

### MISSION DIRECTOR NATIONAL HEALTH MISSION, J&K

Jammu Office: Regional Institute of Health & Family Welfare, Nagrota, Jammu.

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NHM Help Line for Jammu Division: 18001800104; Kashmir Division: 18001800102

# Addendum cum Extension Notice regarding Expression of Interest for Supply of Sanitary Napkins

In addition to the documents solicited with respect to the "Expression of Interest" invited from the manufacturers/ authorized suppliers for supply of Sanitary Napkins for adolescent girls/ ASHAs under Rashtriya Kishore Swasthya Karyakaram (RKSK), National Health Mission, Jammu and Kashmir during the financial year – 2017-18 vide No.: SHS/NHM/J&K/19234-42 dated: 27.02.2018, intending manufacturers/ authorized suppliers shall also have to submit the following document(s) in the Technical Cover:

## 1.) Copy of certificate of Registration under EPF and ESIC

Accordingly, last date for submission of EoI is hereby extended till 08<sup>th</sup> March, 2018 (upto 04.00 PM). EoIs shall now be opened on 09<sup>th</sup> March, 2018 (at 02.00 PM). Place of submission/opening of EoI shall remain the same.

All other terms & conditions of the earlier EoI Notice No.: SHS/NHM/J&K/19234-42 dated: 27.02.2018 shall remain the same.

Sd/-Mission Director NHM, J&K

No: SHS/NHM/J&K/19438-46 Dated: 03.03.2018

**EoI Forwarding Letter** (To be submitted on Bidder's Letter Head)

	Dated:		
Mission Director State Health Society National Health Mission, J&K Regional Institute of Health & Fam Near Sainik School, Nagrota, Jammu – 181221 (J&K)	ily Welfare,		
Dear Sir,			
EOI reference No Supply of Sanitary N	dated apkins under RKSK, NHN		
We, the undersigned, offer to subm	it our bid in response and a	ccordance with your	
EoI reference No.	dated	Having	
examined the EoI document care	fully, we are hereby subn	nitting our proposal	
alongwith all the requisite docum	nents as desired by the St	tate Health Society,	
National Health Mission, J&K.			
Further, we agree to abide by all th	e terms and conditions as n	nentioned herein the	
EoI document. We have also note	ed that SHS, NHM, J&K 1	reserves the right to	
consider/ reject any or all bids with	out assigning any reason the	ereof.	
We understand that the SHS, NHI			
receives.			
Yours Sincerely,			
Date:	Signature of Authorize	d Signatory	
Place:	Name of the Authorize	d Signatory	
	Designation		
	Phone & E-Mail		
	Name of the Organizat	ion	
	Seal		

## **Part 1- General Information**

S. No.	Particulars	Response from Bidder			
A	Section – I: Detailed particulars of the Bidder who is submitting the EoI				
1	Name of the Bidder				
2	Whether Original Manufacturer or Authorized Supplier				
3	Address				
3.1	Registered Office				
3.2	Local Office in J&K				
4	Contact No(s)				
5	e-Mail ID				
6	PAN				
7	GSTIN				
8	Average Annual Turnover of Preceding 3 Financial Years				
9	Experience in Manufacturing/ Supply of Healthcare Products (in No. of Years)				
В	Section – II: Detailed particulars of Original Manufacturer, in case the bid is to be submitted by Authorized Dealer				
1	Name of Original Manufacturer				

2	Address	
3	Contact No(s)	
4	e-Mail ID	
5	Whether Authorization of Manufacturer, in Original, has been submitted alongwith EoI	
С	_	oarticulars of Authorized Representative IS, NHM, J&K on behalf of the Bidder
1	Name	
	ranic	
2	Designation	
2	Designation	
3	Designation  Mobile No.	

Date	Signature of Authorized Signatory
Place	Name of the Authorized Signatory
	Designation
	Phone & E-Mail
	Name of the Organization

Seal

Dated:

# Format for Financial Proposal (To be submitted on Bidder's Letter Head)

State Natio Regio Near	ion Director Health Society nal Health Mission, J&K onal Institute of Health & F Sainik School, Nagrota, nu – 181221 (J&K)	Family Welfare,			
	EOI reference No		dated	•	
	Supply of Sanitary	y Napkins under	RKSK, NHM,	, J&K	
offer	manufacturer/ authorized to submit our financial wing details:		•		
S. No.	Description of Item(s)	Rate per Pack (in Rs.) (excluding GST)	GST (in %age)	Rate per Pack (in Rs.) (including GST	
1.	Sanitary Napkin: Size: Regular; Pad Type: With Tab; Weight (in gm ± 1): 8				
2	Sanitary Napkin: Size: Large; Pad Type: With Tab; Weight (in gm ± 1): 9				
				Yours Sincerely,	
Date:	e: Signature of Authorized Signatory				
Place	Place: Name of the Authorized Signatory				
	Designation				
		Phone &	E-Mail		
		Name of the Organization			
		Seal			