

SUDA

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

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

Ref No. .... SUDA-Health/527 Pt./09/269

Date ..... 27.12.2013

From : Financial Advisor, SUDA

To : The Programme Officer  
RCH Project  
Dept. of Health & Family Welfare  
Swasthya Bhawan  
Salt Lake City  
Kolkata - 700 091.

Sub. : Refund of Cheque issued under Urban RCH (A 5.1) for FY 2013-14.

Sir,

Cheque no. 914055 dt. 06.12.2013 on Urban RCH for an amount of Rs. 58,00,000/- (Rupees Fifty eight lakh) only is returned herewith as our bank refused to accept the same due to over writing and short form of State Urban Development Agency i.e. SUDA as written by you.

Hence, you are requested to issue <sup>A/c payee</sup> cheque afresh by cancelling the previous one in favour of "State Urban Development Agency".

Yours faithfully,

  
Financial Advisor, SUDA

Encl: → original cheque.



पर्ची / PAY-IN-SLIP

नकद/अंतरण/Cash/Transfer

भारतीय स्टेट बैंक / STATE BANK OF INDIA

S/L 501 Bn शाखा/Branch

दिनांक /Date 20.12.2013

नोट : कृपया नकद, चेक, ड्राफ्ट आदि जमा करने के लिए अलग-अलग पर्चियों का उपयोग करें / NOTE : Please use separate slips for depositing cash, cheque, drafts etc.

खाता संख्या  
Account Number 31227456477

खाते का प्रकार : व्यक्त बैंक / चालू खाता/ आवर्ती जमा/किशं क्रेडिट/सावधि  
कृण /Type of Account : SB/CA/RD/CC/TL

के बैंक खाते में जमा करने हेतु/For the credit of the bank account of State Urban Development Agency

State Urban Development

नोट : कृपया नकद/चेक के विवरण दूसरी ओर लिखें/NOTE : Please furnish details of cash/cheque overleaf

नकद/चेको के विवरण (पर्ची के दूसरी ओर) / Details of Cash/Cheques (Overleaf)	राशि/Amount रु.Rs.	पै.P.
खाते में नकद जमा/CASH DEPOSIT IN THE ACCOUNT	<u>58,00,000</u>	<u>✓</u>
पी खण्ड के ग्राहकों को छोड़कर नकदी रखरखाव शुल्क / Cash Handling Charges (CC/CA) other than 'P' segment customers		
कुल जमा /TOTAL DEPOSIT	<u>58,00,000</u>	<u>✓</u>

मोबाइल/टेलीफोन नम्बर/Mobile/Telephone Number

रुपए (शब्दों में) Rupees (in words) Fifty - eight Lakh only

पैन नम्बर/Pan Number

शाखा/Branch	कोड नम्बर/Code No.	कार्यालय उपयोग हेतु /For Office Use		जमाकर्ता के हस्ताक्षर Signature of the Depositor
		एसडब्ल्यूओ/SWO	रोकड़ अधिकारी/पासकर्ता अधिकारी/Cash Officer/Passing Officer	
(यदि जमा राशि-मूल इतर (वॉन-होम) शाखा में जमा की जाती है) (If deposit is made for non home Branch)				

जमा की गई नकदी एवं चेकों के विवरण / Details of Cash / Cheques deposited

चेक के विवरण / Details of Cheque				नकदी के विवरण/Details of Cash			
कौनसे बैंक पर आहरित है/ Drawn on Bank	शाखा/ Branch	चेक क्रमांक Cheque No.	राशि / Amount	मूल्यवर्ग/ Denomination	नोटों/सिक्कों की संख्या No. of Pieces	राशि/ Amount	
						रु.Rs.	पै.P.
UBI, S/L	S/L	914055	580000/-	1000			
Sm. V		dt-06	$\frac{12}{13}$	500			
				100			
				50			
				20			
				10			
				5			
				2			
				1			
				सिक्के /Coins			
				योग/Total			



*Government of West Bengal*  
**West Bengal State Health & Family Welfare Samiti (A/C RCH)**  
**Swasthya Bhavan, 3rd floor, Wing-A**  
**GN- 29, Sector-V, Salt Lake City**  
**Kolkata- 700 091.**

Phone & Fax No. 23573680

**Memo No.: H/SFWB/14M-02-2012/WR/144**

**Date: 10 / 12 / 2013**

**To**  
**The Director**  
**State Urban Development Agency (SUDA)**  
**ILGUS Bhawan**  
**HC Block, Sector III**  
**Saltlake**  
**Kolkata-106**


**Sub. : Release of fund for Urban RCH (A 5.1) under RCH II Programme for the F. Y.**  
**2013-2014**

Sir/Madam

Enclosed herewith kindly find the **Cheque vide No.914055 dt 06/12/2013** for **Rs.58,00,000/-** for the purpose of strengthening Maternity Home in different Municipalities under Urban RCH as per AA&FS H/SFWB/14M-02-2012/2046 dated 04/12/2013. The grant is to be utilized as per guideline.

*The SOE & UC is to be submitted quarterly (April to June, July to September, October to December & January to March) in prescribed format to the office of the undersigned. Unspent amount is to be refunded by Cheque/ demand draft in favour of "West Bengal State Health & Family Welfare Samiti (A/c RCH)" to this office.*

Encl.: As stated above



**Programme officer,**  
**W.B.S.H.F.W. Samiti**  
**& Addl. DHS (FW), W.B.**





युनाइटेड बैंक ऑफ इंडिया  
**UNITED BANK OF INDIA**

सेक्टर-5, साल्ट लेक, कोलकाता - 700091  
 SECTOR-5, SALT LAKE, KOLKATA - 700091  
 IFSC:UTBI0SLVA51 CTS/SB

0	6	1	2	2	0	1	3
D	D	M	M	Y	Y	Y	Y

Pay Forself SUDA

या धारक को Or Bearer

रुपये Rupees Fifty eight lakh only

अदा करें। ₹ 58,00,000/-

चाला सं.  
A/c No. 1432010004791



*[Signature]*  
 Director Finance  
 State Financial Management Group  
 West Bengal State H. & F.W. Samiti  
 Government of West Bengal

*[Signature]*  
 Addl. DHS(FW) & SFWO  
 & Programme Officer  
 W.B.S.H. & F.W. Samiti  
 Govt. of West Bengal

Pls. Sign above this line

⑈ 914055⑈ 700027238⑈

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**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.-I)/11/179(4)**Date **02.09.2013****MEMORANDUM**

Funds are hereby released electronically in favour of your ULB in connection with purchase of Equipment & Furniture towards strengthening of MH Services as per details below :

Sl. No.	ULB	Your Reference No.	Name of Bank	A/C No.	Amount
1	Madhyamgram	MM/CHAIR/Health/ CLAIM/37/2013-14 dt. 23.07.2013	Axis Bank Ltd.	547010100011927	1,95,532
2	Dum Dum	68/UPHCS-II dt. 24.07.2013	UCO Bank	07330100013075	1,84,930
3	Halisahar	III-G-14 dt. 04.06.2013	Punjab National Bank	021001VS00000014	2,41,300
4	Baranagar	04/UPHCS/BM dt. 27.07.2013	Axis Bank Ltd.	913010008623548	2,55,720

You are requested to submit UC as per 330A Form by 16.09.2013 after making necessary payment. 877482

Yours faithfully,

  
Financial Advisor, SUDA

Dt. .. 02.09.2013

SUDA-Health/527(Pt.-I)/11/179(4)/1(5)

1. Chairman, ..... Municipality
2. Finance Officer, SUDA

  
Financial Advisor, SUDA

**SUDA**

রাজ্য নগর উন্নয়ন সংস্থা  
STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ  
"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং.....  
SUDA-Health/527 (Pt.)/1476

তারিখ.....  
26.08.2013

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.

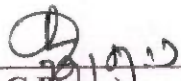



**Sub : Electronic Transfer of Fund debiting this office  
Current Account No.31227456477.**

**Strengthening of Maternity Homes under HSDI**

Sir,

You are requested to kindly arrange for electronic transfer of funds as per details given in Page-02 debiting the amounts from this office Current Account No.31227456477 lying with your branch in respect of Strengthening of Maternity Homes under HSDI.

  
(B.C.Patra)  
Joint Secretary  
M.A.Department, GOWB

  
(M.N.Pradhan)  
Director  
26-08-13  
SUDA



Sl. No.	Name of the ULBs	Amount (in Rs.)	Name of the Bank	Branch Name	Account Number	IFS Code
1	Madhyamgram Municipality	195532.00	Axis Bank Ltd.	Madhyamgram	547010100011927	UTIB0000547
2	Dum Dum Municipality	184930.00	UCO Bank	Dum Dum Cantonment	07330100013075	UCBA0000733
3	Halisahar Municipality	241300.00	Punjab National Bank	Halisahar Municipality	021001VS00000014	PUNB0483600
4	Baranagar Municipality	255720.00	Axis Bank Ltd.	Baranagar	913010008623548	UTIB0001592
Total		877482.00				

(Rupees Eight Lakh Seventy Seven Thousand Four Hundred Eighty Two only)

  
(B.C. Patra)  
Joint Secretary

M.A. Department, GoWB

  
(M.N. Pradhan)  
Director

13SUDA  
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## রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H.C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-Health/527 (Pt.)/1476

26.08.2013

ক্রমিক নং.....

তারিখ.....

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.**Sub : Electronic Transfer of Fund debiting this office  
Current Account No.31227456477.****Strengthening of Maternity Homes under HSDI**

Sir,

You are requested to kindly arrange for electronic transfer of funds as per details given in Page-02 debiting the amounts from this office Current Account No.31227456477 lying with your branch in respect of Strengthening of Maternity Homes under HSDI.

  
 (B.C. Patra)


 Joint Secretary  
 M.A. Department, GOWB

  
 (M.N. Pradhan)

 Director  
 SUDA

Sl. No.	Name of the ULBs	Amount (in Rs.)	Name of the Bank	Branch Name	Account Number	IFS Code
1	Madhyamgram Municipality	195532.00	Axis Bank Ltd.	Madhyamgram	547010100011927	UTIB0000547
2	Dum Dum Municipality	184930.00	UCO Bank	Dum Dum Cantonment	07330100013075	UCBA0000733
3	Halisahar Municipality	241300.00	Punjab National Bank	Halisahar Municipality	021001VS00000014	PUNB0483600
4	Baranagar Municipality	255720.00	Axis Bank Ltd.	Baranagar	913010008623548	UTIB0001592
Total		877482.00				

(Rupees Eight Lakh Seventy Seven Thousand Four Hundred Eighty Two only)

  
(B.C. Patra)  
Joint Secretary  
M.A. Department, GoWB

  
(M.N. Pradhan)  
Director  
26/08/2013 SUDA



OFFICE OF THE :



# MADHYAMGRAM MUNICIPALITY

P.O. : Madhyamgram

Dist. : North 24 Parganas, Kolkata - 700129

Phone : 2538-3005 (Direct)

2538-2004 / 0203

Fax : 2538-6412

E-mail : chmgram@yahoo.com

Ref: MM/Chair/Bank-infor/ 33 /12-13

Date: 07/01/2013.

To,  
Dr. Shibani Goswami,  
Project Officer, Health,  
SUDA, ILGUSBHAVAN

Sub: Bank Information submitted as per  
Your Requirement.

Madam,

I am furnishing Bank information as per your  
requirement which was sent to us through your E-mail as follows:

1. Name of Bank: AXIS BANK LTD.
2. Name of Branch: Madhyamgram.
3. Account Number: 547010100011927.
4. IFS CODE: -UTIB0000547

Thanking you,

Yours Faithfully,

Chairman

MADHYAMGRAM MUNICIPALITY.

CHAIRMAN  
Madhyamgram Municipality,  
North 24-Parganas

786



**HALISAHAR MUNICIPALITY**

No. 360/9-13

Date 14.12.12

To  
The Project Director,  
Health, SUDA

**Sub: - Bank A/c information relating to Urban Primary Health Care Services.**

Sir,

We are submitting the Bank A/c information as per your given format herein below -

- |                   |   |                      |
|-------------------|---|----------------------|
| 1. Name of Bank   | : | PUNJAB NATIONAL BANK |
| 2. Name of Branch | : | HALISAHAR            |
| 3. A/c No.        | : | 021001VS00000014     |
| 4. IFS Code       | : | PUNB0483600          |

Please acknowledge the receipt.

Thank You.

Yours Faithfully

Chairman  
Halisahar Municipality



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**पंजाब नेशनल बैंक Punjab national bank**

हालीसहार (24 प्रिग्स-एन) प.न. (48316)  
HALISAHAR (24 Prigs-N) W.B. - 743134  
RTGS/NEFT IFS Code : PUNB0483600

सभी शाखाओं पर देय - PAYABLE AT ALL BRANCHES

□ □ □ □ □ □ □ □ □ □  
D D M M Y Y Y Y

या धारक को OR BEARER

₹ 00 RUPEES

अदा करें ₹

धारा खाता  
CURRENT A/c

4 8 3 6 0 0 □ □ □ □ □ □ □ □ □ □

A/c NO - 021001VS00000014 UHA

№ 21087 7000210951

29

PLEASE SIGN AT OVE



*(Handwritten mark)*

Phone : 2577 - 6595  
- 0012  
Fax : 2577 - 1071

**BARANAGAR MUNICIPALITY**

87, Deshbandhu Road (East)  
Kolkata - 700 035

*Fo/Chmn.*  
*21/2/13*

Memo No. 8/LPP-VIII/BM/2012-13

Date: 18<sup>th</sup>. February, 2013.

To,  
The Project Officer,  
S.U.D.A. (Health Wing),  
Salt Lake



Madam,

I do hereby state the following information for your perusal and necessary action please.

**Name of the A/C - Urban Primary Health Care Service**

**Baranagar Municipality.**

A/C No. : - 913010008623548

IFSC : - UTI B0001592

MICR : - 700211073

Name of the Bank: **AXIS BANK LTD.**

**Baranagar Branch**

**266, Gopal Lal Tagore Road,**

**Baranagar, Kolkata - 700 036**

**North 24 Parganas**

**West Bengal**

With thanks,

Yours faithfully,

*(Handwritten signature)*

**Chairman**

*Amrta*  
*18/2/13*  
*me*



Phone : 2577 - 6595

- 0012

Fax : 2577 - 1071

## BARANAGAR MUNICIPALITY

87, Deshbandhu Road (East)

Kolkata - 700 035.

Memo No.: 04/UPHCS/BM

Date: 27-07-13

To  
The Director,  
S.U.D.A.  
ILGUS Bhawan,  
Salt Lake City,  
Kolkata - 700 106.



**Sub: - Strengthening of MH Services, for 2012 - 2013.**

Sir,

In pursuance of the subject as stated and Ref No-SUDA-Health/527(Pt-1)/11/249 dt 30/11/12, in connection with procurement of Equipments, Furniture & Drugs, this is to inform you that as per guideline given in the said Memo, procurement have been made through inviting tender and observing formalities of the W.B. Financial Rules. And accordingly orders for purchase of Furniture, Equipments & Drugs have been placed with M/S Nilima Health Care. B/59/1/H/1, Dr. Suresh Ch. Banerjee Road, Kolkata-700 010.

It is therefore requested to release funds, as per memo aforesaid for the Purchase of Medicines & Equipments immediately.

Hope you will please do the needful.

Thanking You,

Amount for purchase of Drug - Rs. 1, 15, 320/-

Amount for Equipments - Rs. 1, 45, 112/-

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Total amount of fund Rs. 2, 60, 432/-

Hope you will please do the needful.

Thanking You,

Yours faithfully,

  
**Chairman**

**Chairman  
Baranagar Municipality**

**Encl:**

- 1) Xerox copy of tender notice.
- 2) Xerox copy of work order.



**BARANAGAR MUNICIPALITY**  
 87, DESHBANDHU ROAD(EAST) , KOLKATA – 700 035.  
 PHONE NO.2577-6595/001/1071


TENDER NOTICE NO 89/HOSP/12-13  
 Tender Issue No HOSP/89/1-112-13 /2012-2013  
 To  
 M/s.....

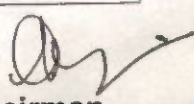
Date 19.2.13

**SEALED** Quotation invited and will be received by the Chairman up to 3-00 P.M Of 22.02.2013 for the following subject to the conditions noted for the same.

THE Quotation should be addressed to the Chairman, superscripted Quotation for **"REQUIREMENT FOR SUPPLY OF MEDICINE & SURGICAL GOODS FOR HOSPITAL DEPARTMENT OF THIS MUNICIPALITY."**

SI.	LIST OF MEDICINE	QUANTITY
1.	DEXTROSE 5%	10 BOXES.
2.	RINGER LACTATE 1000CC	10 BOXES.
3.	RINGER LACTATE 540CC	15 BOXES.
4.	NS	10 BOXES.
5.	INJ ANAWINE	100 AMPULS
6.	INJ MIODAZOLAM	100 AMPULS
7.	INJ VOVERAN (DICLOFANAC SODIUM)	100 AMPULS
9.	INJ FORTWIN	100 AMPULS
10.	INJ CALMPOSE (DIAZIPAM)	100 AMPULS
11.	INJ MIKACIN (AMIKACIN)	100 AMPULS
12.	INJ MONOSAFE 1.5(CEFTRIAZONE+SULBACTUM)	100 VIALS
13.	I.V. DREEP SET	100 VIALS
14.	B.T. SET	10 BOXES
15.	I.V CANULA (KITKAT)	1000 Pcs.
16.	LEUCOPLAST 3"	100 Pcs.
17.	SCAPVEIN SET	100 Pcs.
18.	INJ PROPOL(PROPOFOL)	100 vials
19.	INJ PENTHAL SODIUM	100 vials
20.	INJ STARLIN WATER 5CC/10CC	25 BOXES.
21.	INJ TACREAM (ATRACURIUM)	100 AMPULS
22.	GAZE THAN 15 MT.	40 NOS.
23.	INJ PENERGAN (PROMETHAZINE)	100 AMPULS
SL	LIST OF SURGICAL ITEM	QUANTITY
1.	ALLIS TISSU FORCEP 6"	4 NOS
2.	ARTERY FORCEP (CURV)	16 NOS
3.	1.5" DIVER RERACTOR	16 NOS
4.	2" DIVER REACTOR	8 NOS
5.	CURV NIDDLE HOLDER 6"	8 NOS
6.	CURV NIDDLE HOLDER 8"	2 NOS
7.	DESECTING FORCEEP (TOOTH) 8"	3 NOS
8.	INTESTINAL CLUMP	3 NOS
9.	SUCKER MACHINE(ECECRIC WITH ¼ H.P. CROMPTON MOTOR	3 NOS
10.	BAIN'S CIRKIT (ADULT)ANAESHETIC	3 NOS
11.	PADRATIC SURKIT ANAESTHETIC	2 NOS
12.	BLADDER REACTOR 18"	8 NOS
13.	NEBULIZER PHILIPS	4 NOS
14.	OXY SET ROMSON	1 NO
15.	DESJARDING 'S FORCEP	1 NO
16.	MOYNIHAM'S FORCEP	4 NOS
17.	LOW TOOTH DESKING FORCEP 5 "	3 NOS
18.	LOW TOOTH DESKING FORCEP 6"	3 NOS
19.	MOSQUITO FORCEP 5"	1 NO
20.	MULTI POWER PULSE OXYMETER (BPLMAKE WITH ALL STANDARD ACCESSARY MODEL CLEO.)	4 NOS
21.	FINGER PULSE OXYMETER ROMSON	1 NO

  
 Executive Officer

  
 Chairman  
 Baranagar Municipality

**TERM & CONDITION**

- 1)Trade License and IT/ST/VAT certificates of the vendors should be enclosed along with.
- 2)Delivery should be made within such time as specified in the order.3)The article should be supplied strictly according to the specification.4)Rates are to be quoted including delivery and all other charges.
- 5) If the successful Tenderer fails to supply the articles within the time stipulated. in the order , the Municipality shall have the right of canceling the order and of purchasing the articles from other sources and difference of cost, if any will be realized from the bill of the successful tenderer. 6)The Chairman also reserves the right of accepting or canceling any Tender without assigning any reason thereof.
- 7) All Quotation are to be drop in the "Tender dropping Box" kept in the Chairman's room otherwise it will not be treated as valid.



**BARANAGAR MUNICIPALITY**  
 87, DESHBANDHU ROAD(EAST), KOLKATA - 700 035.  
 PHONE NO.2577-6595/001/1071

23/03/13

## INDENT OF REGISTER

INDENT for: "REQUIREMENT FOR SUPPLY OF MEDICINE & SURGICAL GOODS FOR HOSPITAL DEPARTMENT OF THIS MUNICIPALITY."

M/S. NILIMA HEALTH CARE  
 B/59/1/H/1, Dr. Suresh Chandra Banerjee Road,  
 KOLKATA- 700 010.

## Particulars of Orders for Suppliers

SL	NAME OF MEDICINE	QUANTITY	QUOTED RATE
1	DEXTROSE 5%	10 BOXES.	24.00/500ML
2	RINGERS LACTATE 1000CC	10 BOXES.	80.00/1 LTR
3	RINGERS LACTATE 540CC	15 BOXES.	48.00/500ML.
4	NS	10 BOXES.	22.00/500ML.
5	INJ ANAWINE	100 AMPULS	82.00/EACH.
6	INJ MIODAZOLAM	100 AMPULS	83.00/EACH.
7	INJ VOVERAN (DICLOFANAC SODIUM)	100 AMPULS	16.90/EACH.
10	INJ CALMPOSE (DIAZIPAM)	100 AMPULS	11.80/EACH
11	INJ MIKACIN (AMIKACIN)	100 AMPULS	65.00/EACH
12	INJ MONOSAFE 1.5 (CEFTRIAZONE+SULBACTUM)	50 VIALS	120.00/EACH
13	I.V. DRIP SET	100 VIALS	29.80/EACH
14	B.T. SET	10 BOXES	45.90/EACH
15	I.V CANNULA (KITKAT)	1000 Pcs.	27.40/EACH
16	LEUCOPLAST 3"	50 Pcs.	150.00/EACH
17	SCALPVEIN SET	100 Pcs.	19.20/EACH
18	INJ PROPOL(PROPOFOL)	100 vials	137.80/EACH
19	INJ PENTOTHAL SODIUM	50 Pcs.	61.90/EACH
20	INJ STARLIN WATER 5CC/10CC	25 BOXES.	220.00/80PC.
21	INJ TACREAM (ATRACURIUM)	50 AMPULS	790.00/5PC.
22	GAUGE THAN 15 MT.	20 NOS.	220.00/EACH
23	INJ PENERGAN (PROMETHAZINE)	100 AMPULS	5.90/EACH.
	<b>LIST OF SURGICAL ITEM.</b>	<b>QUANTITY</b>	<b>QUOTED RATE</b>
1.	ALLIS TISSU FORCEP 6"	4 NOS	240.00/EACH
2.	ARTERY FORCEP (CURV)	16 NOS	240.00/EACH
3.	1.5" DIVER RERACTOR	10 NOS	620.00/EACH
4.	2" DIVER REACTOR	4 NOS	780.00/EACH
5.	CURV NIDDLE HOLDER 6"	8 NOS	240.00/EACH
6.	CURV NIDDLE HOLDER 8"	2 NOS	290.00/EACH
7.	DESECTING FORCEEP (TOOTH) 8"	3 NOS	260.00/EACH
8.	INTESTINAL CLUMP	3 NOS	570.00/EACH
9.	SUCKER MACHINE(ECECRIC WITH 1/4 H.P. CROMPTON MOTOR	2 NOS	13,900.00/EACH
10	BAIN'S CIRKIT (ADULT)ANAESHETIC	3 NOS	1,680.00/EACH
11	PADRATIC SURKIT ANAESTHETIC	2 NOS	1,590.00/EACH
13	NEBULIZER PHILIPS	3 NOS	5,200.00/EACH
14	OXY SET ROMSON	1 NO	60.00/EACH
15	DESJARDING 'S FORCEP	1 NO	385.00/EACH
16	MOYNIHAM'S FORCEP	4 NOS	410.00/EACH
17	LOW TOOTH DESKING FORCEP 5 "	3 NOS	180.00/EACH
18	LOW TOOTH DESKING FORCEP 6"	3 NOS	195.00/EACH
19	MOSQUITO FORCEP 5"	1 NO	230.00/EACH
20	MULTI POWER PULSE OXYMETER (BPLMAKE WITH ALL STANDARD ACCESSARY MODEL CLEO.)	1 NO	58,000.00/EACH

Please supply the above articles emergently and as per departmental direction & entire satisfaction within 3 (three) days on & from receipt of this order.

