quotation:- Speed Post/ Regd. Post/ Courier only.

Sealed Quotations are invited from eligible Agencies for the following items as mentioned below.
The quotation need to be reached in due time and date as mentioned above.

Brief Description of Item	Specification if any	Quantity	Delivery Conditions	Payment Term
Pest Control Measures		Per Sq Meter	As per the Supply order	Through PFMS
Rodent Control Measures	Gum Plate/ Rat Trap	In Numbers	---Do---	---Do---
Anti Treatment Treatment	Drilling method	Per Sq Ft	---Do---	---Do---


23/12/2022
Medical Officer I/C,
CHC, KOKSARA

MOEMO No:- 1022 Date:- 23-12-2022

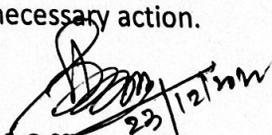
Copy to Notice board of CHC Koksara

Copy to the DIO, NIC, Kalahandi with a request to upload the Quotation in the district website (www.kalahandi.nic.in) for wide publicity.


23/12/2022
Medical Officer I/C,
CHC, KOKSARA

MOEMO No:- 1023 Date:- 23-12-2022

Copy to CDM & PHO Kalahandi. // DPMU, NHM, Kalahandi. for information and necessary action.


23/12/2022
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APPLICATION FORM

TO

The Medical Officer In-charge
CHC Koksara, Kalahandi.

Sub- Submission of Quotation for PEST CONTROL, RODENT CONTROL & ANTI TERMITE
TREATMENT at Selected facility of CHC KOKSARA.

I, Sri _____, S/O _____

At/Po _____, Block _____ owner
/ proprietor / manager/ Managing Partner/Technician of the Agency/ Company/Service Provider

(NAME OF AGENCY) _____

ADDRESS _____

Willing to provide pest control, rodent control & anti termite treatment at selected facility of CHC
Koksara as per the below format.

Brief Description of Item	Specification if any	Quantity	Delivery Conditions	Payment Term
Pest Control Measures		Per Sq Meter	As per the Supply order	Through PFMS
Rodent Control Measures	Gum Plate/ Rat Trap	In Numbers	----Do----	----Do----
Anti Treatment Treatment	Drilling method	Per Sq Ft	----Do----	----Do----

Seal/Signature of the Quotationer



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TERM AND CONDITIONS

1. The agency should have valid license
2. The agency should have valid GST/PAN
3. Agency should submit at least 3 warranties for anti termite.
4. The agency is required to use quality materials (most preferably ISI mark/ISO standard) for each item as well to ensure quality work too.
5. The agency should ensure that the manpower deployed to work for the pest control measures most have trained and experienced one. Those how have done earlier in the hospital setting can be preferred. Further they are dressing and behavior most be sober towards the staffs and authority.
6. The agency shall do the work monthly/Biannually/ Annually basis as per the list Annexure – A. after completion of work he is to submit bills/ claims at the OIO BPMU CHC Koksara.
7. No extra cost to be provided to the main power working for the hospital during the time.
8. Cost of the main power, their flooding, accommodation and transportation to be borne by the agency itself.
9. The agency will be responsible for quality of the work, its durability, efficacy as per the tender TOR in case any complaint and poor work, the assignment will be withdrawn immediately.
10. If poor performances, unsatisfactory delay in completion or work etc. reported, then 10% of bill amount will be deducted from his claim amount instantly as penalty. Further notice to be serving accordingly.
11. Termination :
 - a. If the services of the agency are found to be unsatisfactory, the assignment shall issue one month notice and terminate the agreement. The agreement will also be terminated in case of following reasons:
 - I. If the behavior of the staffs deployed to work in hospital.
 - II. Any attempt to temper/ damage hospital property.
 - III. In case of irregularity in working.
 - IV. In case poor quality of work and delay in compliance.

It is the sole discretion the BPHO CHC, Koksara Kalahandi to terminate the contract permanently on the ground of unsatisfactory services, disobedient of order, negligence of duty and



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It is the sole discretion the BPHO CHC, Koksara Kalahandi to terminate the contract permanently on the ground of unsatisfactory services, disobedient of order, negligence of duty and unruly behavior. Also have the right to cancel the quotation process at any time without assigning any reason at any time.

In case of agency intent to withdrawal the services and terminate the agreement, it shall be mandatory upon him to grant one month notice before such withdrawal of service and termination of agreement.

Address for communication- OFFICE OF THE MEDICAL OFFICER IN-CHARGE, CHC, KOKSARA, KALAHANDI, ODISHA, PIN- 766019

Annexure - A

FINANCIAL BID FOR PEST CONTROL MEASURES

Different services :

1. ISGT (Integrated snow and gel Treatment.
2. IRPS (Integrated rodent proofing service.
3. TTS – PRE (anti termite pre construction)
4. WBTS (Wood borer treatment service)
5. BBTS (Bed Bug treatment service)
6. Water storage tank cleaning as per tank.
7. Anti termite pest constriction treatment.
 - i. Treatment of soil under existing floor through drilling along with junction of walls and floors using chemical emulsion per hole, 300mm apart including plugging.
 - ii. Treatment along the external wall below concrete of masonry apron using chemical emulsion per liner meter including drilling and plugging holes.
8. Treatment with wooden fixture with oil base chemical treatment.
9. transportation charges (if any).



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ANNEXURE – B

ASSIGN FACILITIES :

1. CHC KOKSARA
2. PHC AMPANI
3. PHC LADUGAON
4. PHC BADPODAGUDA
5. SC-HWC MIRJAPUR
6. SC-HWC GOTOMUNDA
7. Sc-HWC GAMBHARIGUDA
8. SC-HWC MUSAPALI
9. SC-HWC PHUPGAON
10. SC-HWC KENDUDONGRI
11. SC HWC KASIBAHAL


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