

OFFICE OF THE COUNCILOR  
PURULIA MUNICIPALITY  
PURULIA

Memo No: PM/HHW/664

Date: 09/09/15

To  
Dr. Shibani Goswami  
The Project Officer  
Health Wing, SUDA  
Kolkata



**Sub: - Requisition of Family Schedule**

Madam,

I would like to request you to sanction family schedule for our HHW Scheme. Total family schedule required for our 29 HHW is 5800.

If the Family Schedule is available at your disposal we may send our authorized representative to collect those from your good office.

With Thanks

Chairman

Purulia Municipality

CHAIRMAN

PURULIA MUNICIPALITY

May be KUPA. pending on  
North has already been  
approved FY 2013-14  
Asstt will be  
engaged. *[Signature]*  
22.10.14  
Date: 03/03/14

OFFICE OF THE COUNCILLOR  
PURULIA MUNICIPALITY  
PURULIA

Memo No: PM/HHW/1544

To  
The Director SUDA  
ILGUS BHAVAN  
Salt Lake, H-C Block Sector - III  
Kolkata - 700106



Sub - Recruitment of HHW in the vacant post.

Sir,

This is draw your kind attention that in HHW Scheme of Purulia M... present 26 HHW's  
are working against sanctioned post of 29. This has caused discontinuation... ce in some of the  
block/ward in municipal area.

The ward councilor and community at large demanding regular health... their area.

Henceforth, we are requesting for your kind consent to initiate the process for the recruitment of  
HHW,s in the vacant position.

With thanks

*[Handwritten signature]*

Chairman  
Purulia Municipality  
**CHAIRMAN**  
PURULIA MUNICIPALITY

*[Handwritten signature]*

**OFFICE OF THE COUNCILORS  
PURULIA MUNICIPALITY**

Memo No - PM/HHW/491(2)

Date - 03/03/2014

To  
Ayan Surgical  
55, B.R.B. Bose Road  
Block - B  
Kolkata - 700001



Sir,

Sub: Work order against Quotation Notice, vide Memo No: PM/HHW/ 458/4; dt: -08.01.2014

Please supply the following articles at the quotation rate, Offered by you noted against each item, to our office at purulia Municipality by 01 week between the hours 11 a.m. - 4 p.m. on weekdays. The article must confirm the specification indicated and must be supplied within the specific date failing which this order will be treated as cancelled and you will be held responsible for the loss, which the municipality may have to suffer.

| Sl. No  | Brief Description of Item             | Quantity | Unit Rate | Amount (In Rs.) |
|---|---------------------------------------|----------|-----------|-----------------|
| <b>A. List of Equipment along with specification.</b>     |                                       |          |           |                 |
| 01  | Tray instrument / Dressing with cover | 04       | 520       | 2080.00         |
| 02  | Dressing Drum with cover              | 04       | 840       | 3360.00         |
| 03  | Weighing scale - Adult                | 01       | 940       | 940.00          |
| 04  | Weighing Scale - Child                | 01       | 940       | 940.00          |
| 05  | Weighing scale (baby) hanging type    | 01       | 340       | 340.00          |
| 06  | Sphygmomanometer                      | 04       | 945       | 3780.00         |
| 07  | Clinical thermometer oral             | 01       | 65        | 65.00           |
| 08  | Stethoscope                           | 01       | 645       | 645.00          |
| Total - Rupees twelve thousand one hundred and fifty only |                                       |          |           | 12,150.00       |

✓  
Chairman  
(Purulia Municipality)

CHAIRMAN  
PURULIA MUNICIPALITY

- The number and date of this reference should be furnished in the challan / bill at the time of supply.

The following certificate / documents should also be furnished with the challan/bill at the time of supply:

1. That 5% security on the order value will be deposited at the time of submission of bill in the form in favour of Chairman, Purulia Municipality.
2. One extra copy of the challan indicating "not for bill" against each supply to be submitted at the time of delivery.
3. Trade license.
4. Income Tax Certificate and PAN Number
5. VAT Registration.