22/13/13  
 EXECUTIVE OFFICER.

*Deo*  
 CHAIRMAN.  
 Chairman  
 Baranagar Municipality

*Received  
 Dr. Suresh Chandra Banerjee  
 22/14/13*

273144  
Phone : 2577 - 6595  
- 0012  
Fax : 2577 - 1071

**BARANAGAR MUNICIPALITY**  
87, Deshbandhu Road (East)  
Kolkata - 700 035.

Memo No.: 03/UPHCS/BM

Date: 26-7-13.

To  
The Director,  
S.U.D.A.  
ILGUS Bhawan,  
Salt Lake City,  
Kolkata - 700 106.

**Sub: - Strengthening of MH Services, for 2012 - 2013.**

Sir,

In pursuance of the subject as stated and Ref No-SUDA-Health/527(Pt-1)/11/249 dt 30/11/12, this is to inform you that as per guideline given in the said Memo, rates were invited from different firms and as per lowest rate orders for purchase of Furniture, Equipments & Drug have been placed with M/S Nilima Health Care, B/59/1/H/1, Dr. Suresh Ch. Banerjee Road, Kolkata-700 010 (copy of order enclosed).

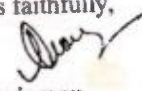
It is therefore requested to release funds, as per memo aforesaid for the Purchase of Medicines & Equipments immediately.

Amount for purchase of Drug -	Rs. 1, 15, 320/- ✓
Amount for Equipments -	Rs. 1, 45, 112/- ✓
<u>Total amount of fund</u>	<u>Rs. 2, 60, 432/-</u>

Hope you will please do the needful.

Thanking You,

Yours faithfully,

  
Chairman

Recd  
at Gouthan  
14/13



No. 66

**BARANAGAR MUNICIPALITY** 23/03/13  
 87, DESHBANDHU ROAD(EAST), KOLKATA - 700 035.  
 PHONE NO. 2577-8595/001/1071

**INDENT OF REGISTER**  
**INDENT for "REQUIREMENT FOR SUPPLY OF MEDICINE & SURGICAL GOODS FOR HOSPITAL DEPARTMENT**  
**OF THIS MUNICIPALITY"**

M/S. NILIMA HEALTH CARE  
 B/591/H/1, Dr. Suresh Chandra Banerjee Road,  
 KOLKATA- 700 010.

Particulars of Orders for Suppliers

SL	NAME OF MEDICINE	QUANTITY	QUOTED RATE
1	DEXTROSE 5%	10 BOXES.	24.00/500ML
2	RINGERS LACTATE 1000CC	10 BOXES.	80.00/1 LTR
3	RINGERS LACTATE 540CC	15 BOXES.	48.00/500ML.
4	NS	10 BOXES.	22.00/500ML.
5	INJ ANAWINE	100 AMPULS	82.00/EACH.
6	INJ MIDAZOLAM	100 AMPULS	83.00/EACH.
7	INJ VOVERAN (DICLOFANAC SODIUM)	100 AMPULS	16.90/EACH.
10	INJ CALMPOSE (DIAZIPAM)	100 AMPULS	11.80/EACH
11	INJ MIKACIN (AMIKACIN)	100 AMPULS	65.00/EACH
12	INJ MONOSAFE 1.5 (CEFTRIAZONE+SULBACTUM)	50 VIALS	120.00/EACH
13	I.V. DRIP SET	100 VIALS	29.80/EACH
14	B.T. SET	10 BOXES	45.90/EACH
15	I.V. CANNULA (KITKAT)	1000 Pcs.	27.40/EACH
16	LEUCOPLAST 3"	50 Pcs.	150.00/EACH
17	SCALPVEIN SET	100 Pcs.	19.20/EACH
18	INJ PROPOL (PROPOFOL)	100 vials	137.80/EACH
19	INJ PENTOTHAL SODIUM	50 Pcs.	61.90/EACH
20	INJ STARLIN WATER 5CC/10CC	25 BOXES.	220.00/80PC
21	INJ TACREAM (ATRACURIUM)	50 AMPULS	790.00/5PC.
22	GAUGE THAN 15 MT	20 NOS.	220.00/EACH
23	INJ PENERGAN (PROMETHAZINE)	100 AMPULS	5.90/EACH.
	<b>LIST OF SURGICAL ITEM.</b>	<b>QUANTITY</b>	<b>QUOTED RATE</b>
1.	ALLIS TISSU FORCEP 6"	4 NOS	240.00/EACH
2.	ARTERY FORCEP (CURV)	16 NOS	240.00/EACH
3.	1.5" DIVER RERACTOR	10 NOS	620.00/EACH
4.	2" DIVER REACTOR	4 NOS	780.00/EACH
5.	CURV NIDDLE HOLDER 6"	8 NOS	240.00/EACH
6.	CURV NIDDLE HOLDER 8"	2 NOS	290.00/EACH
7.	DESECTING FORCEEP (TOOTH) 8"	3 NOS	260.00/EACH
8.	INTESTINAL CLUMP	3 NOS	570.00/EACH
9.	SUCKER MACHINE(ECECRIC WITH 1/2 H.P. CROMPTON MOTOR	2 NOS	13,900.00/EACH
10	BAIN'S CIRKIT (ADULT)ANAESTHETIC	3 NOS	1,680.00/EACH
11	PADRATIC SURKIT ANAESTHETIC	2 NOS	1,590.00/EACH
13	NEBULIZER PHILIPS	3 NOS	5,200.00/EACH.
14	OXY SET ROMSON	1 NO	60.00/EACH
15	DESJARDING 'S FORCEP	1 NO	385.00/EACH
16	MOYNIHAM'S FORCEP	4 NOS	410.00/EACH
17	LOW TOOTH DESKING FORCEP 5"	3 NOS	180.00/EACH
18	LOW TOOTH DESKING FORCEP 6"	3 NOS	195.00/EACH
19	MOSQUITO FORCEP 5"	1 NO	230.00/EACH
20	MULTI POWER PULSE OXYMETER (BPLMAKE WITH ALL STANDARD ACCESSARY MODEL CLEO)	1 NO	58,000.00/EACH

240.00  
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 5500.00  
 790.00  
 440.00  
 980.00

Please supply the above articles emergently and as per departmental direction & entire satisfaction within 3 (three) days on & from receipt of this order

23/3/13  
**EXECUTIVE OFFICER.**

*[Signature]*  
**CHAIRMAN.**

Received  
 Dr. Suresh Chandra Banerjee  
 22/4/13

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/249**

Date **30.11.2012**

**From : Director, SUDA**

**To : The Chairperson  
Baranagar Municipality**

**Sub. : Strengthening of MH services for FY 2012-13.**

**Madam,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 1,38,120/- for purchase of furniture & equipment and Rs. 1,17,600/- for purchase of drug; thus totaling Rs. 2,55,720/- (Rupees Two lakh fifty five thousand seven hundred twenty) only towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Equipment & Furniture	Quantity Reqd.	Drug	Quantity Reqd.
1	Allis's tissue Forceps (6")	4	Saline	10 Boxes
2	Artery Forceps (curved)	16	5% Dextrose	10 Boxes
3	1.5" & 2" Diver's Retractor	16	Ringer Lactate	15 Boxes (1000 CC)
4	Curved Needle Holder (1.5" & 2")	8	Ringer Lactate	10 Boxes (540 CC)
5	8" Heavy Dissecting Forceps (Tooth)	8	Inj. Anawin	100 amp
6	Intestinal Clamp	2	Inj. Midazolam	100 amp
7	Sucker Machine	4	Inj. Voveran	100 amp
8	Drain Circuit (Adult)	3	Inj. Fortwin	100 amp
9	Paediatric Circuit	2	Inj. Calmpose	100 amp
10	Bladder Retractor 18"	3	Inj. Mikacin	100 amp
11	Nebuliser	4	Inj. Monosact (1.5 mg)	100 vials
12	Oxy. Set	4	Inj. Metrogyl (I.V.)	100 bottle
13	Desjardin's Forceps	4	I.V. drip set	10 boxes
14	Moynihan Forceps	4	B.T. Set	10 boxes
15	Long (Tooth) Dissecting Forceps	4	I.V. Cannula	1000 pcs
16	Mosquitoe Forceps (Curved)	4	Laucoplast 3"	100 pcs
17	Multipara P. Oxymeter	1	Scalpvein Set	100 pcs
18	-	-	Inj. Propofal	25 amp
19	-	-	Inj. Pentothal Sodium	100 vials
20	-	-	Sterile Water (5CC, 10CC) amp	25 boxes
21	-	-	Inj. Tacrean	100 amp
22	-	-	Gauze Than	40 than
23	-	-	Inj. Phenergan	100 amp

Contd. to P-2.



- 2 -

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,



**Director, SUDA**

**SUDA-Health/527(Pt.-1)/11/249/1(4)**

**Dt. .. 30.11.2012**

**CC :**

- 1. Executive Officer, Baranagar Municipality**
- 2. Finance Officer, Baranagar Municipality**
- 3. HO, Baranagar Municipality**
- 4. Finance Officer, Health, SUDA**



**Director, SUDA**





Strongly many of MH.  
Po  
25.7.13

Ph: 2538-3683(Direct)/2664/0203

Fax: 2538-6442

# MADHYAMGRAM MUNICIPALITY

P.O.: Madhyamgram, Dist.: North 24 Parganas

Kolkata - 700 129

Ref. No. MM/CHAIR/HEALTH/CLAIM./37/2013-14

Date:- 23/07/2013

To  
The Director  
SUDA, Health Wing, Agus Bhaban  
H-C Block, Sector- III, Belianganj, Calcutta-700091

PO (W)  
25/7/13

Sub:- Release of fund for Strengthening of MH service for the FY 2012-2013

Sir,

With reference to your Letter No. SUDA-Health/527(Pt.-1)/11/256 dt. 30/11/2012 for purchase of Furniture & Equipments and Drug have been procured by inviting Tender and also observing formalities as per W.B. Financial Rules by January 2013, I am enclosing the copy of Tender and work order stated below.

1. MM/CHAIR/HOSP/INSTRU/ORDER/67-A/12-13 dated 12/02/13 Order Value Rs. 113036.00
2. MM/CHAIR/HOSP/INSTRU/ORDER/67-B/12-13 dated 12/02/13 Order Value Rs. 22300.00
3. MM/CHAIR/HOSP/INSTRU/ORDER/67-C/12-13 dated 12/02/13 Order Value Rs. 21538.00
4. MM/CHAIR/HOSP/INSTRU/ORDER/67-D/12-13 dated 12/02/13 Order Value Rs. 37858.00

Total order value Rs. 1, 95,532.00

Therefore, I would request you to kindly release the fund, as mentioned against the each work order, totalling Rs. 1,95,532/- (Rupees One lakh ninety-five thousand five hundred thirty five only) as early as possible.

Thanking You

Yours Faithfully

Chairman  
Madhyamgram Municipality





Phone: 2538 0203

# MADHYAMGRAM MUNICIPALITY

Madhyamgram, Kolkata - 700 129

Ref No. : MM/CHAIR/HOSP/INSTRU/ORDER/67-B/12-13

Date: 12/02/13

To  
Dobson Enterprise  
Basirhat Sainpala G.S.Colony

Sub: Order for supply of Instrument & drug for the Hospital.  
Against Ref No- MM/CHAIR/HOSP/NIT-63/12-13  
Sanction & Fund Ref No- SUDA-Health/527(Pt-1)/11/256

DATE: -01/02/13  
DATE-30.11.12

Sir,

This is to inform you that your Quotated Rate for the following mentioned have been accepted and you are requested to supply the same within 7 days from the date of this order.

Sl No	Description	Quantity	Rate	Amount
1.	Fowler Bed	01	15700.00	15700.00
2.	Ing Ceftriaxone 1000 mg	100 vails	19.50	1950.00
3.	Ing Ondansatron 4 mg 2 ml	50 Amp	4.00	200.00
4.	I.V Set	100 Nos	19.00	1900.00
5.	Spinocaln needle G-25	75 Nos	34.00	2550.00
<b>TOTAL</b>				<b>22300.00</b>

Rupees: Twenty Two Thousand Three Hundred Only.

Thanking You

Yours faithfully,

Chairman

Madhyagram Municipality

Recd  
[Signature]





Phone: 2538 0203

# MADHYAMGRAM MUNICIPALITY

Madhyamgram, Kolkata - 700 129

Ref No. : MM/CHAIR/HOSP/INSTRU/ORDER/67-D/12-13

Date: 12/02/13

To

FLORANCE INDIA  
32 Ezra Street, 6<sup>th</sup> Floor  
Room No. 609, Kolkata ---700 001

Sub: Order for supply of Equipments &amp; Drug.

Against NIT No- MM/ /CHAIR/HOSP/NIT- 63/12-13

DATE: - 01/02/13

Sanction &amp; Fund Ref No- SUDA-Health/527(Pt-1)/11/256

DATE---30/11/12

Sir,

This is to inform you that your Quotated Rate for the following mentioned have been accepted and you are requested to supply the following same within 7 days from the date of this order.

Sl No	Description	Quantity	Rate	Amount
1.	Nebuliser Machine	01	1450.00	1450.00
2.	Scissors Meindoes	18	114.00	2052.00
3.	Steel Bowl	06	198.00	1188.00
4.	Towel Clip	12	19.75	237.00
5.	Saline Stand (ss)	05	1990.00	9950.00
6.	Steriliser Drum (12x10)"	02	1750.00	3500.00
7.	Instrument Steriliser	02	1560.00	3120.00
8.	Tab Ferrosasorbate 100 mg Folic Acid 1.5 mg	1000 T	1.20	1200.00
9.	Tryglud 180 cm	36	330	11880.00
10.	Ethilon 2-0	18	83.00	1494.00
11.	Tab Grovit	500 T	2.00	1000.00
12.	Ing Amikacin 500g	75	10.50	787.50
<b>TOTAL</b>				<b>37,858.50</b>

Rupees: Thirty Seven Thousand Eight Hundred Fifty Eight & Fifty Paise Only.

Thanking You

Yours faithfully,

*[Signature]*  
Chairman  
Madhyamgram Municipality





Phone: 2538 0203

# MADHYAMGRAM MUNICIPALITY

Madhyamgram, Kolkata - 700 129

Ref No. : MM/CHAIR/HOSP/INSTRU/ORDER/67-C/12-13

Date: 12/02/13

To  
Maa Siddheswari Medical Agency,  
129, Kashi Nath Dutta Road,  
Baranagar,  
Kolkata-700036.

Sub: Order for supply of Hospital Equipments & Drug.  
Against NIT No- MM/CHAIR/HOSP/NIT- 63/12-13  
Sanction & Fund Ref No- SUDA-Health/527(Pt-1)/11/256 -

DATE: - 01/02/13

DATE - 30.11.12

Sir,

This is to inform you that your Quotated Rate for the following mentioned have been accepted and you are requested to supply the following same within 7 days from the date of this order.

Sl No	Description	Quantity	Rate	Amount
1.	Stethoscope(Dual) H.Das	02	468.00	936.00
2.	Mosquito Forceps	20	81.90	1638.00
3.	Artery Forceps 6" Curved	16	93.60	1497.60
4.	St. Scissors(Round Pointd)	16	93.60	1497.60
5.	Baincircuit	02	585.00	1170.00
6.	Laryngoscope 4 Blade	01	848.25	848.25
7.	Cheate Forceps	06	152.10	912.60
8.	Instrument Cabinet	01	6786.00	6786.00
9.	Pantaprazole 40 mg	100	15.00	1500.00
10.	Sangofix Set	50	77.00	3850.00
11.	Tab Accelofenar 100 mg Serratiopeptodase 15 mg	300	1.59	477.00
12.	Vainflow G 20/18	50	8.50	425.00
<b>TOTAL</b>				<b>21538.05</b>
<b>ROUND OFF</b>				<b>21538.00</b>

Rupees: Twenty One Thousand Five Hundred Thirty Eight Only.

Thanking You.

Yours faithfully,

*[Signature]*  
Chairman  
Madhyamgram Municipality





# MADHYAMGRAM MUNICIPALITY

Madhyamgram, Kolkata - 700 119

Ref No: MM/CHAIR/HOSP/INSTRU/ORDER/67-402-13

Date: 13/02/13

To  
SANTI ENTERPRISE  
N-B Nospara, Barasat,  
Kolkata-700125.

Subj: Order for supply of Hospital Equipments.  
Against Ref No- MM/CHAIR/HOSP/INT- 63/12-13  
Sanction & Fund Ref No- SUOA/Health/527(Pt.-1)/11/288

DATE: 01/02/13  
DATE: 20.11.12

Sir,

This is to inform you that your Quoted Rate for the following mentioned have been accepted and you are requested to supply the following same within 7 days from the date of this order.

Sl No	Description	Quantity	Rate	Amount
1.	Monitor (5 para) (Schiller Trascop II)	01	1,11,000.00	1,11,000.00
2.	Complete DE Set	01	2500.00	2500.00
3.	Gally Pot	12	38.00	456.00
<b>TOTAL</b>				<b>1,13,656.00</b>

Rupees: One Lakh Thirteen Thousand Eight Hundred Thirty Six Only.

Thanking You.

Yours faithfully,

Madhyamgram Municipality



Yours Faithfully

  
Chairman

Madhyamgram Municipality



**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/256**

Date **30.11.2012**

**From : Director, SUDA**

**To : The Chairman  
Madhyamgram Municipality**

**Sub. : Strengthening of MH services for FY 2012-13.**

**Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 1,54,505/- for purchase of furniture & equipment and Rs. 41,268/- for purchase of drug; thus totaling Rs. 1,95,773/- (Rupees One lakh ninety five thousand seven hundred seventy three) only towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Equipment & Furniture	Quantity Reqd.	Drug	Quantity Reqd.
1	Monitor (5 Para) for OT	1	Inj Pantaprazol 10 mg	100 vials
2	Stethoscope ( Dual)	2	INj. Ceftriaxone 1000 mg	100 vials
3	Nebuliser	1	Inj. Ondansatron 4 mg 2 ml	50 amp
4	Mosquito Forceps Curved	20	Tab Ferrosasorbate 100 mg, Folic Acid 1.5 mg	1000 tab
5	Scissors Meindoes	18	I V Set	100 pcs
6	Artery Forceps 6" Curved	16	Sangofix	50
7	St. Scissors round pointed	16	Tryglad	36
8	Complete DE Set	1	Ethilon 2-0	18
9	Steel Bowl	6	Aecelofenar 100mg Serratiopeptodase 15 mg tab	300
10	Gally Pot	12	Tab Grovit	500 tab
11	Towel Clips	12	Venflow/ Kitkat /20/18	50
12	Saline Stand S S	5	Inj Amikacin 500mg	75 amp
13	Steriliser Drum 12" x 10"	2	Spinicaine Needle	75
14	Daincircuit	2	-	-
15	Laryngoscope 4 Blade	1	-	-
16	Cheatle Forceps	6	-	-
17	Instrument Cabinet	1	-	-
18	Instrument Steriliser	2	-	-
19	Fowler Bed	2 (1)	-	-
20	Bed Side Bowl SS	15	-	-

Contd. to P-2.

- 2 -

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of received bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is one time support without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

SUDA-Health/527(Pt.-1)/11/256/1(4)

Dt. .. 30.11.2012

CC :

1. Executive Officer, Madhyamgram Municipality
2. Finance Officer, Madhyamgram Municipality
3. HO, Madhyamgram Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA



**OFFICE OF THE COUNCILLORS**  
**DUM DUM MUNICIPALITY**  
44, Dr. Sailen Das Sarani, Dum Dum, Kolkata-700 028

No. 68/UPHCS-II

From:

To

Dum Dum Municipality  
Kolkata-700 028

For  
24.07.13.

Dated .....24.07..... 2013

To,  
The Project Officer (Health),  
SUDA,  
ILGUS BHAWAN,  
Salt Lake,  
Kolkata - 91.

**Sub: Immediate release of fund of first part of MH Services.**

Madam,

In pursuance of your office Order No. SUDA-Health/527(Pt.-1)/11/252 Date: 30.11.2012 and our office Order No. 171/G/UPHCS-II Date:13.03.2013, I like to inform you that as per the Govt. Procurement Rule we are going to purchase the highly essential items for strengthening the MH services by inviting tender.

Please release the fund of 1<sup>st</sup> part amount of which is Rs. 1,84,930/-.  
This is for your kind perusal. Please release the fund as early as possible.

Thanking you .

Yours faithfully,

*[Signature]*  
Chairman, 24/7/13

Dum Dum Municipality.

**Chairman**  
Dum Dum Municipality

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# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

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

Ref No SUDA-Health/527(PC-1)/11/252

Date 30.11.2012

From : Director, SUDA

To : The Chairman  
Dum Dum Municipality

Sub. : Strengthening of MH services for FY 2012-13.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Deptt. of Health & Family Welfare has sanctioned Rs. 2,34,900 towards purchase of equipment and Rs. 27,500 - for purchase of drug; thus totaling Rs. 2,62,400 - (Rupees Two lakh sixty two thousand four hundred) only towards strengthening of MH services at your U.B as mentioned below

Sl. No.	Item	Quantity Reqd.
1	Suction device, model 1000, S	1
2	Wrigley Forcepise	1
3	Di. se	1
4	Sucker Machine - adult	1
5	Sucker machine - Baby	1
6	Neonatal resuscitation set, complete	1
7	Stand spot light	1
8	Cable Seal (S.S) Box	1
9	O.T. Stupper (black) in floor	1
10	Instrument tray with lid (18" x 12")	1
11	Baby reception tray	1
12	Bowl stand	1
13	Kailey tray	1
14	Baby Weight Machine	1
15	Adult Weight Machine	1
16	Mattress	1
17	Mattress with cover with pillow	1
18	Bed Sheet	1
19	Blanket	1
20	Maid's cap	1
21	Blender	1
22	Rubber Sheet (100 cm x 100 cm)	1
23	Blanket with cover for mother	1
24	Blanket with cover for baby	1
25	Mosquito net for baby	1
26	Steel cabinet	1
27	Refrigerator	1
28	Blender	1
29	Instrument cabinet with key	1

Ask for  
Production

17/12/12  
Chairman  
Dum Dum Municipality

Contd. to P-2.



o/c  
Phone : 2551 3017/2549 5214 (O)  
Fax : (033) 2549 5214

**OFFICE OF THE COUNCILLORS  
DUM DUM MUNICIPALITY**

44, Dr. Sallen Das Sarani, Dum Dum, Kolkata-700 028

Ref. No. : 38 | G.P.P-VIII

Dated ...10...07... 2012

To  
The Director,  
SUDA,  
ILGUS Bhawan,  
Saltlake,  
Kolkata - 91.

**Sub: Strengthening of Maternity Home, Dum Dum Municipality under RCH during F.Y.- 2012-2013.**

Sir,

With reference to your letter No. SUDA-Health/527(Pt.1)/ 11/69(23), we are hereby furnishing the requirement details of Maternity Home in separate 2 sheets as per your format given by you.

