



**SOCIETY FOR TRIPURA MEDICAL COLLEGE &
Dr. B R AMBEDKAR MEMORIAL TEACHING HOSPITAL**
(Registered under Societies Registration Act, 1860 having Registration No.5770 of 2009)
Hapania, West Tripura

No. F. 5 (PUR-01)/SFTMC/2022-23/ Printing Item/ **745**

Date: **25** November, 2022

SHORT QUOTATION

Sealed quotations are invited from the interested and bonafide suppliers to supply following Printing items for use in Society for TMC & Dr. BRAM Teaching Hospital. The sealed quotations will be received in the ~~office~~ of the General Manager (HR) up to 3.0 PM of ~~12-14~~ December, 2022. For details the interested quotationers may contact purchase section of the Society. They may also visit www.tmc.nic.in

A. List of Printing items, please see ANNEXURE - "A"

Terms & Conditions

1. Copies of a) Trade License b) GST Registration Certificate c) PTC Certificate are to be submitted along with Tender.
2. Rate including GST should be clearly typed both in words & figures against each item & should be quoted in currency. Paper quality should be submitted along with the quotation, if any.
3. F.O.R Door Delivery & Delivery period should be mentioned.
4. 1% penalty will be charged for every week of delay or a part thereof for maximum a period of 15 (fifteen) days after stipulated date of supply.
5. No Price hike in rates shall be allowed once rate is approved. The period of buy shall be for 2 years.
6. Society reserves the right to cancel any quotation including the lowest one without assigning any reason.

General Manager (HR)
Society for TMC & Dr. BRAM Teaching Hospital
Hapania, Agartala, Tripura (west)

Copy to:
All Notive Board of SFTMC

ANNEXURE – “A”

S/N	Name of the Printing item	S/N	Name of the Printing item
01	Admission Register (B.S.C. Nursing)	36	Consent for withdrawing Mechanical Ventilator
02	Answer Sheet	37	Consent for Shifting Patient ICU/ICCU
03	Additional Sheet	38	Cumulative Record Book (TCN)
04	Anaesthesia Register	39	Discharge Summary
05	Attendance Register (Student)	40	Discharge Certificate
06	Annual Magazine (TCN/MBBS)	41	Discharge at Won Risk Bond Form (DORB)
07	Blood Cross Match Book	42	Daley in Advance Payment ICU
08	Blood Collection Level Form	43	Donor Consent Coupon
09	Blood Donor Questioner Consent Form	44	Document Summary
10	Blood Transfusion Reaction Investigation Form	45	Details of OPD Information
11	Blood & Component Request Form	46	Daily Ward Census
12	Blood Donor Card	47	Department of Paediatric NICU/PICU
13	Blood Bank Certificate of Honor Card	48	Donor Reaction Register
14	Blood Bank Donor Register	49	Envelop TMC Logo
15	Blood Bank Issue Register	50	EYE Case Sheet
16	Bed Head Ticket for Casualty Case	51	Envelop C.T.Scan
17	Birth Information	52	Envelop USG Report
18	Biochemistry Item Card	53	Envelop MRI
19	Birth Register	54	Endoscopic Form
20	Blood Donor Badge	55	Endoscopic Consent Form
21	Biochemical Test Report	56	Gate Pass Oxygen
22	Blood Bag Sticker (All)	57	Investigation Chart
23	Case Taking Book (Surgery)	58	Investigation Sheet
24	Concent Form (Haemodialysis)	59	Investigation Bill Book
25	Cash Book Register	60	Input Output Chart
26	Case History	61	Indent Book Oxygen
27	Consent Form	62	Indent Book General Store
28	Charge Sheet	63	Indent Book Pharmacy Store
29	Cash Collection Slip	64	Injury Report
30	Casualty Register	65	ICU/ICCU Data Base Form
31	Cytology Histopathology Requisition Form	66	IPD Register
32	Consent for invasive Non Invasive Treatment	67	Information About Brought Death / Hanging / Poisoning
33	Cash Memo Pharmacy	68	Leave Application Form
34	Calendar (SFTMC)	69	Lama Form
35	C.T.Scan Requisition Form	70	Medicine Chart
		71	Medical Illness Certificate

S/N	Name of the Printing item
72	Medical Fitness Certificate
73	MRI Requisition Form
74	Nurses Record Sheet
75	Note Sheet
76	Office File Board
77	O.T. List
78	OPD Register
79	Operative Note
80	Operation Theater Inventory List
81	Prescription Slip
82	Progress Report
83	Patient file Cover
84	Patient Condition & Procedure Inventory List
85	Plan for 24 hours
86	Pre – Operation Check List
87	Pre – Anaesthetic Check up List
88	RBS Chart
89	Receiving Report of filled Cylinder
90	Receiving Report of Empty Cylinder
91	Screening Register
92	Staff Patient Strenght Report
93	USG Register
94	USG Requisition Form
95	Visitor Pass Yellow
96	Visitor Pass Red
97	Vital Sign Chart
98	X-Ray/ECG/USG/ Requisition Form
99	X- Ray Register
100	Patient Feedback Form