C.C For information and necessary action –

✓ 1. To, Dr. S. Goswami, Project Officer, Health Wing, SUDA, Kolkata

2. To, Accounts Assistant, HHW Scheme, Purulia Municipality

  
Chairman  
(Purulia Municipality)

CHAIRMAN  
PURULIA MUNICIPALITY



**OFFICE OF THE COUNCILORS**  
**PURULIA MUNICIPALITY**  
**HONORARY HEALTH WORKER SCHEME**

Memo No - *PM/HHW/492/2*

Date - *03/03/2014*

To  
Ayan Surgical  
55, B.R.B. Bose Road  
Block - B  
Kolkata - 700001



Sir,

Sub: Work order against Quotation Notice, vide Memo No: PM/HHW/ 457/1; dt: -08.01.2014

Please supply the following articles at the quotation rate, Offered by you noted against each item, to our office at purulia Municipality by 01 week between the hours 11 a.m. – 4 p.m. on weekdays. The article must confirm the specification indicated and must be supplied within the specific date failing which this order will be treated as cancelled and you will be held responsible for the loss, which the municipality may have to suffer.

| Sl. No  | Brief Description of Item                 | Quantity | Unit Price       | Amount (In Rs.) |
|---|---|----------|------------------|-----------------|
| <b>Equipment &amp; Furniture</b>  |   |          |                  |                 |
| 01  | Glucometer                                | 06       | 1440             | 8640.00         |
| 02  | Glucose test strip (Rate of 50strip)      | 06       | 1175             | 7050.00         |
| 03  | Albumin test strip (Rate for 100 strip)   | 03       | 470              | 1410.00         |
| 04  | Sphygmomanometer (Aneroid)                | 06       | 840              | 5040.00         |
| 05  | Pregnancy test strip (Rate for 100 strip) | 03       | 1075             | 3225.00         |
| <b>Medicine</b>   |   |          |                  |                 |
| 06  | Calcium tab                               | 74000    | 10.70 Per 15 tab | 52786.00        |
| 07  | Multivitamin tab                          | 73000    | 11.80 Per 10 tab | 86140.00        |
| <b>Larvacidal</b>   |   |          |                  |                 |
| 08  | Larvacidal oil (Rate of 01 ltr)           | 30 Ltr   | 2350 per 1Ltr    | 70500.00        |
| Total – Rupees two lakh thirty four thousand seven hundred & ninety one only. |   |          |                  | 234791.00       |

Chairman  
(Purulia Municipality)  
CHAIRMAN  
PURULIA MUNICIPALITY

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5. VAT Registration.

Chairman  
(Purulia Municipality)

C.C For Information and necessary action –

Memo No: *PM/HHW/492(2)*

Date: *03/03/2014*

1. To, Dr. S. Goswami, Project Officer, Health Wing SUDA, Kolkata
2. To, Accounts Assistant, HHW Scheme, Purulia Municipality.

*w*  
Chairman  
(Purulia Municipality)

CHAIRMAN  
PURULIA MUNICIPALITY

*Sab*

**OFFICE OF THE COUNCILORS**  
**PURULIA MUNICIPALITY**  
**HONORARY HEALTH WORKER SCHEME**

Memo No - *PM/HHW/493/2*

Date - *03/03/2014*

To  
Electrical Measuring Instrument  
12/1, Suren Sarkar Road  
Kolkata - 700010



Sir,

Sub: Work order against Quotation Notice, vide Memo No: PM/HHW/457/1; dt: -08.01.2014

Please supply the following articles at the quotation rate, Offered by you noted against each item, to our office at Purulia Municipality by 01 week between the hours 11 a.m. – 4 p.m. on weekdays. The article must confirm the specification indicated and must be supplied within the specific date failing which this order will be treated as cancelled and you will be held responsible for the loss, which the municipality may have to suffer.

| Sl. No                                      | Brief Description of Item | Quantity | Rate per unit | Amount (In Rs) |
|---|---------------------------|----------|---------------|----------------|
| <b>Equipment &amp; Furniture</b>            |                           |          |               |                |
| 01  | Hemoglobino meter         | 06       | 1300 for each | 7800.00        |
| 02  | Hub Cutter                | 12       | 450 for each  | 5400.00        |
| Rupees thirteen thousand & two hundred only |                           |          |               | 13,200.00      |

*m*  
Chairman  
(Purulia Municipality)

*h*: CHAIRMAN  
PURULIA MUNICIPALITY

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5. VAT Registration.

Chairman  
(Purulia Municipality)


C.C for Information and necessary action –


Memo No: *PM/HHW/493/2*

Date: *03/03/2014*

*✓* To, Dr. S. Goswami, Project Officer, Health Wing SUDA, Kolkata

2. To, Accounts Assistant, HHW Scheme, Purulia Municipality.

  
Chairman  
(Purulia Municipality)

  
CHAIRMAN  
PURULIA MUNICIPALITY



**OFFICE OF THE COUNCILORS  
PURULIA MUNICIPALITY**

Memo No - PM/HHW/494(2)

Date - 03/03/14

To  
Electrical Measuring Instrument  
12/1, Suren Sarkar Road  
Kolkata - 700010



10(4)

Sir,

Sub: Work order against Quotation Notice, vide Memo No: PM/HHW/ 477/1; dt: -15.02.2014