Thanking you.

Yours faithfully,



Chairman,  
Dum Dum Municipality.

**Chairman**  
**Dum Dum Municipality**



10.7.12

## For Maternity Home

Sl.No	Name of the Item	Quantity required	Rate (Rs)	Amount(Rs)
<b>A</b>	<b>Instrument &amp; Equipement</b>			
1	Ultra sound Dropler	1	1200	1200
2	Normal delivery with Episomy Set	1	2500	2500
3	Wrigley Forceps set	1	3000	3000
4	DE set	2	5000	10000
5	Sucker machine - adult	1	8000	8000
6	Sucker machine - baby	1	4000	4000
7	Neonatal resuscitation set (complied)	1	8000	8000
8	Stand spot light	1	3000	3000
9	Saline stand (Steel Body )	6	2000	12000
10	OT chappal ( black ) in Pairs	10	100	1000
11	Instrument tray with lid (18" x 12")	5	200	1000
12	Baby reception tray	2	500	1000
13	Bowl stand	2	200	400
14	Kidney tray	5	100	500
15	Baby Weight Machine	2	1200	2400
16	Adult Weight Machine (OPD& Indoor)	2	1000	2000
17	BP Machine ( Labour room , OPD. Indoor )	3	1500	4500
TOTAL				64500

**B Linen**

1	Mattress with cover with pillow (For two labour table )		2	3000	6000
2	Bed Sheet	pcs	50	150	7500
3	Patient's Gown	pairs	50	150	7500
4	Makintosh	pcs	20	200	4000
5	Rubber sheet (100 mt.)	role	100	200	20000
6	Blanket with cover for mother	sets	50	200	10000
7	Blanket with cover for baby	sets	50	300	15000
8	Mosquito net for mother	sets	50	200	10000
9	Mosquito net for baby	sets	50	100	5000
TOTAL				85000	



Chairman

Dum Dum Municipality

Chairman

Dum Dum Municipality



C Furniture.					
1	Steel Almirah - ( Godrej. )	2	<del>2</del>	10,000	20000
2	Chair (steel - revolving)	2	<del>2</del>	5000	10000
3	Chair ( wooden ) without handle	2	<del>2</del>	2000	4000
4	Aqua guard - I-Nova -	2	<del>2</del>	12000	24000
5	Instrument cabinet with key	1	<del>1</del>	15000	15000
				TOTAL	73000

D. Drugs					
1	Inj. Decadron	vials		50	
2	Inj. Calmpose			50	
3	Inj. Voveran			50	
4	Inj. Lycortins			50	
5	Inj. Syntocinon			50	
6	Inj. Metherghin			50	
7	Inj. Xylocaine			50	
8	Inj. Deriphyline			50	
9	Inj. Phenergan			50	
10	Inj. Largactil			50	
11	Inj. Tramazac			50	
12	BT Set			50	
13	Betadine			10	
14	Savlon			10	
15	Dettol Solution			10	
16	Lyzol			10	
As per requirement & within sanction amount				TOTAL	28000

1	Instrument & Equipement	64500
2	Linens	85000
3	Furniture.	73000
4	Drugs	27500
Grand Total		250000

Total Two Lacs Fifty thousands



*ba*  
Chairman  
Dum Dum Municipality

Chairman  
Dum Dum Municipality

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/252**

Date **30.11.2012**

**From : Director, SUDA**

**To : The Chairman  
Dum Dum Municipality**

**Sub. : Strengthening of MH services for FY 2012-13.**

**Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,34,900/- for purchase of furniture & equipment and Rs. 27,500/- for purchase of drug; thus totaling Rs. 2,62,400/- (Rupees Two lakh sixty two thousand four hundred) only towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Ultra Sound Dropler	1
2	Normal delivery with Episomy Set	1
3	Wrigley Forceps set	1
4	DE set	2
5	Sucker Machine - adult	1
6	Sucker machine - baby	1
7	Neonatal resuscitation set (complied)	1
8	Stand spot light	1
9	Saline Stand (Steel Body)	6
10	OT Slipper (black) in Pairs	10
11	Instrument tray with lid (18" x 12")	5
12	Baby reception tray	2
13	Bowl stand	2
14	Kidney tray	5
15	Baby Weight Machine	2
16	Adult Weight Machine	2
17	BP Machine	3
18	Mattress with cover with pillow	2
19	Bed Sheet	50
20	Patient's Gown	50
21	Makintosh	20
22	Rubber Sheet (100 mt.)	100
23	Blanket with cover for mother	50
24	Blanket with cover for baby	50
25	Mosquito net for mother	50
26	Mosquito net for baby	50
27	Steel Almirah	2
28	Revolving Chair	2
29	Wooden Chair	2
30	Aqua Guard	2
31	Instrument cabinet with key	1

Contd. to P-2.



- 2 -

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,



**Director, SUDA**

**SUDA-Health/527(Pt.-1)/11/252/1(4)**

**Dt. .. 30.11.2012**

**CC :**

- 1. Executive Officer, Dum Dum Municipality**
- 2. Finance Officer, Dum Dum Municipality**
- 3. HO, Dum Dum Municipality**
- 4. Finance Officer, Health, SUDA**



**Director, SUDA**

**INDENT REGISTER OF STORES**

DUM DUM MUNICIPALITY

332

To SOVA ENTERPRISE.12-Rambal Dey Street, Kolkata - 700028.

( Particulars of order for suppliers or execution of works )

Please supply the following materials/articles required at our Hospital, Dept at Maternity Home under SUPA (UPHCS, Health Programme) Vide Tender Notice NO = 122/67/UPHCS-II Dated = 31/12/12.

	Rate	Total Amount
① Sucker machine (Adult)	= 01 NO 7800/-	7800/-
② Sucker machine (Baby)	= 01 NO 3900/-	3900/-
③ Mosquito Net (For mother)	= 50 sets 190/-	9500/-
④ Mosquito Net (For Baby)	= 50 sets 100/-	5000/-
⑤ Steel Almirah (Cradle)	= 02 NOS. 9600/-	19200/-

*Sy*

*h*

Chairman / V. Chairman  
DUM DUM MUNICIPALITY  
Chairman  
Dum Dum Municipality

Total Rs = 45400/-



mano no. 159/6/UPHES dt = 13/2/13.

# INDENT REGISTER OF STORES

DUM DUM MUNICIPALITY

333

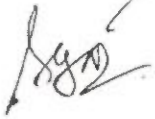
To EUREKA FORBES LTD.

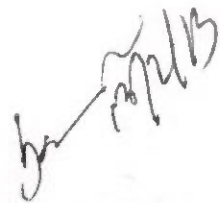
03. Shyamacharan Chakraborty Lane.  
Kolkata - 700036.

( Particulars of order for suppliers or execution of works )

Please supply the following materials at  
 Govt. Hospital Dept of Maternity Home, under  
 SWDA (UPHES, Health Programme) vide Tender Notice  
 NO = 122/6/UPHES-II Dated = 31/12/12

	Rate	Total amount
① AQUAGUARD (HI-FLO) = 02 NOS.	29490/-	18980/-

By  


By  


Chairman / V. Chairman  
 DUM DUM MUNICIPALITY  
 Chairman  
 Dum Dum Municipality

Total Rs = 18980/- only.

**INDENT REGISTER OF STORES**

DUM DUM MUNICIPALITY

330

To ANIL MAYA ENTERPRISEH.M. Dutta Road, Dum Dum Cantt, Kolkata-28.

(Particulars of order for suppliers or execution of works)

Please supply the following materials/Articles required at our Hospital Dept - at Maternity Home under Suda (UPHES. Health Programme) vide Tender Notice NO = 122/6/UPHES-II dated = 31-12-2012:

	Rate	Total Amount
① Stand spot light = 01 NO	@ 2950/-	2950/-
② O.T. chappal = 10 Pairs	@ 95/-	950/-
③ Instrument tray (with lid) = 05 Pcs	@ 200/-	1000/-
④ Baby Reception Tray = 02 Pcs	@ 490/-	980/-
⑤ Bowl Stand = 02 Pcs	@ 725/-	1450/-
⑥ Kidney Tray = 05 Pcs	@ 90/-	450/-
⑦ Baby weight machine = 02 Pcs	@ 1150/-	2300/-
⑧ Adult weight machine = 02 Pcs	@ 1000/-	2000/-
⑨ Mattress @ cover with pillow (for labour table) = 02 Pcs	@ 3000/-	6000/-
⑩ Bed sheet = 50 Pcs	@ 150/-	7500/-
⑪ Patients Gown = 50 Pcs	@ 150/-	7500/-
⑫ Makintosh = 20 Pcs	@ 150/- = 3000/-	3000/-
⑬ Blanket @ cover (for mother) = 50 Pcs	@ 200/- = 10000/-	10000/-
⑭ Blanket @ cover (for Baby) = 50 sets	@ 300/- = 15000/-	15000/-

N.B. - This order should be attached to the bill together with the Challan signed by Receiving officer  
Chairman  
Dum Dum Municipality

Total Rs = 61080/-



**INDENT REGISTER OF STORES**

DUM DUM MUNICIPALITY

331

To. SUN MOON ENTERPRISE  
Vidya Sagar Road, Arabinda Palley, Noa Para.  
Barasat, Kolkata-700-124.

(Particulars of order for suppliers or execution of works)

Please supply the following materials/articles required at our Hospital, Dept at maternity Home under Suda (UPHCS Health Programme) vide Tender Notice NO-122/6/UPHCS-II dated-31/12/2012.

	Rate	Total Amount
① ultra Sound Dropler	= 01 NO. @ 2230/-	2230/-
② Normal Delivery @ EPISIMY set	= 01 NO @ 860/-	860/-
③ Wrigley forceps set	= 01 NO @ 775/-	775/-
④ D.E. set	02 Set @ 3900/-	7800/-
⑤ Neonatal Resuscitation set (complied)	= 01 NO. @ 1160/-	1160/-
⑥ Saline Stand (steel body)	= 06 NOS @ 1350/-	8100/-
⑦ B.P. Machine	= 03 Pcs @ 815/-	2445/-
⑧ Rubber Sheet	= 100 mts @ 85/-	8500/-
⑨ chair (steel-revolving)	= 02 Pcs @ 4900/-	9800/-
⑩ wooden chair (with-out Handle)	= 02 Pcs @ 1900/-	3800/-
⑪ instrument cabinet (with key)	= 01 NO. @ 14000/-	14000/-

Chairman | V. Chairman  
 DUM DUM MUNICIPALITY  
 Chairman  
 Dum Dum Municipality

Total Rs=59470/-

N.B.—This order should be attached to the bill together with the Challan signed by Receiving officer

# INDENT REGISTER OF STORES

DUM DUM MUNICIPALITY

329

To Dum Dum Municipal Specialised Hospital Pharmacy  
 4.H.M. Dutta Road, Kol-28, Division

( Particulars of order for suppliers or execution of works )

Please supply the following medicine Articles at our Hospital Dept at maternity Home. under Suda (UPHES. Health Programme) vide Tender Notice NO 121/62/UPHES-II dated: 31/12/12.

	Rate	Total Amount
① Inj. Decadran	= 50 vial @ 9.25%	462.50
② Inj. calmpose	= 50 amp. @ 23.80%	1190.00
③ Inj. voveran	= 50 amp. @ 16.90	845.00
④ Inj. Lycartins	= 50 amp. @ 43.50	2175.00
⑤ Inj. Syntocinon	= 50 amp. @ 35.00	1750.00
⑥ Inj. Methergin	= 50 amp. @ 42.60	2130.00
⑦ Inj. xylocaine 2%	= 50 vial @ 31.50	1575.00
⑧ Inj. Deriphyline	= 50 amp. @ 3.61	180.50
⑨ Inj. Phenergan	= 50 amp. @ 9.32	466.00
⑩ Inj. Tramajae	= 50 amp @ 33.40	1670.00
⑪ B.T. set (Sangobix)	= 50 amp. @ 140%	7000.00
⑫ Betadine Lotion	= 10x 500 ml @ 305.20	3052.00
⑬ Savlon	= 10x 01 lt @ 165%	1650%
⑭ Dettol	= 10x 01 lt @ 74.80%	748%
⑮ Lysol	= 02x 5 lt @ 450%	900%

Chairman  
 Dum Dum Municipality

N.B. - This order should be attached to the bill together with the Challan signed by Receiving officer

1880 Total cost of medicine Rs = 25794/-





# HALISAHAR MUNICIPALITY

No. 111/G-14

Date 04.06.13

From  
The Chairman/Vice Chairman  
Halisahar Municipality

To  
The Director  
SUDA

Ref: SUDA – Health / 527 (Pt.-I) / 11 / 254 dt. 30.11.2012

Sub: Strengthening of MH services for FY 2012-2013

Sir,

Further to our letter no. 43/G-14 dt 22.4.13 please find attached along with the list of equipments and medicines with their price amounting to a total of Rs. 2,42,485.14. The comparative statements of the quotations and the supply order have been previously submitted to you. The tendering process for the purchase was done as per guidelines of the West Bengal Govt. Financial rules.

We hope that the funds would be released at the earliest.

Thanking you

Yours truly,

  
Chairman/ Vice Chairman  
Halisahar Municipality

215883  
26622  
-----  
242485

**HALISAHAR MUNICIPALITY**

NO. ....

Date .....

<u>Sl. No.</u>	<u>List of Equipments</u>	<u>Rate in Rs.</u>	<u>Quantity</u>	<u>Amount in Rs.</u>
1.	Surgical Gloves	12.00	48 Pairs	576
2.	Rubber Catheters	35.00	10 Nos.	350
3.	Patients Apron	280.00	6 Nos.	1680
4.	Foetal Doppler Machine	9500.00	1 Nos.	9500
5.	Baby Sucker Machine	8800.00	1 Nos.	8800
6.	Oxygen Cylinder With Accessories	10,000.00	1 Nos.	10000
7.	Aneroid B P Instrument	750.00	1 Nos.	750
8.	Stethoscope	490.00	1 Nos.	490
9.	Adult Weighing Machine	990.00	2 Nos.	1980
10.	Baby Weighing Machine	990.00	2 Nos.	1980
11.	Needle Holder	80.00	6 Nos.	480
12.	Needle (Cutting)	10.00	10 Nos.	120
13.	Needle (Round Bodied)	10.00	10 Nos.	120
14.	Dissecting Forceps Tooth	125.00	4 Nos.	500
15.	Dissecting Forceps Plain	125.00	4 Nos.	500
16.	Haemostats	95.00	10 Nos.	950
17.	Kochers tissue forceps	125.00	1 Nos.	125
18.	Alli's tissue forceps	125.00	1 Nos.	125
19.	Scissors Large	150.00	6 Nos.	900
20.	Scissors Small	70.00	6 Nos.	420
21.	Sponge holding forceps	125.00	2 Nos.	250
22.	Suture Nylon	500.00	6 Box	3000
23.	Suture Chromic Catgut(1-0)	840.00	1 Box	840
24.	Sim's Vaginal Speculum	295.00	2 Nos.	590
25.	Cusco's Vaginal Speculum	495.00	1 Nos.	495
26.	O.T. Slippers	135.00	10 Pairs	1350
27.	Chair (Plastic)	420.00	30 Nos.	12600
28.	Chair (Steel) (3x10)	1300.00	20 Nos.	13000
30.	Mattress(foam)	1590.00	10 Nos.	15900
31.	Bed Sheet White	390.00	20 Nos.	7800
32.	Pillow (foam)	250.00	10 Nos.	2500
33.	Pillow Cover	55.00	20 Nos.	1100
34.	Baby Cot Mattress	1040.00	6 Nos.	6240
35.	Baby Cot Mattress Cover	95.00	12 Nos.	1140
36.	Rexin Roll	495.00	6 Nos.	2970
37.	Almirah(18 gauge sheet)	8000.00	8 Nos.	64000
38.	Ceiling Fan	1420.00	4 Nos.	5680
39.	Wall Fan	1790.00	4 Nos.	7160
40.	Curtains	295.00	20 Nos.	5900
41.	Racks	2450.00	6 Nos.	14700

Rs.

Vat 4 %

Total Rs.

207561=00

8302=44

215863=44

M

M





## HALISAHAR MUNICIPALITY

No.....

Date.....

<u>Sl. No.</u>	<u>List of Medicine</u>	<u>Rate in Rs.</u>	<u>Quantity</u>	<u>Amount in Rs.</u>
1.	Antiseptic lotion povidone Iodine solution 5%, 500 ml. bottle	198	10 lit.	1980
2.	Chlorhexidine + Cetrime Soln. 1 Lit.	90	10 lit.	900
3.	Xylocaine 2 % Vial	18	5 No.	90
4.	Xylocaine with adrenaline	22	5 No.	110
5.	Sensocaine heavy Vials	25.90	2 No.	51.80
6.	Ringer Lactate Infusion	24	5 No.	120
7.	5% Dextrose Infusion	19	5 No.	95
8.	D N S Infusion	19	5 No.	95
9.	Tab. Iron F.A.	.57	10000 Tabs.	5700
10.	Tab. Calcium (500mg.)	0.75	5000 Tabs.	3750
11.	Silk Thread (1-0)	11	6 No.	66
12.	Vicryl (1)	340	6 Nos.	2040
13.	Cap. Amoxycillin + Cloxacillin(500mg)	2.90	10000 Caps.	5800
14.	Tab. Ciprofloxacin (500mg)	2.40	10000 Caps.	4800


Rs.  
Vat 4 %  
Total Rs.

25597=80

1023=90

26,621=70

Total Rs. 215863.44 + 26,621.70 = Rs. 2,42,485.14

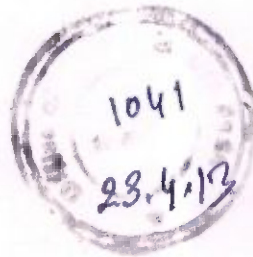
  
Chairman/ Vice Chairman  
Halisahar Municipality



**HALISAHAR MUNICIPALITY**

No. 43/61-14  
Date 22.4.13

From,  
The Chairman /Vice-Chairman  
Halisahar Municipality



To,  
The Director  
SUDA, Ilgus Bhavan  
Kolkata

Ref: SUDA – Health / 527 (Pt.-I)/11/254 Dt 30.11.12

Sub: Strengthening of MH services for FY 2012-2013.

Sir,

After maintaining the standard tendering protocol for the above mentioned work and after getting 3 nos. of quotations the lowest quotation was accepted. A supply order has been issued to the lowest tenderer, a copy of which is attached along with.

We hope that necessary funds will be released here after.

Thanking you.

Yours truly,

*Rankey*  
Chairman/Vice-Chairman  
Halisahar Municipality  
*22.4.2013*

*Chairman*  
Halisahar Municipality



OFFICE OF THE BOARD OF COUNCILLORS  
Halisahar Municipality

No. 65-13.

Date 25.3.13.

SUPPLY OF EQUIPMENTS

From:

Rabindranath Mukharjee, Chairman  
Halisahar Municipality

To:

M/S Shah Brothers  
Pharmaceutical Distributors  
46, Ezra Street, 2<sup>nd</sup> Floor  
Kolkata-700001

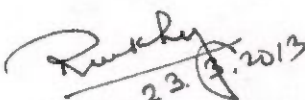
**Sub: Supply of hospital equipments for MH service.**

Sir,

I am inform you that your quoted rate for supply of equipments to our Municipality, 2012 – 2013 has been accepted at B.O.C. meeting held on 28.02.2013.

You are requested to supply the following equipments within three days.

Yours truly,

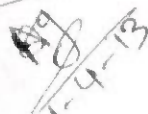
  
23.3.2013

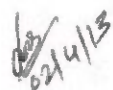
Chairman

Halisahar Municipality

<u>Sl. No.</u>	<u>List of Equipments</u>	<u>Quantity</u>
1.	Surgical Gloves ✓	48 Pairs
2.	Rubber Catheters ✓	10 Nos.
3.	Apron ✓	6 Nos.
4.	Foetal Doppler Machine ✓	1 Nos.
5.	Baby Sucker Machine ✓	1 Nos.
6.	Needle Holder ✓	6 Nos.
7.	Needle Cutting ✓	10 Nos.
8.	Needle round bodied ✓	10 Nos.
9.	Forceps Tooth ✓	4 Nos.
10.	Forceps Plain ✓	4 Nos.
11.	Haemostat ✓	10 Nos.
12.	K.Tissue Holding Forceps ✓	1 Nos.
13.	Allis Tissue Holding Forceps ✓	1Nos.
14.	Suture Nylon ✓	2 box
15.	Suture Cut gut (1-0) ✓	1 Nos.
16.	OT Slipper ✓	10 Pairs
17.	Chair (Steel) ✓	30 Nos.
18.	Mattress ✓	2 Nos.

Received

  
1-4-13

  
02/4/13

19.	Bed Sheet ✓	-	2 Nos.
20.	Pillow Foam ✓	-	2 Nos.
21.	Pillow Cover ✓	-	4 Nos.
22.	Baby Cot Mattress ✓	-	2 Nos.
23.	Baby cot Mattress Cover ✓	-	4 Nos.
24.	Rexene Roll ✓	-	6 Nos.
25.	Celling Fan ✓	-	3 Nos.
26.	Wall Fan ✓	-	2 Nos.
27.	Almirah ✓	-	2 Nos.

Yours truly

*A. Chatterjee*  
Health Officer  
Halisahar Municipality

*Ranabhai* 23.3.2013  
Chairman  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

Chairman  
Halisahar Municipality

No. 665 (3) - 13.

Date 25.3.13.

Copy Forwarded to

1. H. O., Halisahar Municipality
2. F.O., Halisahar Municipality
3. Store Keeper, Halisahar Municipality

*A. Chatterjee*  
Health Officer  
Halisahar Municipality

*Ranabhai* 23.3.2013  
Chairman  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

Chairman  
Halisahar Municipality



OFFICE OF THE BOARD OF COUNCILLORS  
Halisahar Municipality

665-13

Date... 25.3.13

SUPPLY OF MEDICINE

From:

Rabindranath Mukharjee, Chairman  
Halisahar Municipality

To:

M/S Shah Brothers  
Pharmaceutical Distributors  
46, Ezra Street, 2<sup>nd</sup> Floor  
Kolkata-700001

**Sub: Supply of hospital medicine for MH service.**

Sir,

I am inform you that your quoted rate for supply of medicine to our Municipality, 2012 – 2013 has been accepted at B.O.C. meeting held on 28.02.2013.

You are requested to supply the following medicine within three days.

Yours truly,

*Ranjan*  
23.3.2013  
Chairman

Halisahar Municipality

Sl. No.

List of Medicine

Quantity

1.	Antiseptic lotion povidone	-	10 lit.
	Iodine solution 5%, 500 ml. bottle	-	10 lit.
2.	Chlorhexidine + Cetrime Soln. 1 Lit.	-	5 No.
3.	Xylocaine 2 % Vial	-	5 No.
4.	Xylocaine with adrenaline	-	2 No.
5.	Sensocaine heavy Vials	-	5 No.
6.	Ringer Lactate Infusion	-	5 No.
7.	5% Dextrose Infusion	-	5 No.
8.	D N S Infusion	-	10000 Tabs.
9.	Tab. Iron F.A.	-	5000 Tabs.
10.	Tab. Calcium (500mg.)	-	6 No.
11.	Silk Thread (1-0)	-	6 Nos.
12.	Vicryl (1)	-	2000 Caps.
13.	Cap. Amoxicillin + Cloxacillin(500mg)	-	2000 Caps.
14.	Tab. Ciprofloxacin (500mg)	-	

Yours truly

*A. Chatterjee*

Health Officer  
Halisahar Municipality

Health Officer  
HALISAHAR MUNICIPALITY

*Ranjan*  
23.3.2013  
Chairman

Halisahar Municipality

No... 665-13

Date... 25.3.13

Copy Forwarded to :

1. H. O., Halisahar Municipality
2. F.O., Halisahar Municipality
3. Store Keeper, Halisahar Municipality

*A. Chatterjee*

Health Officer  
Halisahar Municipality  
Health Officer  
HALISAHAR MUNICIPALITY

OFFICE OF THE BOARD OF COUNCILLORS  
Halisahar Municipality

No.....665-13

Date.....25.3.13

SUPPLY OF EQUIPMENTS

From:

Rabindranath Mukharjee, Chairman  
Halisahar Municipality

To:

M/S Shah Brothers  
Pharmaceutical Distributors  
46, Ezra Street, 2<sup>nd</sup> Floor  
Kolkata-700001

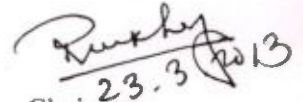
**Sub: Supply of hospital equipments for MH service.**

Sir,

I am inform you that your quoted rate for supply of equipments to our Municipality, 2012 – 2013 has been accepted at B.O.C.meeting held on 28.02.2013.

