



OFFICE OF THE CHIEF DISTRICT MEDICAL AND PUBLIC HEALTH OFFICER,
KALAHANDI

NATIONAL VECTOR BORNE DISEASE CONTROL PROGRAMME, KALAHANDI
BHAWANIPATNA, ODISHA-766001

Telephone-06670-230010, Email: nvbdcpkalahandi@gmail.com



Letter No. 711 /NVBDCP/KLD

Date: 19/06/25

QUOTATION CALL NOTICE

Sealed quotations are invited from authorized dealers/ manufacturer/registered suppliers for supplying of the age-wise ACT combi pack for the purpose of National Vector Borne Disease Control Programme (NVBDCP), Kalahandi for the year 2025-26. The last date of receipt of the quotation is on or before 30.06.2025 at 4 P.M. and same will be opened on same day at 5 PM in the office chamber of the undersigned. *The quotation may be submitted through SPEEDPOST/ COURIER within time line mentioned.*

The rate quoted should be inclusive of all taxes including VAT, loading, transportation etc. The materials will be delivered at District Warehouse, DHH, Bhawanipatna. The firm submitting quotation should have valid GST certificate. The quantity required will be intimated while placing the order with the selected bidder. The successful quotation should supply the materials within seven days of placing the order positively or else the supply order shall be automatically cancelled.

The authority reserves the right to select any kind and to reject or to cancel any or all quotation without assigning any reason thereof.

[Signature]
19.6.25

Chief District Medical and Public Health Officer,
Kalahandi

Memo No. 712 Date 19/06/25

Copy to notice board office of CDMO/DMO, Kalahandi for wide circulation.

[Signature]
19.6.25

Chief District Medical and Public Health Officer,
Kalahandi

OFFICE OF THE ADPHO (VBD) , Kalahandi

Memo No. 724

Date: 20/06/25

Copy submitted to the District information officer, NIC, Kalahandi for information and necessary action. You are requested to publish the quotation call notice toward supply of age-wise Act kit in your web page.

[Signature]
ADPHO (VBD)

Kalahandi



ANNEX-1

Sl. No.	Drug code	Name of the Items and specification	Unit pack
1	D14023	Tab. Anti-Malarial Combipack Blister Pack Infant less than 1 year, Each Row - No. of tablets First Row (Day 1) One tablet of Artesunate (i.e. 1 tablet of 25mg) and one tablets of Sulphadoxine and Pyrimethamine (250mg + 12.5mg) each Second Row (Day 2) One Tablet of Artesunate 25mg, Third Row (Day 3) One tablet of Artesunate 25mg.	Strip
2	D14024	Tab. Anti-Malarial Combipack Blister Pack Children 1 - 4 years, Each Row - No. of tablets First Row (Day 1) One tablet of Artesunate (i.e. 1 tablet of 50mg) and one tablets of Sulphadoxine and Pyrimethamine (500mg + 25mg) each, Second Row (Day 2) One Tablet of Artesunate 50mg, Third Row (Day 3) One tablet of Artesunate 50mg	Strip
3	D14025-	Tab. Anti-Malarial Combipack Blister Pack Children 5 - 8 years, Each Row - No. of tablets First Row (Day 1) One tablet of Artesunate (i.e. 1 tablet of 100mg) and one tablets of Sulphadoxine and Pyrimethamine (750mg+37.5mg) each, Second Row (Day 2) One Tablet of Artesunate 100mg, Third Row (Day 3) One tablet of Artesunate 100mg	Strip
4	D14026	Tab. Anti-Malarial Combipack Blister Pack Children 9 - 14 years, Each Row - No. of tablets First Row (Day 1) One tablet of Artesunate (i.e. 1 tablet of 150mg) and two tablets of Sulphadoxine and Pyrimethamine (500mg + 25mg) each, Second Row (Day 2) One Tablet of Artesunate 150mg, Third Row (Day 3) One tablet of Artesunate 150mg.	Strip
5	D38013	Tab. Anti-Malarial Combipack (Blister Pack) (Adults 15 year and above), Each Row - No. of tablets First Row (Day 1) One tablet of Artesunate (i.e. 1 tablet of 200mg) and two tablets of Sulphadoxine and Pyrimethamine (750mg + 37.5mg) each Second Row (Day 2) one tablet of Artesunate 200mg Third Row (Day 3) one tablet of Artesunate 200mg	Strip
6	D14002	Syp. Chloroquine Phosphate (patable with measuring cap and plastic container as per I.P.)- 80 mg of Chloroquine Phosphate/5 ml (With measuring cap and palatable) or, Chloroquine 50mg/5ml	Syp.

LDO
19.6.28

**Chief District Medical &
Public Health Officer
Kalahandi**