Please supply the following articles at the quotation rate, Offered by you noted against each item, to our office at purulia Municipality by 01 week between the hours 11 a.m. - 4 p.m. on weekdays. The article must confirm the specification indicated and must be supplied within the specific date failing which this order will be treated as cancelled and you will be held responsible for the loss, which the municipality may have to suffer.

| Sl. No  | Brief Description of Item  | Quantity | Unit Rate | Amount (In Rs.) |
|---|--|----------|-----------|-----------------|
| <b>A. List of Equipment along with specification.</b> |  |          |           |                 |
| 01  | Cheatle's Forceps  | 04       | 180       | 720.00          |
| 02  | Talquist Hb Scale/Hb color scale                                   | 01       | 1200      | 1200.00         |
| 03  | Foetoscope   | 04       | 240       | 960.00          |
| 04  | Hub cutter & needle destroyer                                      | 04       | 450       | 1800.00         |
| 05  | Measuring tape   | 04       | 550       | 2200.00         |
| <b>B. List of Furniture along with specification</b>  |  |          |           |                 |
| 01  | Patient examination table  | 01       | 5600      | 5600.00         |
|   | Folding foam coir mattress for examination table with Rexine cover | 01       |           |                 |
|   | Pillow foam with cover   | 01       |           |                 |
| 02  | Steps for patients use   | 01       | 1650      | 1650.00         |
| 03  | Table (Steel)  | 02       | 4800      | 9600.00         |
| 04  | Table for immunization   | 04       | 3000      | 12000.00        |
| 05  | Chairs   | 03       | 490       | 1470.00         |
| 06  | Steel Almirah without Locker                                       | 01       | 8800      | 8800.0          |
| 07  | Bench for waiting area   | 04       | 1800      | 7200.00         |
| 08  | Revolving stool steel  | 07       | 1400      | 9800.00         |
| 09  | Screen partition in 03 folds with 02 sets of curtain               | 04       | 4000      | 16000.00        |
| 10  | Buckets  | 05       | 290       | 1450.00         |

|   |   |    |      |         |
|---|---|----|------|---------|
| 11  | Mugs  | 06 | 15   | 90.00   |
| 12  | Water jug with handle                                       | 02 | 280  | 960.00  |
| 13  | Dust bin with lid   | 04 | 350  | 1400.00 |
| 14  | Rubber/plastic sheet  | 02 | 260  | 520.00  |
| 15  | Drum with tap for storing water                             | 02 | 1050 | 2100    |
| 16  | Waste disposal twin bucket for hypochlorite solution/bleach | 04 | 440  | 1760    |
| Total – Eighty seven thousand two hundred and eighty only |   |    |      | 87280   |

*[Signature]*  
Chairman  
(Purulia Municipality)

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5. VAT Registration.

C.C For Information and necessary action –

1. To, Dr. S. Goswami, Project Officer, Health Wing, SUDA, Kolkata

2. To, Accounts Assistant, HHW Scheme, Purulia Municipality, Purulia

*[Signature]*  
Chairman  
(Purulia Municipality)

*[Signature]*  
CHAIRMAN  
PURULIA MUNICIPALITY

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. ...SUDA:Health/310/08/167

Date ..... 20.08.2013

From : Director, SUDA

To : The Chairman  
Purulia Municipality

Sub. : Financial operationalisation relating to Urban RCH Programme.

Sir,

Fund for an amount of Rs. 56,280/- (Rupees Fifty six thousand two hundred eighty) only relating to Urban RCH already released through NEFT to Bangiya Vikash Bank, Purulia, A/C No. – 5437011407042 may be transferred to IDBI Bank, Purulia, A/C No. – 110210400007689 for undertaking the related works.

Thanking you.

Yours faithfully,

  
Director, SUDA

Dt. .. 20.08.2013

SUDA-Health/310/08/167/1(1)

CC

ADM (G) & Project Director, HHW Scheme, Purulia Municipality

  
Director, SUDA



OFFICE OF THE COUNCILOR  
PURULIA MUNICIPALITY

Memo No: PM/HHW/374

Date: 06/05/2013

To  
The Dr. S. Goswami  
Project Officer  
State Urban Development Agency  
Health Wing  
ILGUS BHAVAN, H-C Block Sector -III  
Bidhannagar, Kolkata - 700106



Sub: - Request for clarification in relation to miscellaneous expenditure

Madam,

In reference to the query of Project Director, HHW Scheme, Purulia Municipality we would like to have your clarification in regards to the expenditure on Contingency - what is the limit of expenditure per month on account of contingency on various head?

With Thanks

*M*  
*06/05/13*  
(Executive Officer)  
PURULIA MUNICIPALITY

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