You are requested to supply the following equipments within three days.

Yours truly,

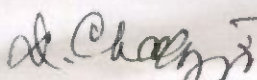


Chairman  
Halisahar Municipality

Quantity

<u>Sl. No.</u>	<u>List of Equipments</u>		<u>Quantity</u>
1.	Oxygen Cylinder with Accessories	-	1 No.
2.	Aneroid B.P. Instrument	-	1 No.
3.	Stethoscope	-	1 No.
4.	Adult Weighing Machine	-	2 No.
5.	Baby Weighing Machine	-	2 No.
6.	Scissors Large	-	6 No.
7.	Scissors Small	-	6 No.
8.	Spong holding forceps	-	2 No.
9.	Suture Nylon	-	4 No.
10.	Sims Vaginal Speculam	-	2 No.
11.	Cusco's Vaginal Speculam	-	1 No.
12.	Chair (Plastic)	-	30 Nos.
13.	Mattress (foam)	-	8 Nos.
14.	Bed Sheet (white)	-	18 Nos.
15.	Pillow Foam	-	8 Nos.
16.	Pillow Cover	-	16 Nos.
17.	Baby Cot Mattress	-	4 Nos.
18.	Baby cot Mattress Cover	-	8 Nos.

2. F.O., Halisahar Municipality
3. Store Keeper, Halisahar Municipality

  
Health Officer  
Halisahar Municipality

Chairman  
Halisahar Municipality



List of Equipments

Quantity

Celling Fan	-	1 Nos.
Wall Fan	-	2 Nos.
Almirah	-	6 Nos.
Curtains	-	20 No.
Racks	-	6 No.

Yours truly

*[Signature]*  
Officer  
Municipality

*[Signature]*  
Chairman 23. 3. 2013  
Halisahar Municipality

5-13

Date... 25. 3. 13

ded to  
Halisahar Municipality  
Halisahar Municipality  
Keeper, Halisahar Municipality

*[Signature]*  
Health Officer  
Municipality  
HALISAHAR MUNICIPALITY

*[Signature]*  
Chairman 23. 3. 2013  
Halisahar Municipality

**Chairman**  
Halisahar Municipality

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/254**

Date **30.11.2012**

**From : Director, SUDA**

**To : The Chairman  
Halisahar Municipality**

**Sub. : Strengthening of MH services for FY 2012-13.**

**Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,14,590/- for purchase of furniture & equipment and Rs. 26,720/- for purchase of drug; thus totaling Rs. 2,41,310/- (Rupees Two lakh forty one thousand three hundred ten) only towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Surgical Gloves	<del>48 Pairs</del>
2	Rubber Catheters	<del>10</del>
3	Patients Apron	<del>6</del>
4	Foetal Doppler Machine	<del>1</del>
5	Baby Sucker Machine	<del>1</del>
6	Oxygen Cylinder with accessories	<del>1</del>
7	Aneroid BP Instrument	<del>4 (5)</del>
8	Stethoscope	<del>4 (5)</del>
9	Adult Weighing Machine	<del>2</del>
10	Baby Weighing Machine	<del>2</del>
11	Needle Holder	<del>6</del>
12	Needle Cutting	<del>12 (10)</del>
13	Needle Round Bodied	<del>12 (10)</del>
14	Dissecting forceps tooth	<del>4</del>
15	Dissecting forceps Plain	<del>4</del>
16	Haemostats	<del>10</del>
17	Kochers tissue forceps	<del>4 (5)</del>
18	Alli's tissue forceps	<del>4 (1)</del>
19	Scissors large	<del>6</del>
20	Scissors small	<del>6</del>
21	Sponge holding forceps	<del>2</del>
22	Suture nylon	<del>1 Box (6)</del>
23	Suture catgut	<del>1 Box</del>
24	Sim's Vaginal Speculum	<del>2</del>
25	Cusco's Vaginal Speculum	<del>1</del>
26	OT Slippers	<del>10 Pair</del>
27	Chair	<del>60 (30)</del>

Contd. to P-2.



- 2 -

Sl. No.	Item	Quantity Reqd.
28	Table	6
29	Mattresses	10
30	Bed Sheet	20
31	Pillow	10
32	Pillows cover	20
33	Baby cot mattress	6
34	Baby cot mattress cover	12
35	Rexin Roll	6
36	Almirah	8
37	Ceiling Fan	4
38	Wall Fan	4
39	Curtain	20
40	Racks	6

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

**Director, SUDA**

SUDA-Health/527(Pt.-1)/11/254/1(4)

**Dt. .. 30.11.2012**

CC :

1. Executive Officer, Halisahar Municipality
2. Finance Officer, Halisahar Municipality
3. HO, Halisahar Municipality
4. Finance Officer, Health, SUDA

**Director, SUDA**

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.-I)/11/96(3)**Date **18.06.2013****MEMORANDUM**

Funds are hereby released electronically in favour of your ULB in connection with purchase of Equipment & Furniture towards strengthening of MH Services as per details below :

Sl. No.	ULB	Your Reference No.	Name of Bank	A/C No.	Amount
1	New Barrackpore	NBM/Actt/1040/13 dt. 22.05.2013	Axis Bank Ltd.	913010001898743	2,25,000.00
2	Panihati	PM/Health/2013/210 dt. 23.05.2013	Axis Bank Ltd.	437010100113625	2,42,805.00
3	English Bazar	525/VIII-11/13-14 dt. 23.05.2013	Indian Bank	513379030	2,96,496.00

You are requested to submit UC as per 330A Form by 28.06.2013 after making necessary payment. 7CA 301

Yours faithfully

  
Financial Advisor, SUDA

Dt. .. 18.06.2013

SUDA-Health/527(Pt.-I)/11/96(3)/1(4)

1. Chairman, ..... Municipality
2. Finance Officer, SUDA

  
Financial Advisor, SUDA





রাজ্য নগর উন্নয়ন সংস্থা  
STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ  
“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং..... SUDA-Health/527 (Pt.)/ 966

তারিখ..... 11.06.2013

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.



**Sub : Electronic Transfer of Fund debiting this office  
Current Account No.31227510436.**

**Strengthening of Maternity Homes under HSDI**

Sir,

You are requested to kindly arrange for electronic transfer of funds as per details given below debiting the amounts from this office Current Account No.31227510436 lying with your branch in respect of Strengthening of Maternity Homes under HSDI.

Sl. No.	Name of the Payee	Amount (in Rs.)	Payees' Bank Details
01.	New Barrackpore Municipality	2,25,000.00	Axis Bank, Airport Branch, A/C No.913010001898743, IFS Code. UTIB0000410
02.	Panihati Municipality	2,42,805.00	Axis Bank, Panihati Branch, A/C No. 437010100113625, IFS Code.UTIB0000437
03.	English Bazar Municipality	2,96,496.00	Indian Bank, Malda Branch, A/C No.513379030, IFS Code.IDIB000M052
<b>T o t a l</b>		<b>7,64,301.00</b>	
<b>(Rupees Seven Lakh Sixty Four Thousand Three Hundred One only)</b>			

(B.C. Patra)  
Joint Secretary  
M.A. Department, GOWB

(M.N. Pradhan)  
Director  
SUDA  
11-16-13



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

"ইলগাস ভবন", এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

"ILGUS BHAVAN", H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-Health/527 (Pt.)/ 966

11.06.2013

ক্রমিক নং.....

তারিখ.....

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.

**Sub : Electronic Transfer of Fund debiting this office  
Current Account No.31227510436.**

### **Strengthening of Maternity Homes under HSDI**

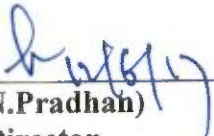
Sir,

You are requested to kindly arrange for electronic transfer of funds as per details given below debiting the amounts from this office Current Account No.31227510436 lying with your branch in respect of Strengthening of Maternity Homes under HSDI.

Sl. No.	Name of the Payee	Amount (in Rs.)	Payees' Bank Details
01.	New Barrackpore Municipality	2,25,000.00	Axis Bank, Airport Branch, A/C No.913010001898743, IFS Code. UTIB0000410
02.	Panihati Municipality	2,42,805.00	Axis Bank, Panihati Branch, A/C No. 437010100113625, IFS Code.UTIB0000437
03.	English Bazar Municipality	2,96,496.00	Indian Bank, Malda Branch, A/C No.513379030, IFS Code.IDIB000M052
<b>T o t a l</b>		<b>7,64,301.00</b>	
<b>(Rupees Seven Lakh Sixty Four Thousand Three Hundred One only)</b>			

  
(B.C.Patra)

Joint Secretary  
M.A.Department, GOWB

  
(M.N.Pradhan)

Director  
SUDA

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408



# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

Chairman : *Smt. Nirmika Bagchi*  
Vice-Chairman : *Sri Manoj Kumar Niyogi*

Ref No. NBM/Actt/1040/13



Date: 22.05.2013

To  
The Director  
State Urban Development Agency  
ILGUS Bhavan  
HC-Block, Sector-III  
Salt Lake City  
Kolkata-106



**Sub: Claim for release of fund for purchase of equipment & furniture towards strengthening of MH services**  
Sir

With reference to the letter no.SUDA-Health/527(Pt-1)/11/258 Dt.30.11.2012 I am to inform you that the above mentioned procurement works has duly been completed as per **Tender Rules**

**Further it is to be noted here that excess expenditure if any beyond the sanctioned amount will be borne by the municipality.**

Therefore you are being requested to look into this matter and do the needful as early as possible.

Thanking you.

Chairperson

*Agal*

New Barrackpore Municipality  
Chairperson  
New Barrackpore Municipality

TO,  
The Director  
SUDA

NEW BARRACKPORE MUNICIPALITY  
NEW BARRACKPORE, NORTH 24-PARGANAS

Subject : Strengthening of Maternity Home(MH) under Urban  
RCH during financial year 2012-13

SL. NO.	ITEM	QUANTITY REQUIRED	AMOUNT IN RS.	
			UNIT RATE	AMOUNT
1	TELESCOPE(FOR LAPROSCOPY SET)	1	1.20 LAKH	1.20 LAKH
2	MULTIPARA MONITOR(L&T)	1	1.00 LAKH	1.00 LAKH
3	CYLINDER(N2O) CAPACITY 1740	5 NOS.	6,000/-	30,000/-
<b>TOTAL</b>				<b>2.50 LAKH</b>
(Rupees Two Laklh Fifty Thousand)only				

*angh*  
Chairperson  
New Barrackpore Municipality

~~Chairperson~~  
~~New Barrackpore Municipality~~



44

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

Chairman : *Smt. Nirmika Bagchi*  
Vice-Chairman : *Sri Manoj Kumar Niyogi*

Ref No. NBM/Actt/5121/12

Date: 04.03.2013

To  
The Director  
State Urban Development Agency  
ILGUS Bhavan  
HC-Block, Sector-III  
Salt Lake City  
Kolkata-106



PO(H)  
*[Handwritten signature]*  
27/3/13

**Sub: Claim for release of fund for purchase of equipment & furniture towards strengthening of MH services**  
Sir

With reference to the letter no.SUDA-Health/527(Pt-1)/11/258 Dt.30.11.2012 I am to inform you that the above mentioned procurement works has duly been completed as per West Bengal Financial Rules. Photocopies of all the necessary work orders are being placed once more before you for immediate release of fund.

**Further it is to be noted here that excess expenditure if any beyond the sanctioned amount will be borne by the municipality.**

Therefore you are being requested to look into this matter and do the needful as early as possible.

Thanking you.

Chairperson

*[Handwritten signature]*

New Barrackpore Municipality  
Chairperson  
New Barrackpore Municipality

Encl:  
Photocopy of work orders.

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

No. : NBM/ Hospital /4480/12

Date : 29-01-2013

From : Chairperson,  
New Barrackpore Municipality

To  
HEALTHCARE MEDITECH,  
6/13, Bijoygarh,  
Kolkata - 700032



Subject : Purchase of Multipara Monitor

Dear Sir,

Herewith I like to place an order for purchase of the following equipment required for Dr. B.C.Roy General Hospital & Maternity Home, New Barrackpore.

Description of the equipment

Quantity

Multipara Monitor  
Made by L & T

1(one) 109200/

A prompt execution of this purchase order is solicited.

Thanking you,

Yours faithfully,

(Nirmika Bagchi)  
Chairperson

New Barrackpore Municipality  
Chairperson  
New Barrackpore Municipality

Chairperson  
New Barrackpore Municipality





# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

Chairperson : Smt. Nirmika Bagchi  
Vice-Chairman : Sri. Manoj Kumar Niyogi

No. : NBM/BCRH/4797/12

Date: 16-02-2013

To  
Siddheswari Trading,  
Nabajiban, Bisharpara,  
Kolkata - 700051.



Subject : Purchase of Nitrus Oxide Cylinder.

Dear Sir,

Herewith I like to place an order for purchase of the following equipment required for Dr.B.C.Roy General Hospital & Maternity Home, New Barrackpore.

Description of the equipment

Quantity

Cylinder(Nitrous Oxide) Capacity 1740 (made by BOC)

5 nos. @ Rs 6400/-

A prompt execution of this purchase order is solicited.

Thanking you,

Yours faithfully,

(NIRMIKA BAGCHI)

Chairperson

New Barrackpore Municipality

New Barrackpore Municipality  
Chairperson

Chairperson  
New Barrackpore Municipality

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

No. : NBM/Aspita/4489/13

Date : 29-07-13

From : Chairperson,  
New Barrackpore Municipality



To  
SURGE-URGE,  
Shreyasi Apartment, Room No. 7(1st Floor),  
12A, Khardah Station Road,  
Kolkata - 700117.

Subject : Purchase of Telescope(for Laparoscopic set)

Dear Sir,

Herewith I like to place an order for purchase of the following equipment required for Dr. B.C.Roy General Hospital & Maternity Home, New Barrackpore.

Description of the equipment

Quantity

Telescope(for Laparoscopic set)  
Made by Maxer(high definition)

1(One) @ 114400/-

A prompt execution of this purchase order is solicited.

Thanking you,

Yours faithfully,

*Oojil*  
Chairperson  
New Barrackpore Municipality

*Oojil*  
Chairperson  
New Barrackpore Municipality  
*(Nirmika Bagchi)*  
Chairperson  
New Barrackpore Municipality





Ph. : 2553-2911/2563-4457  
Fax : 2553-1487

Office of  
*The Municipal Councillors*  
*of Panihati*  
PANIHATI, KOLKATA - 700 114

From : Sri Charan Chakraborty  
Chairman,

Memo No : *PM/Health/2013/210*

Date:- May 23, 2013

To  
The Director, SUDA,  
"ILGUS" Bhawan  
Salt Lake  
Kolkata.

Reference: **Procurement** equipments and furniture towards strengthening of MH services for FY2012-13 Under Panihati Municipality with reference to your letter with reference no : **SUDA-Health/527(Pt.1)/11/261. Dated 30.11.2012**

Respected Madam,

This is to certify that, to the best of my knowledge the works order issued for supplying equipments and furniture towards strengthening of MH services for FY2012-13 Under Panihati Municipality with reference to your letter No **SUDA-Health/527(Pt.1)/11/261. Dated 30.11.2012** has been issued as per the tender rules of the Government of West Bengal financial guidelines issued by the Government of West Bengal.

Thanking you,

Yours faithfully,



*23.5.13*  
Chairman  
Panihati Municipality.

(Charan Chakraborty)  
Chairman  
PANIHATI MUNICIPALITY



Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

Office of  
*The Municipal Councillors*  
*of Panihati*

PANIHATI, KOLKATA - 700 114

From : Sri Charan Chakraborty  
Chairman,

Memo No : *Pm / Genl / Health / 2013 / 54*,

Date:- April 3, 2013

To  
The Director, SUDA,  
"ILGUS" Bhawan  
Salt Lake  
Kolkata.

**Reference: Procurement equipments and furniture towards strengthening of MH services for FY2012-13 Under Panihati Municipality with reference to your letter with reference no : SUDA-Health/527(Pt.1)/11/261. Dated 30.11.2012**

**Respected Madam,**

This is to certify that, to the best of my knowledge the works order issued for supplying equipments and furniture towards strengthening of MH services for FY2012-13 Under Panihati Municipality with reference to your letter No **SUDA-Health/527(Pt.1)/11/261. Dated 30.11.2012** has been done as per the financial guidelines issued by the Government of West Bengal.

Thanking you,

Yours faithfully,

  
Chairman  
Panihati Municipality.



MH

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Charan Chakraborti  
Chairman,

Office of  
*The Municipal Councillors*  
of Panihati  
PANIHATI, KOLKATA - 700 114

No : Pm/Health/2013/180

Date: March 6, 2013

To  
M/s HOSCO  
Hospital Supply Company PVT.LTD.  
111 Chitranjan Avenue Kolkata-700073



Subject : Work order for supplying of Equipments etc. and furniture towards  
strengthening of MH services for FY 2012-13 Under Panihati Municipality  
as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012

Sir,

Your quotation under reference has been approved by the BOC dated 22.2.2013 as such, you are requested to supply the equipments towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012.

Attested Xerox copies of the necessary papers are to be submitted separately along with the bills & challans.

Payment will be made after receiving bill in duplicate from your end in due course.

List of items and the quantity are enclosed here with for your information & necessary action.

**Terms & Conditions :**

1. Security deposit : @ 10 % to be deducted from the bill refundable after a period of one month.
2. Delivery : Within 10 days from the receipt of the work order free of cost.
3. Warranty Period : 1 year from the date of delivery.
4. I.T. deduction : At source, as per existing rules.
5. The total value of the above equipments Rs.104690.00=00(One Lakh four thousand six hundred ninety) Only, including all charges.

Yours faithfully,



Chairman  
Panihati Municipality.  
(Charan Chakraborti)  
Chairman  
PANIHATI MUNICIPALITY

LIST OF EQUIPMENTS towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012 :

HOSCO			
Item	Rate	Quantity	Total Cost
Large Sheet ( for OT)	225.00	2	450
Cut Sheet ( for OT)	350.00	2	700
Doctor's Gown	350.00	10	3500
Doctor's Apron ( Plastic )	175.00	10	1750
OT Slipper	350.00	15	5250
Cap ( Disposable)	25.00	100	2500
Mask ( Disposable)	25.00	100	2500
BP Instrument	1950.00	2	3900
Layngoscope ( Adult )	800.00	2	1600
Oxygen Flowmeter	750.00	3	2250
View Box	750.00	2	1500
Soap Case	95.00	(15) 10	950
Alli's Scissor Large & small	95.00	12	1140
Fine Scissor Medium	95.00	6	570
Long Curve Scissor	160.00	3	480
Artery Forceps Medium	95.00	6	570
Artery Forceps Small	85.00	6	510
Towel Clip	55.00	10	550
Metal Catheter	250.00	1	250
Green Armytage Clamp	275.00	4	1100
LAN,s Tissue Forceps	275.00	4	1100
Single Blade SIM's Vaginal Speculum	375.00	1	375
Ovum Forceps	195.00	1	195
Cabinet ( OT )	8500.00	1	8500
Boyle's Apparatus	59000.00	1	59000
ECG Chord	3500.00	1	3500
Total			104690

*Almy*  
06103112  
Health Officer  
Panihati Municipality



*Charan Chakrabarti*  
Chairman,  
Panihati Municipality.  
(Charan Chakrabarti)  
Chairman  
PANIHATI MUNICIPALITY



MH

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Charan Chakraborti  
Chairman,

Office of  
*The Municipal Councillors*  
*of Panihati*  
PANIHATI, KOLKATA - 700 114

No : Pm/Health/2013/181

Date: March 6, 2013

To  
M/s Prangopal  
Barasat Road, (Near Panihati Maha vidyalaya)  
Kolkata-110



Subject : Work order for supplying of Equipments etc. and furniture towards  
strengthening of MH services for FY 2012-13 Under Panihati Municipality  
as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012

Sir,

Your quotation under reference has been approved by the BOC dated 22.2.2013 as such, you are requested to supply the **Furniture** towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012.

Attested Xerox copies of the necessary papers are to be submitted separately along with the bills & challans.

Payment will be made after receiving bill in duplicate from your end in due course.

List of items and the quantity are enclosed here with for your information & necessary action.

**Terms & Conditions :**

1. Security deposit : @ 10 % to be deducted from the bill refundable after a period of one month.
2. Delivery : Within 10 days from the receipt of the work order free of cost.
3. Warranty Period : 1 year from the date of delivery.
4. I.T. deduction : At source, as per existing rules.
5. The total value of the above equipments Rs.60690.00=00( Sixty thousand six hundred ninety) Only, including all charges.

Yours faithfully,



Chairman  
Panihati Municipality

(Charan Chakraborti)  
Chairman  
PANIHATI MUNICIPALITY

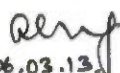
LIST OF FURNITURE towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012 :

M/s Prangopal

Item	Rate	Quantity	Total Cost
Patient Examination Table	8800.00	5	44000
Chair	790.00	11	8690
Table	4000.00	2	8000
Total			60690

  
Chairman  
Panihati Municipality

(Charan Chakrabarti)  
Chairman  
PANIHATI MUNICIPALITY

  
06.03.13  
Health Officer  
Panihati Municipality





MH

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Charan Chakraborti  
Chairman,

Office of  
*The Municipal Councillors*  
of *Panihati*  
PANIHATI, KOLKATA - 700 114

No : Pm/Health/2013/182



Date: March 6, 2013

To  
M/s Sajyalaya  
Station Road Sodepur,  
Kolkata-114

Subject : Work order for supplying of Equipments etc. and furniture towards  
strengthening of MH services for FY 2012-13 Under Panihati Municipality  
as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012

Sir,

Your quotation under reference has been approved by the BOC dated 22.2.2013 as such, you are requested to supply the **Furniture** towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012.

Attested Xerox copies of the necessary papers are to be submitted separately along with the bills & challans.

Payment will be made after receiving bill in duplicate from your end in due course.

List of items and the quantity are enclosed here with for your information & necessary action.

**Terms & Conditions :**

1. Security deposit : @ 10 % to be deducted from the bill refundable after a period of one month.
2. Delivery : Within 10 days from the receipt of the work order free of cost.
3. Warranty Period : 1 year from the date of delivery.
4. I.T. deduction : At source, as per existing rules.
5. The total value of the above equipments Rs.6800.00=00( Six thousand eight hundred) Only, including all charges.

Yours faithfully,



  
Chairman  
Panihati Municipality  
(Charan Chakraborti)  
Chairman  
PANIHATI MUNICIPALITY

LIST OF FURNITURE towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012 :

M/s Sajjalaya			
Item	Rate	Quantity	Total Cost
Pillow	250.00	6 ✓	1500
Pillow Cover	50.00	10 (20) ✓	500
Bed Cover	160.00	30 (60) ✓	4800
Total			6800

*Ref*  
06.03.13.  
Health Officer  
Panihati Municipality



Chairman  
Panihati Municipality  
(Charan Chakrabarti)  
Chairman  
PANIHATI MUNICIPALITY

MH.

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Charan Chakraborti  
Chairman,

Office of  
*The Municipal Councillors*  
of Panihati  
PANIHATI, KOLKATA - 700 114

No : Pm/Health/2013/183

Date: March 6, 2013

To  
M/s Padma Bedding Stores  
Station Road Sodepur,  
Kolkata-114



Subject : Work order for supplying of Equipments etc. and furniture towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012

Sir,

Your quotation under reference has been approved by the BOC dated 22.2.2013 as such, you are requested to supply the **Furniture** towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012.

Attested Xerox copies of the necessary papers are to be submitted separately along with the bills & challans.

Payment will be made after receiving bill in duplicate from your end in due course.

List of items and the quantity are enclosed here with for your information & necessary action.

**Terms & Conditions :**

1. Security deposit : @ 10 % to be deducted from the bill refundable after a period of one month.
2. Delivery : Within 10 days from the receipt of the work order free of cost.
3. Warranty Period : 1 year from the date of delivery.
4. I.T. deduction : At source, as per existing rules.
5. The total value of the above equipments Rs. 68625.00=00( Sixty eight thousand six hundred twenty five) Only, including all charges.

Yours faithfully,



Chairman  
Panihati Municipality  
**(Charan Chakraborti)**  
Chairman  
PANIHATI MUNICIPALITY



LIST OF FURNITURE towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012 :

M/s Padma Bedding Stores			
Item	Rate	Quantity	Total Cost
Mosquito Net ( Baby)	95.00	20	1900
Mosquito Net ( Adult)	260.00	20	5200
Mattress	2550.00	22	56100
Bed Sheet	175.00	31	5425
Total			68625

*Ray*  
06.03.12  
Health Officer  
Panihati Municipality



*Charan Chakrabarti*  
Chairman  
Panihati Municipality  
(Charan Chakrabarti)  
Chairman  
PANIHATI MUNICIPALITY

MH

Ph. : 2553-2909/2563-4457  
Fax : 2553-1487

From : Charan Chakraborti  
Chairman,

Office of  
*The Municipal Councillors*  
*of Panihati*  
PANIHATI, KOLKATA - 700 114

No : Pm/Health/2013/184

Date: March 6, 2013

To  
M/s Annapurna Furnishing  
Station Road Sodepur,  
Kolkata-114



Subject : Work order for supplying of Equipments etc. and furniture towards  
strengthening of MH services for FY 2012-13 Under Panihati Municipality  
as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012

Sir,

Your quotation under reference has been approved by the BOC dated 22.2.2013 as such, you are requested to supply the **Furniture** towards strengthening of MH services for FY 2012-13 Under Panihati Municipality as per the Ref No:- SUDA-Health/527(Pt.-1)/11/261. Dated 30.11.2012.

Attested Xerox copies of the necessary papers are to be submitted separately along with the bills & challans.

Payment will be made after receiving bill in duplicate from your end in due course.

List of items and the quantity are enclosed here with for your information & necessary action.

**Terms & Conditions :**

1. Security deposit : @ 10 % to be deducted from the bill refundable after a period of one month.
2. Delivery : Within 10 days from the receipt of the work order free of cost.
3. Warranty Period : 1 year from the date of delivery.
4. I.T. deduction : At source, as per existing rules.
5. The total value of the above equipments Rs. 2000.00=00( Two thousand) Only, including all charges.

Yours faithfully,



  
Chairman  
Panihati Municipality  
(Charan Chakraborti)  
Chairman  
PANIHATI MUNICIPALITY

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/261**

Date **30.11.2012**

238840

**From : Director, SUDA**

**To : The Chairman  
Panihati Municipality**

**Sub. : Strengthening of MH services for FY 2012-13.**

**Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,42,915/- (Rupees Two lakh forty two thousand nine hundred fifteen) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqcd.
1	Mosquito Net ( Baby)	20 /
2	Mosquito Net ( Adult)	20 /
3	Mattress	20 /
4	Pillow	10 (60) /
5	Pillow Cover	20 (10) 40 /
6	Bed Sheet	20 (31) /
7	Bed Cover	20 (30) /
8	Large Sheet ( for OT)	2 /
9	Cut Sheet ( for OT)	2 /
10	Doctor's Gown	10 /
11	Doctors Apron ( Plastic)	10 /
12	OT Slipper	15 /
13	Cap ( Disposable)	100 /
14	Mask ( Disposable)	100 /
15	Uniform with logo	8 Rs 500 4000
16	BP Instrument	2 /
17	Laryngoscope ( Adult)	2 /
18	Oxygen Flowmeter	3 /
19	View Box	2 /
20	Soap Case	15 (10) /
21	Tin Cutter	5 (10) Rs 15 = 75
22	Alli's Scissor Large & Small	12 /
23	Fine Scissor Medium	6 /
24	Long Curve Scissor	3 /

Contd. to P-2.



Sl. No.	Item	Quantity Req'd.
25	Artery Forceps Medium & Small	12 /
26	Towel Clip	10 /
27	Metal Catheter	1 set /
28	Green Armytage Clamp	4 /
29	LAN's Tissue Forceps	4 /
30	Single Blade SIM's Vaginal Speculum	1 /
31	Ovum Forceps	1 /
32	Patient Examination Table	5 /
33	Chair	10 (11) /
34	Table	2 /
35	Cabinet ( OT)	1 /
36	Boyle's Apparatus	1 /
37	ECG Chord	1 /

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

SUDA-Health/527(Pt.-1)/11/261/1(4)

Dt. .. 30.11.2012

CC :

1. Executive Officer, Panihati Municipality
2. Finance Officer, Panihati Municipality
3. HO, Panihati Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA



**OFFICE OF THE MUNICIPAL COUNCILLORS**  
**ENGLISHBAZAR MUNICIPALITY, MALDA**

Netaji Subhas Road, Malda. Pin-732101  
 E-mail : englishbazamunicipality@gmail.com ■ website : www.englishbazamunicipality.com ■ Office : (EPABX) : 03512-252029 ■ Fax : 03512-253329

Memo No. 525 / VIII - 11 / 13.14

Date 23.05.2013

From : Chairman,  
 Englishbazar Municipality, Malda.

To : The Director, SUDA, Health,  
 ILGUS Bhawan,  
 H.C Block, Sector-III,  
 Salt Lake, Kol-91.

PO (H)  
 22/5/13

Sub : Supply of Equipment & Furniture for Matrisadan.  
 Ref : 2720(A)/VIII-11/12-13/1(8) dt.16.03.13

In continuation of this office Memo No. 2720(A)/VIII-11/12-13 dt.16.03.13 the undersigned is to inform him that all the procedures starting from invitation of Tender and issuance of work order have been taken/done after observance of 'West Bengal Financial Rules, 2013'

*[Signature]*  
 Chairman,

Englishbazar Municipality, Malda.

Memo No. \_\_\_\_\_

Date, \_\_\_\_\_

Copy forwarded for information and necessary action to:

1. The Project Director, IPP-VIII(Extn), Malda & A.D.M(G), Malda.
2. The Councillor-in-charge, IPP-VIII(Extn), E.B.M.
3. Executive Officer, E.B.M.
4. Dealing Asstt., IPP-VIII(Extn), E.B.M.
5. Accounts Asstt., IPP-VIII(Extn), E.B.M., The above payment shall be made from O & M Fund.

*[Signature]*  
 Chairman,  
 Englishbazar Municipality, Malda.

Reply Please Quote  
Ref. No. & Date



# OFFICE OF THE MUNICIPAL COUNCILLORS

ENGLISHBAZAR MUNICIPALITY, MALDA 732 101 (W. B.)

E.mail : englishbazar\_municipality@gmail.com

Office : 252324 ☎ EPABX : 252029 ☎ EBM Fax : 253329 ☎ Water Works : 252560

Memo No. ... 087 / VIII - 11 / 13, 14

Date ... 08.04.2013

From : Chairman,  
Englishbazar Municipality, Malda.

To : The Director, SUDA, Health,  
ILGUS Bhawan,  
H.C Block, Sector-III,  
Salt Lake, Kol-91.

Sub : Supply of Equipment & Furniture for Matrisadan.  
Ref : 2720(A)/VIII-11/12-13/1(8) dt.16.03.13

In continuation of this office Memo No. 2720(A)/VIII-11/12-13 dt.16.03.13 the undersigned is to inform him that all the procedures starting from invitation of Quotations and issuance of work order have been taken/done after observance of 'West Bengal Financial Rules, 2013'

*(Signature)*  
Chairman,

Englishbazar Municipality, Malda.

Memo No. \_\_\_\_\_

Date, \_\_\_\_\_

Copy forwarded for information and necessary action to:

1. The Project Director, IPP-VIII(Extn), Malda & A.D.M(G), Malda.
2. The Councillor-in-charge, IPP-VIII(Extn), E.B.M.
3. Executive Officer, E.B.M.
4. Dealing Asstt., IPP-VIII(Extn), E.B.M.
5. Accounts Asstt., IPP-VIII(Extn), E.B.M., The above payment shall be made from O & M Fund.

*(Signature)*  
Chairman,  
Englishbazar Municipality, Malda.

*(Handwritten notes)*  
POC (K)  
FOC (K)  
9.4.13  
English



Po (A)  
2OFFICE OF THE MUNICIPAL COUNCILLORS  
ENGLISHBAZAR, MALDA.Memo No. 2719/VIII/11/12-13  
From : Chairman,  
Englishbazar Municipality, Malda.Date, 16.03.2013To : DUTTSONS SURGICALS  
3, Monook  
Lane, 1st Floor,  
Kolkata-1Sub : Supply of Equipment & Furniture for Matrisadan.  
Ref : His quotation No. Nil dt. 14.03.13

In response to his above quotation has been accepted by the undersigned and he is requested to arrange for supply of Equipment & Furniture within 15(fifteen) days from the date of receipt of this letter and submit his bill through Sri Subrata Roy, Dealing Asstt., Matrisadan of EBM for effecting payment.

## ENGLISHBAZAR MUNICIPALITY, MALDA

Sl. No	Name of the items	Quantity	Rate	Total Amount	Remarks
[1]	[2]	[3]	[4]	[5]	[6]
3	O.T. Table (Hydraulic)	1 no.	78000.00	78000.00	

Chairman,

Englishbazar Municipality, Malda.

Memo No. \_\_\_\_\_

Date, \_\_\_\_\_

Copy forwarded for information and necessary action to:

1. The Director, SUDA, Health, I.GUS Bhawan, H.C Block, Sector-III, Salt Lake, Kol-91. This has a reference to his Memo No. SUDA-Health/527(Pt.-I)/11/253 dt. 30.11.2012
2. The Project Director, IPP-VIII(Extn) Malda & A.D.M(G), Malda.
3. The Councillor-in-charge, IPP-VIII(Extn), E.B.M.
4. Executive Officer, E.B.M.
5. R.M.O, IPP-VIII(Extn), E.B.M.
6. Dealing Asstt., IPP-VIII(Extn), E.B.M.
7. Accounts Asstt., IPP-VIII(Extn), E.B.M., The above payment shall be made from O & M Fund.
8. Subrata Roy, Dealing Asst, Matrisadan, E.B.M.

Chairman,

Englishbazar Municipality, Malda.

446,326/2

**OFFICE OF THE MUNICIPAL COUNCILLORS  
ENGLISHBAZAR, MALDA.**

Memo No. 2720/AM-11/12-13 Date, 16.03.2013  
From : Chairman,  
Englishbazar Municipality, Malda.

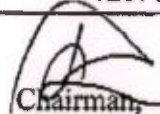
To : Ghosh Suppliers  
Banshbari, Malda

Sub : Supply of Equipment & Furniture for Matrisadan.  
Ref : His quotation No. Nil dt. 15.03.13

In response to his above quotation has been accepted by the undersigned and he is requested to arrange for supply of Equipment & Furniture within 15(fifteen) days from the date of receipt of this letter and submit his bill through Sri Subrata Roy, Dealing Asstt., Matrisadan of EBM for effecting payment.

**ENGLISHBAZAR MUNICIPALITY, MALDA**

Sl. No	Name of the items	Quantity	Rate	Total Amount	Remarks
[1]	[2]	[3]	[4]	[5]	[6]
1	Patient Bed	21 nos. ✓	7200.00	151200=00	
2	Bedside cabinet	21 nos. ✓	3300.00	69300=00	
3	Mattress	21 nos. ✓	3950.00	82950=00	
4	Bed Sheet	21 nos. ✓	651.00	13671=00	
5	Pillow foam with cover	21 nos. ✓	575.00	12075=00	

  
Chairman,

Englishbazar Municipality, Malda.

Date, \_\_\_\_\_

Memo No. \_\_\_\_\_

Copy forwarded for information and necessary action to:

1. The Director, SUDA, Health, ILGUS Bhawan, H.C Block, Sector-III, Salt Lake, Kol-91. This has a reference to his Memo No. SUDA-Health/527(Pt.-I)/11/253 dt.30.11.2012
2. The Project Director, IPP-VIII(Extn), Malda & A.D.M(G), Malda.
3. The Councillor-in-charge, IPP-VIII(Extn), E.B.M.
4. Executive Officer, E.B.M.
5. R.M.O, IPP-VIII(Extn), E.B.M.
6. Dealing Asstt., IPP-VIII(Extn), E.B.M.
7. Accounts Asstt., IPP-VIII(Extn), E.B.M., The above payment shall be made from O & M Fund.
8. Subrata Roy, Dealing Asst, Matrisadan, E.B.M.

Chairman,

Englishbazar Municipality, Malda.



**OFFICE OF THE MUNICIPAL COUNCILLORS  
ENGLISHBAZAR, MALDA.**

Memo No. 2720 (A) / VIII - 11 / 12-13 Date, 16.03.2013  
From : Chairman,  
Englishbazar Municipality, Malda.

To : Annapurna Enterprise  
Krishnapur  
Kolkata

**Sub : Supply of Equipment & Furniture for Matrisadan.  
Ref : His quotation No. Nil dt. 14.03.13**

In response to his above quotation has been accepted by the undersigned and he is requested to arrange for supply of Equipment & Furniture within 15(fifteen) days from the date of receipt of this letter and submit his bill through Sri Subrata Roy, Dealing Asstt., Matrisadan of EBM for effecting payment.

**ENGLISHBAZAR MUNICIPALITY, MALDA**

Sl. No	Name of the items	Quantity	Rate	Total Amount	Remarks
[1]	[2]	[3]	[4]	[5]	[6]
2	O.T.Table	1 no.	20950.00	20950.00	
5	O.T.Sterilization Machine	1 no.	14050.00	14050.00	
6	Oxyflowmeter	2 nos.	2100.00	4200.00	

*[Signature]*  
Chairman,

Englishbazar Municipality, Malda.

Date, \_\_\_\_\_

Memo No. \_\_\_\_\_

Copy forwarded for information and necessary action to:

1. The Director, SUDA, Health, ILGUS Bhawan, H.C Block, Sector-III, Salt Lake, Kol-91. This has a reference to his Memo No. SUDA-Health/527(Pt.-I)/11/253 dt.30.11.2012
2. The Project Director, IPP-VIII(Extn), Malda & A.D.M(G), Malda.
3. The Councillor-in-charge, IPP-VIII(Extn), E.B.M.
4. Executive Officer, E.B.M.
5. R.M.O, IPP-VIII(Extn), E.B.M.
6. Dealing Asstt., IPP-VIII(Extn), E.B.M.
7. Accounts Asstt., IPP-VIII(Extn), E.B.M., The above payment shall be made from O & M Fund.
8. Subrata Roy, Dealing Asst, Matrisadan, E.B.M.

Chairman,  
Englishbazar Municipality, Malda.



**SUDA****STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.-1)/11/253**Date **30.11.2012****From : Director, SUDA****To : The Chairman  
English Bazar Municipality****Sub. : Strengthening of MH services for FY 2012-13.****Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,96,496/- (Rupees Two lakh ninety six thousand four hundred ninety six) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Patient Bed	21 ✓
2	OT Table	1 ✓
3	Bedside cabinet	21 ✓
4	OT Sterilisation Machine	1 ✓
5	Oxyflowmeter	2 ✓
6	Mattress	21 ✓
7	Bed sheet	21 ✓
8	Pillow foam with cover	21 ✓

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

Contd. to P-2.

- 2 -

**SUDA-Health/527(Pt.-1)/11/253/1(4)**

**Dt. .. 30.11.2012**

**CC :**

- 1. Executive Officer, English Bazar Municipality**
- 2. Finance Officer, English Bazar Municipality**
- 3. UHIO, English Bazar Municipality**
- 4. Finance Officer, Health, SUDA**

  
**Director, SUDA**

MIA

**OFFICE OF THE PROJECT DIRECTOR**  
**U.P.H.C.S.**  
**SILIGURI MUNICIPAL CORPORATION SILIGURI-734001.**

Po(H)  
E

Memo No. 236 /U.P.H.C.S./13

Date. 26/3/2013 28/03/13

To  
 THE DIRECTOR,  
 STATE URBAN DEVELOPMENT AGENCY,  
 HEALTH WING,  
 ILGUS BHAVAN,  
 H.C. BLOCK SECTOR -III,  
 BIDHAN NAGAR, KOLKATA-700091,  
 WEST BENGAL.

SUB:- Submission of work order.

Madam,

In reference to your Ref. No. SUDA - Health / 527 (Pt.-1) / 11/ 265, dated 30. 11.2012, I am forwarding the work orders of procurements of articles as mentioned for your ready reference and necessary action. And also request to release necessary funds from your end.

Yours Faithfully

M  
26/3/2013

Enclosed :- As Stated

Project Director  
 U.P.H.C.S.  
 Siliguri  
 &  
 Commissioner  
 Siliguri Municipal Corporation  
 cm



**OFFICE OF THE PROJECT DIRECTOR**  
**URBAN PRIMARY HEALTH CARE SERVICES**  
**SILIGURI MUNICIPAL CORPORATION**

Memo No. 157.../SMC/UPHCS/12-13

Date: 22.01.13

To  
 Surgicheam (Indian)  
 Sevak Road, Siliguri.

Sub:- Supply order

This is to inform you that the rate given by you has been accepted for supply the following Equipments :-

<u>SL NO.</u>	<u>NAME OF FOLLOWING EQUIPMENT</u>	<u>QUANTITY</u>	<u>RATE</u>
①	Spot Light with Mercury Bulb (Halogen—Standard)	2 NOS	3,450.00 = 6900/-
②	Pulse Oxymeter Portable "Ranger"	2 NOS	2,250.00 = 4500/-
③	Suction Machine electric "Anand" M.R.36 For Mother	1 NO	9,950.00 = 9950/-
④	Suction Machine electric "Anand" M.R.36 (For Baby)	1 NO	6,950.00 = 6950/-
⑤	Baby Warmer "Life Line"	1 NO	31,000.00 = 31000/-
⑥	Ambuc bag for baby "silicon"	2 NOS	650.00 = 1300/-
⑦	Patient wheel trolley "Iron Standard"	3 NOS	3950.00 = 11850/-
⑧	Oxygen flow meter Nozal program (Standard)	3 NOS	725.00 = 2175/-
⑨	Oxygen Hood Round (Baby head Mark)	1 NOS	2,750.00 = 2750/-

You are also requested to Submitting the bill along with copy of the order supply

Swarnil's  
 Health officer  
 S.M.C.  
 Health Officer  
 S.M.C (Matri-Sadan, Dabgram)  
 Siliguri

78,085/-

**OFFICE OF THE PROJECT DIRECTOR**  
**URBAN PRIMARY HEALTH CARE SERVICES**  
**SILIGURI MUNICIPAL CORPORATION**

Memo NO ... 207 ... SMC/UPHCS/13

Date . . . 22.3.13

**Sub:- Supply order.**

To  
**Surgichem (India).**  
 Buvak Road, Siliguri

This is to inform you that the rate given by you has been accepted for supply the following Equipments:-

<u>Sl. NO.</u>	<u>NAME OF FOLLOWING EQUIPMENT</u>	<u>QUANTITY</u>	<u>Rate</u>	
1.	Baby cot (Iron standard)	7	Rs 1,850	= 12,950/-
2.	O.T Light ceiling (Scorpion)	1	Rs 46,000	= 46,000/-
3.	Doppler (B.P.L.)	2	Rs 6,000	= 12,000/-
4.	Labour Table (Stainless steel Top)	1	Rs 4,950	= 4,950/-
5.	Auto clavo (20"x 12" S. S.)	1	Rs 10,200	= 10,200/-
6.	Oxygen flow meter jar	3	Rs 170	= 510/-
				<u>86,610/-</u>

You are also request to Submitting the bill along with copy of the order supply .

*Reche...*  
 21/3/13  
**SURGICHEM (INDIA)**  
 Sevoke Road, Siliguri-I  
 Opp. Gurudwara  
 Phone : 2538566, 2522751

*Sun 21/3/13*  
**Health officer**  
 S.M.C  
 Health Officer.  
 Siliguri Municipal Corporation  
 Siliguri, Darjeeling



**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.-1)/11/265**Date **30.11.2012****From : Director, SUDA****To : The Mayor  
Siliguri Municipal Corporation****Sub. : Strengthening of MH services for FY 2012-13.***Sir/Madam*

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 3,20,646/- (Rupees Three lakh twenty thousand six hundred forty six) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Baby Warmer Machine	1
2	Labour Table	1
3	Spot light with mercury bulb	1 (2)
4	Autoclave	1
5	Oxygen flow meter	2
6	Trolley	3
7	Ceiling Fan	5

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

**Director, SUDA**

Contd. to P-2.



SUDA-Health/527(Pt.-1)/11/265/1(4)

Dt. .. 30.11.2012

CC :

1. Executive Officer, Siliguri Municipal Corporation
2. Finance Officer, Siliguri Municipal Corporation
3. HO, Siliguri Municipal Corporation
4. Finance Officer, Health, SUDA

  
Director, SUDA

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. ~~..SUDA-Health/527(Pt.-I)/11/372(3)~~

Date .....26.03.2013

**MEMORANDUM**

Funds are hereby released electronically on 18.03.2013 in favour of your ULB in connection with purchase of Equipment & Furniture towards strengthening of MH Services as per details below :

Sl. No.	ULB	Your Reference No.	Name of Bank	A/C No.	Amount
1	Chandernagore MC	VII/Misc/12-13/24 dt. 04.02.2013 and VII/Misc/12-13/27 dt. 21.02.2013	State Bank of India	30918576739	2,47,200
2	North Dum Dum	NDDM/HOSP/568 & 570 dt. 25.02.2013	Punjab National Bank	0535002100000448	3,75,558
3	Jiaganj Azimganj	242/En./CSS dt. 23.12.2012	United Bank of India	333010113375	2,80,000

You are requested to submit UC as per 330A Form by 08.04.2013 after making necessary payment. 902758

Yours faithfully,

  
Financial Advisor, SUDA

SUDA-Health/527(Pt.-I)/11/372(3)/1(4)

Dt. .. 26.03.2013

1. Mayor / Chairman, ..... Municipal Corporation / Municipality
2. Finance Officer, SUDA

  
Financial Advisor, SUDA



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

SUDA-Health/527 (Pt)/417

18.03.2013

ক্রমিক নং.....

তারিখ.....

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.

**Sub : Electronic Transfer of Fund debiting this office  
Current Account No. 31227510436.**

### Strengthening of Maternity Home

Sir,

You are requested to kindly arrange for electronic transfer of funds as per details given below debiting the amounts from this office Current Account No. **31227510436** lying with your branch in respect of **Strengthening of Maternity Home**.

Sl. No.	Name of the Payee	Amount (in Rs.)	Payees' Bank Details
01.	Chandernagore Municipal Corporation	2,47,200/-	State Bank of India, Barabazar Chandannagar Branch, A/C No.30918576739, IFS Code.SBIN0000053
02	North Dum Dum Municipality	3,75,558/-	Punjab National Bank Birati Branch A/C No. 0535002100000448 IFS Code.PUNB0053500
01.	Jiaganj-Azimganj Municipality	2,80,000/-	United Bank of India , Jiaganj Branch, A/C No.333010113375, IFS Code.UTBIOJIA 942
<b>Total</b>		<b>9,02,758.00</b>	
<b>(Rupees Nine Lakh two thousand seven hundred fifty-eight only)</b>			

(B.C.Patra)

Joint Secretary  
M.A.Department, GOWB

1.104  
18.03.13

(M.N.Pradhan)

Director  
SUDA

1.104  
18.3.13

দূরভাষ : ২৩৫৮ ৬৪০৩ / ৫৭৬৭, ফ্যাক্স : ২৩৫৮ ৫৮০০

Tel : 2358 6403/5767, Fax : 2358 5800, E-mail : wbsudadir@gmail.com

Account Section : 2358 6408



**Urban RCH**  
**ULB-wise Requirement of fund for procurement of Furniture & Equipment for UHCs**

Sl. No.	Name of Municipality	Estimated Required Fund for Procurement of		
		Furniture	Equipment	Total
<b>Dist. : Nadia</b>				
42	Chakdah	42,900.00	29,200.00	72,100.00
43	Gayeshpur		19,200.00	19,200.00
44	Kalyani		33,300.00	33,300.00
45	Krishnagar	77,300.00	44,600.00	121,900.00
46	Nabadwip	82,600.00	40,700.00	123,300.00
47	Ranaghat	32,400.00	20,900.00	53,300.00
48	Santipur	31,000.00	46,400.00	77,400.00
<b>Dist. : North 24 Parganas</b>				
49	Ashokenagar Kalyangarh	47,900.00	50,200.00	98,100.00
50	Baduria	17,000.00	17,200.00	34,200.00
51	Bangaon	19,300.00	29,100.00	48,400.00
52	Baranagar		84,200.00	84,200.00
53	Barasat		19,600.00	19,600.00
54	Barrackpore		55,300.00	55,300.00
55	Basirhat	23,600.00	36,500.00	60,100.00
56	Bhatpara		148,100.00	148,100.00
57	Dum Dum		30,100.00	30,100.00
58	Garulia		25,900.00	25,900.00
59	Gobardanga	6,500.00	8,500.00	15,000.00
60	Habra	16,900.00	37,100.00	54,000.00
61	Halisahar		45,500.00	45,500.00
62	Kamarhati		83,000.00	83,000.00
63	Kanchrapara		38,800.00	38,800.00
64	Khardah		40,600.00	40,600.00
65	Madhyamgram		31,200.00	31,200.00
66	Naihati		66,100.00	66,100.00
67	New Barrackpore		23,700.00	23,700.00
68	North Barrackpore		-	-
69	North Dum Dum		67,300.00	67,300.00
70	Panihati		117,400.00	117,400.00
71	Rajarhat Gopalpur		97,300.00	97,300.00
72	South Dum Dum		111,300.00	111,300.00
73	Taki	19,400.00	11,600.00	31,000.00
74	Titagarh		32,300.00	32,300.00
<b>Dist. : Purulia</b>				
75	Purulia	60,700.00	38,800.00	99,500.00
<b>Dist. : South 24 Parganas</b>				
76	Baruipur		11,600.00	11,600.00
77	Budge Budge		30,400.00	30,400.00
78	Diamond Harbour	27,900.00	11,600.00	39,500.00
79	Maheshtala		132,200.00	132,200.00
80	Pujali		11,200.00	11,200.00
81	Rajpur Sonarpur		118,200.00	118,200.00
<b>Dist. : Uttar Dinajpur</b>				
82	Dalkhola	15,900.00	9,100.00	25,000.00
83	Islampur	10,100.00	21,500.00	31,600.00
84	Kaliaganj	3,100.00	12,300.00	15,400.00
85	Raiganj		60,700.00	60,700.00
<b>Total =&gt;</b>		<b>1,344,900.00</b>	<b>3,431,900.00</b>	<b>4,776,800.00</b>

Sl. No.	ULBs	Bank	Branch	A/C No.	IFS Code
1	Chandernagore	State Bank of India	Barabazar, Chandannagar	30918576739	SBIN0000053
2	North DumDum	Punjab National Bank	Birati	0535002100000448	PUNB0053500
3	Jiaganj Azimganj	United Bank of India	Jiaganj	333010113375	UTBIOJIA 942

Fun  
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99 - 66

# Christiya Seva Sadan (London Mission Hospital)

Maintained by: Jiaganj-Azimganj Municipality  
P.O. Jiaganj, Dist. Murshidabad, Phone No. 03483- 255924

Memo No.: 36/CSS/EN

Dated: 23.02.2013

To  
The Director,  
HEALTH WING, SUDA  
ILGUS BHAVAN, HC- BLOCK,  
SECTOR - 3, BIDHANNAGAR,  
KOLKATA - 700091

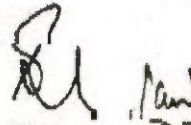
Sub:- Procurement policy (Strengthening of MH services for FY 2012-13)

Ref:- Your letter Memo. No. SUDA-Health/527(pt.-1)/11/255 dated: 30.11.2012

Madam/Sir,

This is to inform you that while procuring Hospital General Bed 35 Nos. and Bed Mattress 35 Nos. we have followed all procurement rules laid down in West Bengal Financial Rules by January, 2013.

Thanking you,

  
Chairman 23-2-13  
Jiaganj-Azimganj Municipality  
&  
Vice-Chairman, Governing Body  
Christiya Seva Sadan, Jiaganj





J.A.M

Memo No. 242/EN/CSS Date... 23/12/12 To,

Office of the Councillors

Jiaganj-Azimganj Municipality

P.O. Azimganj :: Dist. Murshidabad  
Pin - 742122, West Bengal  
Phone No. - (03483)253222, 253660

From.....

To  
M/S ANFMO MEDICAL SYSTEM  
503, Mahendra Banerjee Road  
KOLKATA - 700060

Dear Sir,

The undersigned is pleased to accept their quotation for supply of Hospital bed with mattress (35 beds and 35 mattress) @ Rs. 8050/- per pair, (one bed and one mattress) for use in Hospital services of Christiya Seva Sadan, Jiaganj) under management of Jiaganj-Azimganj Municipality.

The above procurement has been undertaken in terms of order no SUDA Health/527(P&S) /II/255 dated 30/11/2012 of State Urban Development Agency, Health wing, West Bengal and delivery of the beds with mattress has to be completed by 15<sup>th</sup> of January 2013 for ensuring residual formalities in this regard.

Yours faithfully,

Memo No. 242(4)/EN/CSS.

Dated. 23/12/12

Copy With a copy of quotation is forwarded to:-

1. Director, SUDA
2. Executive Officer, Jiaganj-Azimganj Municipality
3. Supervisor, Christiya Seva sadan, Jiaganj
4. Accountant, CSS
5. G/F, CSS



*[Signature]*  
Chairman 23-12-12

Jiaganj-Azimganj Municipality

J.A.M

Memo No. 242/EN/CSS Date... 23/12/12 To,

Office of the Councillors  
Jiaganj-Azimganj Municipality

P.O. Azimganj :: Dist. Murshidabad  
Pin -742122, West Bengal  
Phone No. - (03483)253222, 253660

From.....

.....  
.....  
.....  
.....  
.....

To  
M/S ANEMO MEDICAL SYSTEM  
503, Mahendra Banerjee Road  
KOLKATA - 700060

35 nos. x Rs 8050/-  
= 281750/-

Dear Sir,

The undersigned is pleased to accept their quotation for supply of Hospital bed with mattress (35 beds and 35 mattress) @ Rs. 8050/- per pair, (one bed and one mattress) for use in Hospital services of Christiya Seva Sadan, Jiaganj) under management of Jiaganj-Azimganj Municipality.

The above procurement has been undertaken in terms of order no SUDA Health/527(P&S) /II/255 dated 30/11/2012 of State Urban Development Agency, Health wing, West Bengal and delivery of the beds with mattress has to be completed by 15<sup>th</sup> of January 2013 for ensuring residual formalities in this regard.

o/c

Yours faithfully,

*[Signature]*

Chairman 23.12.12

Jiaganj-Azimganj Municipality

Dated. 23/12/12

Memo No. 242(4)/EN/CSS

Copy With a copy of quotation is, forwarded to:-

1. Director, SUDA
2. Executive Officer, Jiaganj-Azimganj Municipality
3. Supervisor, Christiya Seva sadan, Jiaganj
4. Accountant, CSS
5. G/F, CSS



*[Signature]*

Chairman 23-12-12

Jiaganj-Azimganj 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/527(Pt.-1)/11/255**Date **30.11.2012****From : Director, SUDA****To : The Chairman  
Jiaganj Azimganj Municipality****Sub. : Strengthening of MH services for FY 2012-13.****Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,80,000/- (Rupees Two lakh eighty thousand) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Hospital General Bed	35
2	Bed Mattress	35


You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

SUDA-Health/527(Pt.-1)/11/255/1(4)

Dt. .. 30.11.2012

CC :

1. Executive Officer, Jiaganj Azimganj Municipality
2. Finance Officer, Jiaganj Azimganj Municipality
3. UHIO, Jiaganj Azimganj Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA



# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

Chairman : *Smt. Nirmika Bagchi*  
Vice-Chairman : *Sri Manoj Kumar Niyogi*

PO (A)  
*[Signature]*  
Date: 29.01.2013

Ref No. NBM/ACCTT/4488/12

To  
The Director  
State Urban Development Agency  
ILGUS Bhavan  
HC-Block, Sector-III  
Salt Lake City  
Kolkata-106



**Sub: Claim for release of fund for purchase of equipment & furniture towards strengthening of MH services**

Sir

With reference to the letter no.SUDA-Health/527(Pt-1)/11/258 Dt.30.11.2012 I am to inform you that the above mentioned procurement works has duly been completed .A photocopy of the work order along with other duly authenticated relevant documents is enclosed herewith for immediate release of fund.

Therefore you are being requested to look into this matter and do the needful as early as possible.

Thanking you.

Chairperson

*Bagchi*

New Barrackpore Municipality  
Chairperson  
New Barrackpore Municipality

Encl:

- 1) photo copy of work order

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

No. : NBM/ Hospital / 4480/12

Date : 29-01-2013

From : Chairperson,  
New Barrackpore Municipality

To  
HEALTHCARE MEDITECH,  
6/13, Bijoygarh,  
Kolkata - 700032



Subject : Purchase of Multipara Monitor

Dear Sir,

Herewith I like to place an order for purchase of the following equipment required for Dr. B.C.Roy General Hospital & Maternity Home, New Barrackpore.

Description of the equipment

Quantity

Multipara Monitor  
Made by L & T

1(one)

A prompt execution of this purchase order is solicited.

Thanking you,

*Bagchi*  
Chairperson  
New Barrackpore Municipality

Yours faithfully,

*Bagchi*

(Nirmika Bagchi)  
Chairperson  
New Barrackpore Municipality  
Chairperson  
New Barrackpore Municipality

# NEW BARRACKPORE MUNICIPALITY

## NEW BARRACKPORE, KOLKATA-700 131

No. : NBM/Hospital/4489/13

Date : 29-07-13

From : Chairperson,  
New Barrackpore Municipality



To  
SURGE-URGE,  
Shreyasi Apartment, Room No. 7(1st Floor),  
12A, Khardah Station Road,  
Kolkata - 700117.

Subject : Purchase of Telescope(for Laparoscopic set)

Dear Sir,

Herewith I like to place an order for purchase of the following equipment required for Dr. B.C.Roy General Hospital & Maternity Home, New Barrackpore.

<u>Description of the equipment</u>	<u>Quantity</u>
Telescope(for Laparoscopic set) Made by Maxer(high definition)	1(One)

A prompt execution of this purchase order is solicited.

Thanking you,

*Bagchi*  
Chairperson  
New Barrackpore Municipality

Yours faithfully,  
*Bagchi*  
Chairperson  
New Barrackpore Municipality  
Chairperson  
New Barrackpore 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/527(Pt.-1)/11/258**Date **30.11.2012****From : Director, SUDA****To : The Chairperson  
New Barrackpore Municipality****Sub. : Strengthening of MH services for FY 2012-13.****Madam,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,25,000/- (Rupees Two lakh twenty five thousand) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqcd.
1	Telescope (For Laparoscopy set)	1
2	Multipara Monitor (L & T)	1
3	Cylinder (Nitrous Oxide) Capacity 1740	5

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

**Director, SUDA****SUDA-Health/527(Pt.-1)/11/258/1(4)****Dt. .. 30.11.2012****CC :**

- 1. Executive Officer, New Barrackpore Municipality**
- 2. Finance Officer, New Barrackpore Municipality**
- 3. HO, New Barrackpore Municipality**
- 4. Finance Officer, Health, SUDA**

**Director, SUDA**



\* Attention : F.O. SUDA (Health wing)

HELP LINE : 12666

DIAL : (033) 2683 5297 / 2562 / 6706

FAX : 2683-5068

E-mail : chandernagorecorporation@yahoo.co.in

Website : www.chandernagorecorporation.co.in

# Chandernagore Municipal Corporation, 712 136

No. VII/Misc./12-13/27

Dated- 21/02/2013

From : Dy. Mayor  
Chandernagore Municipal Corporation

To  
The Director,  
SUDA, Ilgus Bhaban, Salt-lake  
Sector -III, Kolkata-106

Sub.: Submission of Work Order for procurement of  
Medical & Allied items to support Maternity Home.

Ref.: VII/Misc../12-13/24 dated 04/02/2013

PO (H)  
21/2/13

Sir,

Further to this Communication vide No. VII/Misc../12-13/24 dated 04/02/2013, this is to state that the orders pertaining to procurement of medical equipment and allied items as part of "Strengthening of Maternity Home" as per Ref. Order No. SUDA-Health/527(Pt-1) / 11/251 dated-31.11.2012, were placed observing the Tender formalities as per West Bengal financial rules.

This is for your kin information & necessary action please.

Thanking you,



Jayanta Das  
Dy. Mayor & Chairman Tender Committee  
Chandernagore Municipal Corporation  
21. 2. 13.



\* Attention Dr. Goswami

HELP LINE : 12666

DIAL : (033) 2683 5297 / 2562 / 6706

FAX : 2683-5068

E-mail : chandernagorecorporation@yahoo.co.in  
Website : www.chandernagorecorporation.co.in

## Chandernagore Municipal Corporation, 712 136

No. VII/Misc./12-13/24

Dated : 04/02/2013

From : Commissioner  
Chandernagore Municipal Corporation.

To : The Director, SUDA,  
Ilgus Bhavan, Salt Lake,  
Section - III, Kolkata - 700 106.

Sub : Submission of Work Order for procurement of  
Medical & Allied items to support Maternity Home.


Ref : SUDA-Health/527(Pt-1)/11/251 dt. 30/11/2012.

Sir,

I am submitting the work orders for procurement of Medical & Allied items as part of "Strengthening of Maternity Home", as per Ref. Order No : SUDA-Health/527(Pt-1)/11/251 dt. 30/11/2012. I am requesting you to kindly make necessary arrangements for early release of approved fund of Rupees Two Lakhs forty seven thousand & two hundred only (Rs.2,47,200/-) as per the above referred memo no.

Thanking you,

Yours truly,

  
Commissioner  
Chandernagore Municipal  
Corporation.





# Chandernagore Municipal Corporation, 712 136

HELP LINE : 12666

DIAL : (033) 2683 5297 / 2562 / 6706

FAX : 2683-5068

E-mail : chandernagorecorporation@yahoo.co.in

Website : www.chandernagorecorporation.co.in

No. VII/Misc./12-'13/22

Date-18.01.2013

To  
**SHAH BROTHERS**  
 Ezra Street, Kolkata-700 001

Sub.: Supply Order of Medical Equipments & furniture for the Maternity Home

Ref. No. VII/Misc./12-'13/19 dated-07.01.13

Sir,

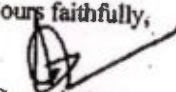
You are hereby requested to supply the following medical Equipments & furnitures as per your given quotation rates, specification and quantity within ten (10) days from the date of receipt of this order for the **strengthening of Maternity Home** under Chandernagore Municipal Corporation along with related bills & Challans positively.

Medical Equipments & furnitures to be supplied are as follows:-

Sl. No.	Description of items (medical Equipments & furnitures)	Quantity	Lowest Rate given by Tenderer
1	Delivery Table with Stand	1 Pc.	Rs. 5,400/- Per Pc.
2	OT Oxygen Mux with Pipe	3 Pcs.	Rs. 1,700/- "
3	OT Oxygen Mux without Pipe	4 Pcs.	Rs. 1,600/- "
4	Non Desecting Vaginal Hysterectomy Clamp Set	8 Pcs.	Rs. 4,50/- "
5	Stand Fan	5 Pcs.	Rs. 3,000/- "
6	Wall Fan	7 Pcs.	Rs. 1,800/- "
7	Almirah	6 Pcs.	Rs. 8,000/- "
8	Rack	3 Pcs.	Rs. 1,200/- "

5400  
 5100  
 5200  
 5300  
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Yours faithfully,

  
 Commissioner  
 Chandernagore Municipal  
 Corporation



99700  
 1



# Chandernagore Municipal Corporation, 712 136

HELP LINE : 12666

DIAL : (033) 2683 5297 / 2562 / 6706

FAX : 2683-5068

E-mail : chandernagorecorporation@yahoo.co.in

Website : www.chandernagorecorporation.co.in

No. VII/Misc./12-'13/21

Date-18.01.2013

To  
M/s. R.T. Enterprise  
Buroshibatala, Chinsurah, Hooghly

Sub.: Supply Order of Medical Gases for the Maternity Home

Ref. No. VII/Misc./12-'13/19 dated-07.01.13

Sir,

You are hereby requested to supply the following medical gases as per your given quotation rates, specification and quantity within ten (10) days from the date of receipt of this order for the strengthening of Maternity Home under Chandernagore Municipal Corporation along with related bills & Challans positively.

Medical Gases to be supplied are as follows:-

Sl. No.	Description of Items(Medical Gases)	Quantity	Lowest Rate given by Tenderer
1	O <sub>2</sub> "B" Type full medical Cylinder	11 Cyls.	Rs. 7,500/- Per Cylinder
2	O <sub>2</sub> "A" Type full medical Cylinder	5 Cyls.	Rs. 6,500/- Per Cylinder
3	N <sub>2</sub> o "A" Type full medical Cylinder	5 Cyls.	Rs. 6,500/- Per Cylinder

8250  
3250  
3250

14750

Yours faithfully,

Commissioner  
Chandernagore Municipal  
Corporation

A. P. S.  
18/1/13

for information & n.a. please

- 1) Hon'ble Mayor, C.M.C
- 2) MMIC (Health)
- 3) F.O., 4) H.O., 5) M.S.(Dishari Hosp.), 6) A.O
- 7) Store Keeper(Dishari), 8) Director(SUDA), 9) R/file

Commissioner  
Chandernagore Municipal  
Corporation

A. P. S.  
18/1/13





**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.-1)/11/251**Date **30.11.2012****From : Director, SUDA****To : The Mayor  
Chandernagore Municipal Corporation****Sub. : Strengthening of MH services for FY 2012-13.****Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,47,200/- (Rupees Two lakh forty seven thousand two hundred) only for purchase of following items towards strengthening of MH services at your ULB :

Sl. No.	Item	Quantity Reqd.
1	O <sub>2</sub> Cylinder (B Type)	11
2	Delivery Table + Stand	1
3	OT O <sub>2</sub> Mox with Pipe	3
4	OT O <sub>2</sub> Mox without Pipe	4
5	OT Cylinder (A Type)	5
6	N <sub>2</sub> O Cylinder	5
7	Non desecting vaginal hysterectomy clamp set	8
8	Stand Fan	5
9	Wall Fan	7
10	Almirah	6
11	Rack	3

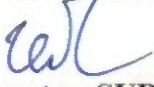
You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
**Director, SUDA**  
Contd. to P-2.



- 2 -

**SUDA-Health/527(Pt.-1)/11/251/1(4)**

**Dt. .. 30.11.2012**

**CC :**

- 1. Executive Officer, Chandernagore Municipal Corporation**
- 2. Finance Officer, Chandernagore Municipal Corporation**
- 3. HO, Chandernagore Municipal Corporation**
- 4. Finance Officer, Health, SUDA**



**Director, SUDA**

**NORTH DUM DUM MUNICIPALITY**

163, M.B.ROAD, BIRATI, KOLKATA - 700051  
PHONE: (033) 2514 - 2101 / 2514 - 2494, FAX - (033) 2514 - 2990  
Website: <http://www.northdumdummunicipality.org>  
E-mail ID: [nddmboc@bsnl.in](mailto:nddmboc@bsnl.in)

Memo No. NDDM/HOSP/ 570

Date: 25/02/2013

To  
The Director SUDA  
ILGUS Bhawan HC Block, Sector - III,  
Bidhan Nagar, Salt Lake City,  
Kolkata - 700091,

FAX NO. 2334-7805.

Sub :- Strengthening of MH Service for FY 2012-13.

Ref :- This office Nos. NDDM/HOSP/3999 dated 26/12/12,  
NDDM/HOSP/195 dated 17/01/13 & NDDM/HOSP/196  
dated 17/01/13.

Sir,

This is to state that this Municipality has followed the W.B. Financial Rules for procurement of instruments and furniture for this Municipal Hospital with ref. to your Memo No. SUDA - Health / 527 (pt - 1)/11/260 dated 30/11/2012.

Yours faithfully

Chairman

North Dum Dum Municipality



**NORTH DUM DUM MUNICIPALITY**

163, M.B. ROAD, BIRATI, KOLKATA - 700051  
PHONE: (033) 2514 - 2101 / 2514 - 2494, FAX - (033) 2514 - 2990  
Website: <http://www.northdumdummunicipality.org>  
E-mail ID: [nddmboe@bnl.in](mailto:nddmboe@bnl.in)

Memo No. NDDM/ HOSP/568.

Date: 25/02/2013

To  
The Director SUDA  
ILGUS Bhawan HC Block, Sector - III,  
Bidhan Nagar, Salt Lake City,  
Kolkata - 700091,

FAX NO. 2334-7805

Sub :- Strengthening of MH Service for FY 2012-13.

Ref :- This office Nos. NDDM/HOSP/3999 dated 26/12/12,  
NDDM/HOSP/195 dated 17/01/13 & NDDM/HOSP/196  
dated 17/01/13.

Sir,

With reference to the telephonic discussion, this is to inform you that this Municipality followed the W.B. Financial Rules for procurement of instruments and furniture for this Municipal Hospital. Out of amount of Rs. 3,77,285/- this Municipality has procured equipment and furniture amounting to Rs. 3,75,558/- (Rupees three lakhs seventy five thousand five hundred fifty eight) only.

A steel Almirah having ordered value amounting to Rs. 16,000/- has been added. A revised order in respect of item No.11 (eleven) of the G.O. may kindly be made. Revised order has been issued to M/S D.B Enterprise (for item No. 9 @ Rs. 16,000/- X 3 Pcs). (Reference order No. NDDM/HOSP/195 dated 17/01/13), Xerox copy enclosed.

Yours faithfully

Chairman

North Dum Dum Municipality







## NORTH DUM DUM MUNICIPALITY

163, M.B.ROAD, BIRATI, KOLKATA - 700051  
 PHONE: (033) 2514 - 2101 / 2514 - 2494, FAX - (033) 2514 - 2990  
 Website: <http://www.northdumdummunipalcity.org>  
 E-mail ID: [nddmbor@bsnl.in](mailto:nddmbor@bsnl.in)

Memo No. NDDM/HOSP/569,

Date: 25/02/2013

To  
 M/S D.B. Enterprise,  
 111.MC. Garden Road,  
 Kolkata -- 700030.

Sub :- Strengthening M H Service for FY 2012-13.

Ref :- Memo No. SUDA-Health/527 (pt-1)/11/260 dt. 30/11/2012 &  
 this office No. NDDM/HOSP/3999 of 26.12.12 & No.  
 NDDM/HOSP/194 dt 17/01/2013. ( Quotation dated 14/01/2013).

Sir,

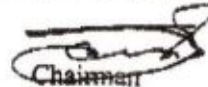
Your above quotation has been accepted. You are now required to supply the undernoted articles to our Municipal Hospital within 7 (seven) days and submit bill for payment in due time.

SL NO	ITEM	QUANTITY	Rate Quoted by	Amount (Total)
			Branded (Quality)	
1	Neonatal Oxygenent	1	5,278/-	5,278/-
2	Finger tip Pulse Oximeter	2	3,000/-	6,000/-
3	Hydrolic Operation Table	1	84,000/-	84,000/-
4	Boyles Anaesthetic Apparatus	1	66,000/-	66,000/-
5	Thermometer	3	60/-	180/-
6	Foetal Doppler	1	7,000/-	7,000/-
7	Nebulizer Machine	1	3,000/-	3,000/-
8	Digital B.P. Instrument with Paediatric Cut	2	5,000/-	10,000/-
9	Steel Almirah	3	16,000/-	48,000/-

  
 Chairman

North Dum Dum Municipality

1. Copy to The Director, SUDA, Health Wing, ILGUS Bhawan, HC Block, Kol - 91 for information and necessary action please
2. EO/FO/HO/Estt Deptt/Accounts Deptt. for information and necessary action please.

  
 Chairman

North Dum Dum Municipality



228458



# NORTH DUM DUM MUNICIPALITY

163, M.B.ROAD, BIRATI, KOLKATA - 700051  
PHONE: (033) 2514 - 2101 / 2514 - 2494, FAX - (033) 2514 - 2990  
Website: <http://www.northdumdummunicipality.org>  
E-mail ID: [nddmboe@bsnl.in](mailto:nddmboe@bsnl.in)

Memo No. NDDM/HOSP/ 196

Dated : 17.01.13

To  
ANUSHKA TRADING  
51B, Santi Nagar More Avenue  
Kolkata - 700 040.



PO (CH)  
*[Handwritten signature]*

Sub:- Strengthening MH Service for FY 2012-13.

Ref:- Memo No. SUDA-Health/527 (Pt-1)/11/260 dt. 30.11.2012 & this office No. -NDDM/HOSP/3999 of 26.12.12 & NO. NDDM/ HOSP/194 dt 17.01.2013. (Quotation dated 28.12.2012).

Sir,

Your above quotation has been accepted. You are now required to supply the under noted articles to our Municipal Hospital within 7 (seven) days and submit your bill for payment in due course.

SL NO	ITEM	QUANTITY	Rate Quoted by
			Branded (Quality)
1	Phototherapy Unit	1	40,100.00
2	Diathermy Machine	1	1,06,000.00

335438/-      359558/-

*[Handwritten signature]*  
Chairman

North Dum Dum Municipality

1. Copy to The Director, SUDA, Health Wing, ILGUS Bhawan, HC Block, Kol- 91. for information and necessary action please.
2. Copy to :- EO/FO/HO/Estt Deptt/Accounts Deptt. for necessary action please.

*[Handwritten signature]*  
Chairman

North Dum Dum Municipality





# NORTH DUM DUM MUNICIPALITY

163, M.B.ROAD, BIRATI, KOLKATA - 700051  
PHONE: (033) 2514 - 2101 / 2514 - 2494, FAX - (033) 2514 - 2990  
Website: <http://www.northdumdummunicipality.org>  
E-mail ID: [nddmboc@bsnl.in](mailto:nddmboc@bsnl.in)

Memo No. NDDM/HOSP/ 195

Dated : 17.01.13

To  
M/S D.B. Enterprise  
111, M.C. Garden Road,  
Kolkata - 700030,



PO(H)  
Jmly

Sub:- Strengthening MH Service for FY 2012-13.

Ref:- Memo No. SUDA-Health/527 (Pt-I)/11/260 dt. 30.11.2012 & this office No. -NDDM/HOSP/3999 of 26.12.12 & NO. NDDM/ HOSP/194 dt 17.01.2013. (Quotation dated 14.01.2013).

Sir,

Your above quotation has been accepted. You are now required to supply the undernoted articles to our Municipal Hospital within 7 (seven) days and submit your bill for payment in due course.

SL NO	ITEM	QUANTITY	Rate Quoted by	
				Branded (Quality)
1	Neonatal Oxygentent	1	5,278/-	5278/-
2	Finger tip Pulse Oximeter	2	3,000/-	6000/-
3	Hydrolic Operation Table	1	84,000/-	84000/-
4	Boyles Aneasthetic Apparatus	1	66,000/-	66000/-
5	Thermometer	3	60/-	180/-
6	Foetal Doppler	1	7000/-	7000/-
7	Nebulizer Machine	1	3000/-	3000/-
8	Digital B.P. Instrument with Paediatric Cut	2	5000/-	10000/-
9	Steel Almira	2	16,000/-	32000/-

189338 213458/-  
Chairman  
North Dum Dum Municipality

1. Copy to The Director, SUDA, Health Wing, ILGUS Bhawan, HC Block, Kol- 91, for information and necessary action please.
2. Copy to :- EO/FO/HO/Estt Deptt/Accounts Deptt. for necessary action please.

Chairman  
North Dum Dum Municipality





## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal

Ref No. SUDA-Health/527(Pt.-1)/11/260

Date 30.11.2012

From : Director, SUDA

To : The Chairman  
North Dum Dum Municipality

Sub. : Strengthening of MH services for FY 2012-13.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 3,77,285/- (Rupees Three lakh seventy seven thousand two hundred eighty five) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Phototherapy Unit	1
2	Neonatal Oxygentent	1
3	Fingertip Pulse Oxymeter	2
4	Hydrolic Operation table	1
5	Boyles Aneasthetic Apparatus	1
6	Thermoeter	3
7	Foetal Doppler	1
8	Nebulizer Machine	1
9	Digital BP Instrument with Paediatric Cuf	2
10	Diathermy Machine	1
11	Steel Almirah	2

You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,



Director, SUDA

Contd. to P-2.

**SUDA-Health/527(Pt.-1)/11/260/1(4)**

**Dt. .. 30.11.2012**

**CC :**

- 1. Executive Officer, North Dum Dum Municipality**
- 2. Finance Officer, North Dum Dum Municipality**
- 3. AHO / UHIO, North Dum Dum Municipality**
- 4. Finance Officer, Health, SUDA**



**Director, SUDA**

**SUDA****STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. .... **SUDA-Health/527(Pt.-1)/11/248**Date ..... **30.11.2012****From : Director, SUDA****To : The Chairman  
Ashokenagar Kalyangarh Municipality****Sub. : Strengthening of MH services for FY 2012-13.****Sir,**

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 2,50,000/- (Rupees Two lakh fifty thousand) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

<b>Sl. No.</b>	<b>Item</b>	<b>Quantity Reqd.</b>
1	Autoclave Machine High Speed THRUT NOR 16 Lit.	01

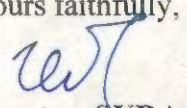
You are requested to undertake such procurement observing West Bengal Financial Rules by January, 2013. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.


It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
**Director, SUDA****SUDA-Health/527(Pt.-1)/11/248/1(4)****Dt. .. 30.11.2012****CC :**

- 1. Executive Officer, Ashokenagar Kalyangarh Municipality**
- 2. Finance Officer, Ashokenagar Kalyangarh Municipality**
- 3. HO, Ashokenagar Kalyangarh Municipality**
- 4. Finance Officer, Health, SUDA**

  
**Director, SUDA**



**SUDA****STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527(Pt.I)/11/242**Date **22.11.2012****From : Director, SUDA****To : Addl. DHS & SFWO  
Dept. of Health & Family Welfare  
Swasthya Bhawan, 3<sup>rd</sup> Floor, Wing - "A"  
GN - 29, Sector - V, Salt Lake City  
Kolkata - 700 091.****Sub : Request for release of further fund relating to strengthening of MH services under Urban RCH II Programme for FY 2012-13.****Sir,**

I am to refer to your communication vide no. H/SFWB/14M-02-2012/WR/206 dt. 04.09.2012 (received by this office on 19.11.2012) releasing an amount of Rs. 47,98,776/- for the purpose of strengthening of MH services whereas the requisition was placed for Rs. 58,00,259/- for FY 2012-13.

It may be seen that the unutilised amount of Rs. 10,01,483/- as shown in the Utilisation Certificate for FY 2011-12 has been deducted from the required fund for FY 2012-13. In this connection, this office communication no. SUDA-Health/527(Pt.I)/11/225 dt. 09.11.2012 (copy enclosed for ready reference) is referred to wherein it is explained as to why the Rajpur-Sonarapur Municipality could not incur expenditure in spite of committed one and accordingly you have been requested to intervene with the CMOH South 24 Parganas.

Hence, you are requested to release further fund of Rs.10,01,483/- for FY 2012-13 for onward release to 23 no. of Urban Local Bodies, in absence of which it would difficult to delete requirement for some of the ULBs.

Thanking you.

Yours faithfully,

**Enclo. : As stated.**  
**Director, SUDA**

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No **SUDA-Health/527(Pt.I)/11/225**

Date .....09:11:2012

**From : M.N. Pradhan, IAS,  
Director, SUDA &  
Ex-Officio Joint Secretary,  
Department of Municipal Affairs**

**To : Dr. J. N. Chaki  
Addl. DHS & SFWO  
Dept. of Health & Family Welfare  
Swasthya Bhawan**

**Sub : Strengthening of MH services - inability to utilize fund for procurement  
of USG Machine by Rajpur Sonarpur Municipality.**

Sir,

Enclosed kindly find herewith communication of the Chairman, Rajpur Sonarpur Municipality vide no. HAU/179/RSM dt. 12.10.2012 along with enclosures (**at Flag - A**) which speaks for itself.

A summary on different communications submitted by the Rajpur Sonarpur Municipality is placed **at Flag - B** wherein it may be seen that though the Municipality had applied for renewal of licence for USG clinic on 10.10.2011 to the office of CMOH, South 24 Parganas, is yet to receive the licence. As a result, the Municipality is not in a position to install recently procured USG machine out of the fund of DHFW for strengthening of MH services, resulting in non-utilisation of fund as well as non-submission of UC to SUDA.

You are requested to look into the matter.

Thanking you.

Yours faithfully,



**Director, SUDA &  
Ex-Officio Joint Secretary,  
Department of Municipal Affairs**

**Enclo. : As stated.**

Government of West Bengal  
West Bengal State Health & Family Welfare Samiti (A/C RCH)  
Swasthya Bhawan, 3rd floor, Wing-A  
GN- 29, Sector-V, Salt Lake City  
Kolkata- 700 091.

Phone & Fax No. 23573680

Memo No.: H/SFWB/14M-02-2012/WR/ 206

Date: 04/09/2012

To  
The Director  
State Urban Development Agency (SUDA)  
ILGUS Bhawan  
HC Block, Sector III  
Saltlake  
Kolkata-106

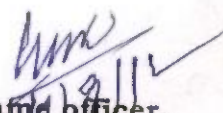
Sub. : Release of fund for Urban RCH (A 5.1) under RCH II Programme for the F. Y.  
2012-2013

Sir/Madam

Enclosed herewith kindly find the **Cheque vide No. 012382 dt 31/08/2012** for **Rs.47,98,776/-** for the purpose of strengthening the MH service as per your requirement vide letter No. SUDA-Health/527(Pt.I/11/110) dated 07/08/2012 . The grant is to be utilized as per guideline.

*The SOE & UC is to be submitted quarterly (April to June, July to September, October to December & January to March) in prescribed format to the office of the undersigned. Unspent amount is to be refunded by Cheque/ demand draft in favour of "West Bengal State Health & Family Welfare Samiti (A/c RCH)" to this office.*

Encl.: As stated above

  
Programme officer,  
W.B.S.H.F.W. Samiti  
& Addl. DHS (FW), W.B.





*Chhoy*

Government of West Bengal  
West Bengal State Health & Family Welfare Samiti (A/C RCH)  
Swasthya Bhavan, 3rd floor, Wing-A  
GN- 29, Sector-V, Salt Lake City  
Kolkata- 700 091.

Phone & Fax No. 23573680

Memo No.: H/SFWB/14M-02-2012/WR/ 206

Date: 09/09/2012

To  
The Director  
State Urban Development Agency (SUDA)  
ILGUS Bhawan  
HC Block, Sector III  
Saltlake  
Kolkata-106

Sub. : Release of fund for Urban RCH (A 5.1) under RCH II Programme for the F. Y.  
2012-2013

Sir/Madam

Enclosed herewith kindly find the **Cheque vide No. 012382 dt 31/08/2012** for **Rs.47,98,776/-** for the purpose of strengthening the MHI service as per your requirement vide letter No. SUDA-Health/527(Pt.1/11/110 dated 07/08/2012 . The grant is to be utilized as per guideline.

*The SOE & UC is to be submitted quarterly (April to June, July to September, October to December & January to March) in prescribed format to the office of the undersigned. Unspent amount is to be refunded by Cheque/ demand draft in favour of "West Bengal State Health & Family Welfare Samiti (A/c RCH)" to this office.*

Enclo.: As stated above

*WBC*  
*11/9/12*  
Programme officer,  
W.B.S.H.F.W. Samiti  
& Addl. DHS (FW), W.B.

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. SUDA-Health/527(Pt.I)/11/110

Date .....07.08.2012

From : Director, SUDA

To : Dr. J. N. Chaki  
Addl. DHS & SFWO  
Dept. of Health & Family Welfare  
Swasthya Bhawan, 3<sup>rd</sup> Floor, Wing - "A"  
GN - 29, Sector - V, Salt Lake City  
Kolkata - 700 091.

Sub : Submitting list of Equipment, Furniture & Drug for strengthening of MH services, forwarded by the ULBs for FY 2012-13 and Part UC for the fund released during FY 2011-12.

Sir,

The list of equipment, furniture & drug for strengthening of MH services, as received from twenty three nos. of ULB for FY 2012-13 are submitted herewith for your kind consideration and further necessary action.

Furthermore, Utilisation Certificate (Part) for the fund released for an amount of Rs. 58,00,000/- during FY 2011-12 is also enclosed herewith. Balance UC will be submitted to you shortly.

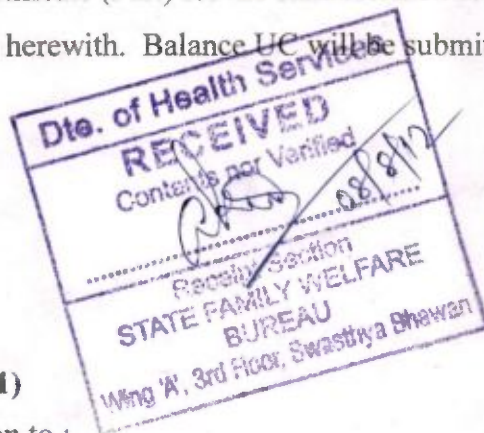
Thanking you.

Encl. : As stated.

SUDA-Health/527(Pt.I)/11/110/1(1)

Copy forwarded for kind information to :

Commissioner (FW) & MD - NRHM and Secretary, DHFW.



Yours faithfully,

*[Signature]*  
Director, SUDA

Dt. .. 07.08.2012

*[Signature]*  
Director, SUDA

*Received  
Maha  
08/08/12*



**Utilisation Certificate**  
(Form No. S.R. 330 A)

Sl. No.	Letter No. & Date	Amount (in Rs.)
1.	Ch no. 052048 dt. 13.10.2011 on UBI, Salt Lake branch	58,00,000/-
	<b>Total</b>	58,00,000/-

Certified that out of Rs. 58,00,000/- of Grants-in-aid sanctioned during the year 2011-12 in favour of Director, SUDA towards strengthening of Maternity Home services by the Urban Local Bodies under this Ministry / Department letter no. given in the margin and Rs. 74,287/- on account of unspent balance of the previous year, a sum of Rs. 48,72,804/- has been utilized so far for the purpose it was sanctioned and the

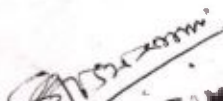
balance of Rs. 10,01,483/- remaining unutilized at the end of the 4<sup>th</sup> quarter of FY 2011-12.

Certified that I have satisfied myself that the conditions on which the Grant-in-aid was sanctioned has been duly fulfilled / are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

**KINDS OF CHECK EXERCISED**

1. Books of Accounts
2. Original Bill, Receipts & Vouchers.
3. Bank Statement
4. Physical Progress

  
**DIPANKAR CHOWDHURY**  
Finance Officer  
SUDA - Health

  
**DR. S. GOSWAMI**  
Project Director,  
Health Wing  
S. U. D. A.

  
Signature of Director, SUDA

**Director, SUDA, West Bengal**  
**and Nodal Officer, SLNA**  
**LGUB Barua, HC Block, Sector-III**  
**Salt Lake, Kolkata-700 106**  
**(88)-2359-3119/2359-5800(Fax)**  
**e-mail: directorwb@yahoo.com**



**Summary Sheet**


On

**Requirement of Equipment, Furniture & Drug for strengthening of MH services  
at the ULBs**

(Amount in Rs.)

Sl. No.	Name of ULBs	Estimated Amount for		
		Equipment & Furniture	Drug	Total
1.	Ashokenagar Kalyangarh	250,000		250,000
2.	Bally	185,074		185,074
3.	Baranagar	138120	117,600	255,720
4.	Barrackpore	299,000	75,000	374,000
5.	Bhatpara	181,840		181,840
6.	Chandernagore MC	247,200		247,200
7.	Dum Dum	234,900	27,500	262,400
8.	English Bazar	296,496		296,496
9.	Halisahar	214,590	26,720	241,310
10.	Jiaganj Azimganj	280,000		280,000
11.	Madhyamgram	154,505	41,268	195,773
12.	Maheshtala	133,740	115,000	248,740
13.	Naihati	307,130		307,130
14.	New Barrackpore	225,000		225,000
15.	North Barrackpore	130,000		130,000
16.	North Dum Dum	377,285		377,285
17.	Panihati	242,915		242,915
18.	Rajarhat Gopalpur	345,440		345,440
19.	Rishra	274,710		274,710
20.	Siliguri MC	320,646		320,646
21.	Taki	154,500		154,500
22.	Titagarh	215,180		215,180
23.	Uttarpara Kotrung	188,900		188,900
<b>Total =&gt;</b>		<b>5,397,171</b>	<b>403,088</b>	<b>5,800,259</b>

(Rupees Fifty eight lakh two hundred fifty nine) only

  
**DIPANKAR CHOWDHURY**  
 Finance Officer  
 Health

**Requirement of Equipment, Furniture & Drug for strengthening of MH services  
at the ULBs**

(Amount in Rs.)

Ashokenagar Kalyangarh				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Autoclave Machine High Speed THRUT NOR 16 Lit.	1	2,50,000.00	2,50,000
<b>Total=&gt;</b>				<b>2,50,000</b>

(Amount in Rs.)

Bally				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Fowler Bed	4	11,000	44,000
2	Cot + Railing	10	7,000	70,000
3	Baby Cot	10	1,950	19,500
4	Bed side locker with S.S. Top	10	3,000	30,000
5	Mattress	14	1,150	16,100
6	Blanket	14	391	5,474
<b>Total=&gt;</b>				<b>1,85,074</b>

(Amount in Rs.)

Baranagar				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Allis's tissue Forceps (6")	4	130	520
2	Artery Forceps (curved)	16	130	2080
3	1.5" & 2" Diver's Retractor	16	250	4000
4	Curved Needle Holder (1.5" & 2")	8	85	680
5	8" Heavy Dissecting Forceps (Tooth)	8	100	800
6	Intestinal Clamp	2	1,500	3000
7	Sucker Machine	4	8,000	32000
8	Drain Circuit (Adult)	3	1,000	3000
9	Paediatric Circuit	2	800	1600
10	Bladder Retractor 18"	3	400	1200
11	Nebuliser	4	3,000	12000
12	Oxy. Set	4	40	160
13	Desjardin's Forceps	4	130	520
14	Moynihan Forceps	4	130	520
15	Long (Tooth) Dissecting Forceps	4	130	520
16	Mosquitor Forceps (Curved)	4	130	520
17	Multipara P. Oxymeter	1	75,000	75000
<b>Total=&gt;</b>				<b>1,38,120</b>



(Amount in Rs.)

Baranagar				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Saline	10 Boxes		8,000
2	5% Dextrose	10 Boxes		8,000
3	Ringer Lactate	15 Boxes (1000 CC)		8,000
4	Ringer Lactate	10 Boxes (540 CC)		12,000
5	Inj. Anawin	100 amp		5,000
6	Inj. Midayolam	100 amp		4,000
7	Inj. Voveran	100 amp		2,000
8	Inj. Fortwin	100 amp		3,000
9	Inj. Calmpose	100 amp		3,000
10	Inj. Mikacin	100 amp		3,000
11	Inj. Monosact (1.5 mg)	100 vials		10,000
12	Inj. Metrogyl (I.V.)	100 bottle		3,000
13	I.V. drip set	10 boxes		3,000
14	B.T. Set	10 boxes		3,000
15	I.V. Cannula	1000 pcs		3,000
16	Laucoplast 3"	100 pcs		10,000
17	Scalpvein Set	100 pcs		2,000
18	Inj. Propofal	25 amp		5,000
19	Inj. Pentothal Sodium	100 vials		4,000
20	Sterile Water (5CC, 10CC) amp	25 boxes		3,000
21	Inj. Tacrean	100 amp		10,000
22	Gauze Than	40 than		2,600
23	Inj. Phenergan	100 amp		3,000
<b>Total =&gt;</b>				<b>1,17,600</b>

(Amount in Rs.)

Barrackpore				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Pulse-Oxymeter (infant)	1	25,500	25,500
2	N - Meter (Eletrolyte)	1	1,50,000	1,50,000
3	Fowler Bed	5	11,000	55,000
4	Mattress	5	3,500	17,500
5	Pulse Oxymeter	2	25,500	51,000
6	Medicine			75,000
<b>Total =&gt;</b>				<b>3,74,000</b>



(Amount in Rs.)

<b>Bhatpara</b>				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Foetal Doppler	2	11,000	22,000
2	Double Step Stool (Hosco)	6	850	5,100
3	Almirah	6	8,000	48,000
4	Wooden Table	6	5,000	30,000
5	BP Instrument	6	1,000	6,000
6	Stethoscope	6	500	3,000
7	Allis forceps 6"	12	130	1,560
8	Artery forceps 6"	12	130	1,560
9	Needle Holder	12	85	1,020
10	Vaccum Suction Tube	20 Mtr.	70	1,400
11	Instrument Trolley	1	4,500	4,500
12	Steel Drum	4	1,300	5,200
13	Chromic 40mm ½ 0 Circle	25	500	12,500
14	Catgut	25	500	12,500
15	Kith Kath	200 Pc	8.50	1,700
16	Adhesive Leukoplast	30 Pc	110	3,300
17	Gloves (7 No. )	10 Box	300	3,000
18	Gloves (6 ½ No.)	10 Box	300	3,000
19	Gauze (Per Than)	100 Than	65	6,500
20	Water Purifier for drinking water	1	10,000	10,000
<b>Total =&gt;</b>				<b>1,81,840</b>

(Amount in Rs.)

<b>Chandernagore MC</b>				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	O <sub>2</sub> Cylinder (B Type)	11	7,500	82,500
2	Delivery Table + Stand	1	5,400	5,400
3	OT O <sub>2</sub> Mox with Pipe	3	1,700	5,100
4	OT O <sub>2</sub> Mox without Pipe	4	1,600	6,400
5	OT Cylinder (A Type)	5	6,500	32,500
6	N <sub>2</sub> O Cylinder	5	6,500	32,500
7	Non desecting vaginal hysterectomy clamp set	8	450	3,600
8	Stand Fan	5	3,000	15,000
9	Wall Fan	7	1,800	12,600
10	Almirah	6	8,000	48,000
11	Rack	3	1,200	3,600
<b>Total =&gt;</b>				<b>2,47,200</b>

(Amount in Rs.)

<b>Dum Dum</b>				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Ultra Sound Dropper	1	11,000	11,000
2	Normal delivery with Episomy Set	1	2,500	2,500
3	Wrigley Forceps set	1	3,000	3,000
4	DE set	2	8,000	16,000
5	Sucker Machine – adult	1	8,000	8,000
6	Sucker machine – baby	1	7,000	7,000
7	Neonatal resuscitation set (complied)	1	8,000	8,000
8	Stand spot light	1	9,000	9,000
9	Saline Stand (Steel Body)	6	1,800	10,800
10	OT Slipper (black) in Pairs	10	140	1,400
11	Instruent tray with lid (18" x 12")	5	800	4,000
12	Baby reception tray	2	500	1,000
13	Bowl stand	2	200	400
14	Kidney tray	5	100	500
15	Baby Weight Machine	2	1,000	2,000
16	Adult Weight Machine	2	1,000	2,000
17	BP Machine	3	500	1,500
18	Mattress with cover with pillow	2	3,500	7,000
19	Bed Sheet	50	200	10,000
20	Patient's Gown	50	100	5,000
21	Makintosh	20	200	4,000
22	Rubber Sheet (100 mt.)	100	200	20,000
23	Blanket with cover for mother	50	300	15,000
24	Blanket with cover for baby	50	200	10,000
25	Mosquito net for mother	50	200	10,000
26	Mosquito net for baby	50	100	5,000
27	Steel Almirah	2	8,000	16,000
28	Revolving Chair	2	3,400	6,800
29	Wooden Chair	2	2,000	4,000
30	Aqua Guard	2	12,000	24,000
31	Instrument cabinet with key	1	10,000	10,000
32	Medicine			27,500
<b>Total =&gt;</b>				<b>2,62,400</b>

(Amount in Rs.)

<b>English Bazar</b>				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Patient Bed	21	4,500	94,500
2	OT Table	1	89,000	89,000
3	Bedside cabinet	21	1,000	21,000
4	OT Sterilisation Machine	1	9,500	9,500
5	Oxyflowmeter	2	823	1,646
6	Mattress	21	3,500	73,500
7	Bed sheet	21	200	4,200
8	Pillow foam with cover	21	150	3,150
<b>Total =&gt;</b>				<b>2,96,496</b>



(Amount in Rs.)

Halisahar				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Surgical Gloves	48 Pairs	5.20	250
2	Rubber Catheters	10	20.00	200
3	Patients Apron	6	100	600
4	Foetal Doppler Machine	1	11,000	11,000
5	Baby Sucker Machine	1	7,000	7,000
6	Oxygen Cylinder with accessories	1	10,000	10,000
7	Aneroid BP Instrument	4	1,000	4,000
8	Stethoscope	4	500	2,000
9	Adult Weighing Machine	2	1,000	2,000
10	Baby Weighing Machine	2	1,000	2,000
11	Needle Holder	6	85	510
12	Needle Cutting	12	10	120
13	Needle Round Bodied	12	10	120
14	Dissecting forceps tooth	4	130	520
15	Dissecting forceps Plain	4	130	520
16	Haemostats	10	100	1,000
17	Kochers tissue forceps	4	130	520
18	Alli's tissue forceps	4	130	520
19	Scissors large	6	100	600
20	Scissors small	6	75	450
21	Sponge holding forceps	2	130	260
22	Suture nylon	1 Box	100	100
23	Suture catgut	1 Box	500	500
24	Sim's Vaginal Speculum	2	300	600
25	Cusco's Vaginal Speculum	1	500	500
26	OT Slippers	10 Pair	140	1,400
27	Chair	60	300	18,000
28	Table	6	4,000	24,000
29	Mattresses	10	1,150	11,500
30	Bed Sheet	20	300	6,000
31	Pillow	10	150	1,500
32	Pillows cover	20	60	1,200
33	Baby cot mattress	6	1,150	6,900
34	Baby cot mattress cover	12	100	1,200
35	Rexin Roll	6	500	3,000
36	Almirah	8	8,000	64,000
37	Ceiling Fan	4	1,200	4,800
38	Wall Fan	4	1,800	7,200
39	Curtain	20	300	6,000
40	Racks	6	2,000	12,000
41	Medicine			26,720
<b>Total =&gt;</b>				<b>2,41,310</b>



(Amount in Rs.)

Jiaganj Azimganj				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Hospital General Bed	35	4,500	157,500
2	Bed Mattress	35	3,500	122,500
<b>Total=&gt;</b>				<b>2,80,000</b>

(Amount in Rs.)

Madhyamgram				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Monitor (5 Para) for OT	1	75,000	75,000
2	Stethoscope ( Dual)	2	500	1,000
3	Nebuliser	1	3,000	3,000
4	Mosquito Forceps Curved	20	130	2,600
5	Scissors Meindoes	18	100	1,800
6	Artery Forceps 6'' Curved	16	130	2,080
7	St. Scissors round pointed	16	100	1,600
8	Complete DE Set	1	8,000	8,000
9	Steel Bowl	6	350	2,100
10	Gally Pot	12	120	1,440
11	Towel Clips	12	40	480
12	Saline Stand S S	5	1,800	9,000
13	Steriliser Drum 12'' x 10''	2	2,000	4,000
14	Daincircuit	2	1,800	3,600
15	Laryngoscope 4 Blade	1	800	800
16	Cheatle Forceps	6	130	780
17	Instrument Cabinet	1	8,000	8,000
18	Instrument Steriliser	2	2,300	4,600
19	Fowler Bed	2	11,000	22,000
20	Bed Side Bowl SS	15	175	2,625
<b>Total=&gt;</b>				<b>1,54,505</b>

(Amount in Rs.)

Madhyamgram				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Inj Pantaprazol 10 mg	100 vials	38	3,800
2	INj. Ceftriaxone 1000 mg	100 vials	98	9,800
3	Inj. Ondansatron 4 mg 2 ml	50 amp	12	600
4	Tab Ferrosascorbate 100 mg, Folic Acid 1.5 mg	1000 tab	15 per 10	1,500
5	I V Set	100 pcs	15	1,500
6	Sangofix	50	45	2,250
7	Tryglad	36	325	11,700
8	Ethilon 2-0	18	120	2,160
9	Accelofenar 100mg Serratiopeptodase 15 mg tab	300	19 per 10	570
10	Tab Grovit	500 tab	32 per 10	1,600
11	Venflow/ Kitkat /20/18	50	25	1,250
12	Inj Amikacin 500mg	75 amp	28.50	2,138
13	Spinicaine Needle	75	32	2,400
<b>Total=&gt;</b>				<b>41,268</b>

(Amount in Rs.)

Maheshtala				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Ambubag	2	1,500	3,000
2	Suction Tube	4	70	280
3	Endotrocheal Tube	4	45	180
4	Prediatric E.T. Tube	6	100	600
5	Baby Ryle's Tube	12	30	360
6	Thermometer	6	145	870
7	Baby Weighing Machine	2	1,000	2,000
8	BP Machine	4	1,000	4,000
9	E.T. Tube Prediatric	6	100	600
10	Baby Bulb sucker	4	600	2,400
11	Stethoscope	10	500	5,000
12	Neebuliser Mask	6	90	540
13	Neebuliser Mask (Baby)	3	100	300
14	Oxygen Mask (Adult + Baby)	6	80	480
15	Needle Holder	6	85	510
16	Glass Door Almirah	1	8,000	8,000
17	Steel Bed	2	8,000	16,000
18	Curved Artery Forceps (Large)	12	130	1,560
19	Crolecystectomy Forceps	2	130	260
20	Diathermy Machine	1	85,000	85,000
21	Saline Stand	1	1,800	1,800
22	Medicine			1,15,000
<b>Total =&gt;</b>				<b>2,48,740</b>

(Amount in Rs.)

Naihati				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Paediatric Circuit for anasthetic	1	2,500	2,500
2	Brain Circuit	1	3,000	3,000
3	Laryngo Scope (Neonatye, Paediatric)	1	800	800
4	Anasthetic Reserver Bag - 1 L	2	500	1,000
5	Anasthetic Reserver Bag - 2 L	2	500	1,000
6	Face Musk (No. - 2, No. - 4 connectors)	1	1,500	1,500
7	Endotrachial tube complete set from 2.5 LO	1	2,000	2,000
8	Neonatal rubber endotrachial tube 2.5 / 3	1	600	600
9	Maggil forcep	1	400	400
10	Baby Sucker Machine	2	7,000	14,000
11	Room Heater	2	3,500	7,000
12	Stethoscope	20	500	10,000
13	BP Machine	10	1,000	10,000
14	Baby stethoscope	5	400	2,000
15	Butterfly 11 set 25.24, 23	1	200	200
16	Hystroscopy set (opretive 6 mm)	1	1,50,000	150,000
17	Sucker machine	2	8,000	16,000
18	Diathermy set	1	85,000	85,000
19	Kocher Forcep 6" 8"	1	130	130
<b>Total =&gt;</b>				<b>3,07,130</b>



(Amount in Rs.)

**New Barrackpore**

<b>No.</b>	<b>Item</b>	<b>Quantity Reqd.</b>	<b>Unit Rate</b>	<b>Amount</b>
1	Telescope (For Laparoscopy set)	1	1,20,000	1,20,000
2	Multipara Monitor (L & T)	1	75,000	75,000
3	Cylinder (Nitrous Oxide) Capacity 1740	5	6,000	30,000
<b>Total=&gt;</b>				<b>2,25,000</b>

(Amount in Rs.)

**North Barrackpore**

<b>Sl. No.</b>	<b>Item</b>	<b>Quantity Reqd.</b>	<b>Unit Rate</b>	<b>Amount</b>
1	OT Table	1	1,30,000	1,30,000
<b>Total=&gt;</b>				<b>1,30,000</b>

(Amount in Rs.)

**North Dum Dum**

<b>Sl. No.</b>	<b>Item</b>	<b>Quantity Reqd.</b>	<b>Unit Rate</b>	<b>Amount</b>
1	Phototherapy Unit	1	47,600	47,600
2	Neonatal Oxygentent	1	2,250	2,250
3	Fingertip Pulse Oxymeter	2	25,500	51,000
4	Hydrolic Operation table	1	89,000	89,000
5	Boyles Aneasthetic Apparatus	1	70,000	70,000
6	Thermoeter	3	145	435
7	Foetal Doppler	1	11,000	11,000
8	Nebulizer Machine	1	3,000	3,000
9	Digital BP Instrument with Paediatric Cuf	2	1,000	2,000
10	Diathermy Machine	1	85,000	85,000
11	Steel Almirah	2	8,000	16,000
<b>Total=&gt;</b>				<b>3,77,285</b>



(Amount in Rs.)

Panihati				
Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Mosquito Net ( Baby)	20	200	4,000
2	Mosquito Net ( Adult)	20	300	6,000
3	Mattress	20	3,500	70,000
4	Pillow	10	150	1,500
5	Pillow Cover	20	60	1,200
6	Bed Sheet	20	200	4,000
7	Bed Cover	20	250	5,000
8	Large Sheet ( for OT)	2	500	1,000
9	Cut Sheet ( for OT)	2	400	800
10	Doctor's Gown	10	350	3,500
11	Doctors Apron ( Plastic)	10	100	1,000
12	OT Slipper	15	200	3,000
13	Cap ( Disposable)	100	25	2,500
14	Mask ( Disposable)	100	20	2,000
15	Uniform with logo	8	500	4,000
16	BP Instrument	2	1,000	2,000
17	Laryngoscope ( Adult)	2	800	1,600
18	Oxygen Flowmeter	3	1,000	3,000
19	View Box	2	2,000	4,000
20	Soap Case	15	50	750
21	Tin Cutter	5	15	75
22	Alli's Scissor Large & Small	12	130	1,560
23	Fine Scissor Medium	6	100	600
24	Long Curve Scissor	3	100	300
25	Artery Forceps Medium & Small	12	130	1,560
26	Towel Clip	10	40	400
27	Metal Catheter	1 set	1,500	1,500
28	Green Armytage Clamp	4	280	1,120
29	LAN's Tissue Forceps	4	130	520
30	Single Blade SIM's Vaginal Speculum	1	300	300
31	Ovum Forceps	1	130	130
32	Patient Examination Table	5	5,000	25,000
33	Chair	10	300	3,000
34	Table	2	4,000	8,000
35	Cabinet ( OT)	1	4,000	4,000
36	Boyle's Apparatus	1	70,000	70,000
37	ECG Chord	1	4,000	4,000
<b>Total =&gt;</b>				<b>2,42,915</b>

(Amount in Rs.)

## Rajarhat Gopalpur

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Sucker Machine	3	8,000	24,000
2	Pulse Oxymeter	2	25,500	51,000
3	Diathermy	1	85,000	85,000
4	OT Table	1	89,000	89,000
5	Steel Almirah	2	8,000	16,000
6	Revolving Chairs	6	3,400	20,400
7	Mattress	14	3,500	49,000
8	Scissors Straight 6.5"	12	50	600
9	Artery Forceps 6.0"	12	130	1,560
10	Tissue Forceps 7"	12	130	1,560
11	Dissecting Forceps (Tooth) 6"	12	130	1,560
12	Dissecting Forceps (Non Tooth)	12	130	1,560
13	Sponge Holding Forceps 9"	12	115	1,380
14	Needle Holders 7"	12	85	1,020
15	Scissors Sharp Point Straight 6"	12	50	600
16	Scissors Sharp and blunt 6"	12	50	600
17	Scissors Curved 8"	12	50	600
<b>Total =&gt;</b>				<b>3,45,440</b>

(Amount in Rs.)

## Rishra

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Clamp (Big)	5	135	675
2	Kochers Clamp	5	125	625
3	Curb Artery	8	130	1,040
4	Small Allis	8	85	680
5	Needle Holder	4	85	340
6	Chair	30	300	9,000
7	Mattress	10	1,150	11,500
8	Pillow foam with cover	19	150	2,850
9	M. Net	20	200	4,000
10	Bed Cover	30	200	6,000
11	OT Light	1	1,40,000	140,000
12	Spot Light	4	9,000	36,000
13	Sucker Machine	1	8,000	8,000
14	BP Instrument	10	1,500	15,000
15	Stethoscope	5	500	2,500
16	Doppler Machine	1	11,000	11,000
17	Pulse Oxymeter	1	25,500	25,500
<b>Total =&gt;</b>				<b>2,74,710</b>



(Amount in Rs.)

**Siliguri MC**

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Baby Warmer Machine	1	40,000	40,000
2	Labour Table	1	5,000	5,000
3	Spot light with mercury bulb	1	9,000	9,000
4	Autoclave	1	2,50,000	250,000
5	Oxygen flow meter	2	823	1,646
6	Trolley	3	3,000	9,000
7	Ceiling Fan	5	1,200	6,000
<b>Total=&gt;</b>				<b>3,20,646</b>

(Amount in Rs.)

**Taki**

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Pulse Oxymeter (3 way)	1	25,500	25,500
2	Computerised ECG Machine	1	70,000	70,000
3	OT Spot Light	1	5,000	5,000
4	Foetal Doppler (Digital)	1	11,000	11,000
5	Steel Almirah	1	8,000	8,000
6	Oxygen Concentrator	1	35,000	35,000
<b>Total=&gt;</b>				<b>1,54,500</b>



(Amount in Rs.)

## Titagarh

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	Almirah	2	8,000	16,000
2	BP Machine (Digital)	4	1,000	4,000
3	Doppler	1	11,000	11,000
4	Ambu Bag	3	1,800	5,400
5	Neonatal Laryngoscope	1	800	800
6	Baby Sucker Machine	1	7,000	7,000
7	Neonatal Sucker Tube (Disposable)	25	40	1,000
8	Glucometer	2	1,500	3,000
9	Baby Weight Machine (Digital)	3	1,000	3,000
10	Emergency Light	4	1,000	4,000
11	Torch (Eveready, Big Size)	4	250	1,000
12	Wooden Hammer	1	200	200
13	Dilator Set	1	2,000	2,000
14	Focusing Lamp (For Labour Room)	2	9,000	18,000
15	Pulse Oxymeter (Portable)	2	25,500	51,000
16	Dust Bin Covered	10	150	1,500
17	Bed Sheet	25	200	5,000
18	Pillow Cover	25	60	1,500
19	Patient Dress	24	100	2,400
20	OT Dress for Doctor's & OT Boy	10	350	3,500
21	Needle (Curved, Straight, Round)	6 Dozen Each	360 per Dozen	6,480
22	Slippers for OT	20	200	4,000
23	Ceiling Fan (Havells)	5	1,200	6,000
24	Wall mounting Fan	2	1,800	3,600
25	Baby Towel	20	100	2,000
26	Glass Trolley	1	5,000	5,000
27	Glass Cabinet	1	8,000	8,000
28	Nebulizer	2	3,000	6,000
29	Oxygen Cylinder	2	10,000	20,000
30	Instrument Sterilize Machine	1	8,000	8,000
31	Stethoscope	6	500	3,000
32	Sterilized Gloves (Disposable)	6 Dozen	300 per Dozen	1,800
<b>Total =&gt;</b>				<b>2,15,180</b>

(Amount in Rs.)

## Uttarpara Kotrung

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1	OT Table	1	89,000	89,000
2	Radiant Warmer	1	35,400	35,400
3	Baby Cot	10	1,950	19,500
4	Mattress	20	1,150	23,000
5	Fowlers Bed	2	11,000	22,000
<b>Total =&gt;</b>				<b>1,88,900</b>





I. P. P.-VIII(Extra)  
KHARAGPUR MUNICIPALITY  
.....

Annexure-IV.

UTILISATION CERTIFICATE  
(Form No.-S.R. 330 A)  
-----

Sl.No.	LETTER No & DATE	AMOUNT (in Rs.)
	SUDA-Health/527(Pt-I) 11/68 date 27.06.76	14,00,000/-
	TOTAL	

Certified that  
out of Rs.....  
Rs. 14,00,000/-  
of Grants-in-aid  
sanctioned during  
the year 2011-12  
in favour of  
Kharagpur Municipality

this Ministry/Department letter no. given in the margin and-  
Rs..... Nil..... on account of unspent balance of the previous  
year, a sum of Rs. 14,00,000/- has been utilized for the  
purpose it was sanctioned and the balance of Rs. Nil.....  
remaining unutilized at the end of the quarter has been  
carried forward to the A/C of next quarter of FY.....

Certified that I have satisfied myself that the conditions on  
which the Grant-in-aid was sanctioned has been duly fulfilled/ are  
being fulfilled and that I have exercised the following checks to see  
that the money was actually utilized for the purpose for which it  
was sanctioned.

KINDS OF CHECK EXERCISED



Ph. No. 2632-3429

Fax No. 033-2632-6257

e-mail: champdanyulb@gmail.com

OFFICE OF THE COUNCILLORS OF CHAMPDANY  
MUNICIPALITY1, POURA BHAWAN ROAD, CHAMPDANY  
P.O.-BAIDYABATI, DIST.-HOOGHLY, PIN-712222

Memo No. 1908

Dated, Champdany the 5<sup>th</sup> March 2012From : Shri Suresh Mishra, Chairman  
Champdany MunicipalityTo  
The Director, SUDA  
Ilgus Bhavan  
Bidhan Nagar Calcutta-700 091

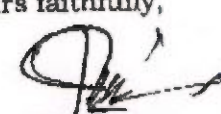
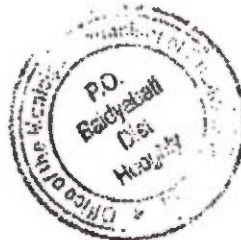
Sub: Strengthening of MII Services.

Re: Your Letter No. SUDA-Health/527(Pt.-1)/11/284 dated 20/01/2012

Dear Sir,

This is with reference to your above letter. Please find enclosed the Utilization Certificate as per 330A Form for the purchase of Equipment & Furniture towards strengthening of MII Services.

Yours faithfully,

  
Chairman  
Champdany Municipality

Checked & found OK  
06/08/2012

Name of the Urban Local Body: **Champdany Municipality**

Name of the Scheme: **Purchase of Equipment & Furniture towards strengthening of MH Services 2011-2012.**

**UTILISATION CERTIFICATE AS PRESCRIBED IN S.R. 330A OF THE TREASURY RULES, WEST BENGAL AND THE SUBSIDIARY RULES MADE THEREUNDER VOLUME - I**

Certified that out of Rs. 4, 29, 416/- (Rupees Four lakh twenty nine thousand four hundred sixteen only) Grant -in Aid sanctioned during the year 2011-2012 in favour of Champdany Municipality under Municipal Affairs Department, Government of west Bengal, and Order No SUDA- Health/ 527(Pt.-1)/11/284 dt.20/01/2012 given in the margin and Rs...Nil on account of unspent balance of the previous year, a sum of Rs.4,29,416/- has been utilized for the purpose purchase of equipment & furniture towards strengthening of MH services for which it was sanctioned and that the balance of Rs....Nil...remaining unutilized at the end of the year has been surrendered to Government (vide No.....Dated.....) and will be adjusted towards the grants -in-aid payable during the next year.

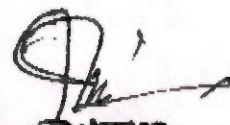
Sl. No.	Name of the Scheme	Govt. Order No.& Date	Amount Rs.
01	Purchase of Equipment & Furniture towards strengthening of MH Services.	SUDA-Health /527 (Pt.-1) /11/ 284 D.T. 20/01/2012	4, 29, 416.00
		<b>TOTAL</b>	<b>4, 29, 416.00</b>

2 Certified that I have satisfied myself that the conditions on which of the grant-in-aid was sanctioned have been duly fulfilled /are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kinds of check exercised:

Kinds of check exercised

- 1) Payment Bill duly checked by me.
- 2) 100% signature duly checked by me.
- 3) Payment duly made in my presence.

Signature.....  
  
**Chairman**  
**Champdany Municipality**  
 Designation.....  
 Date.....

- The grant-in-aid was shown under T.V.No.....Dated.....
- Head of Account.....2217





POC (M)  
 5/2/12

**FORM SR - 330A**  
**of the Treasury Rules, West Bengal and the Subsidiary Rules made**  
**thereunder, Volume - I**

**FORM OF UTILISATION CERTIFICATE**

Sl. No.	Letter No. and Date	Amount (Rs.)
1	SUDA-Health / 527 (Pt-I) / 11 / 20 dated - 24.04.2012	74, 287 .00

Certified that out of Rs.74, 287.00 grants-in-aid sanctioned during the year 2012-2013 towards the purchase of Equipment & Furniture towards

Strengthening of MH services under this letters no. given in the margin and a sum of Rs.74, 287.00 (Rupees Seventy Four Thousand Two Hundred Eighty Seven) only has been utilized for which it was sanctioned and the balance of Rs.0.00 remains unutilized in the hand.

Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly / are being fulfilled and that I have exercised the following check to see that the money was actually utilized for the purpose for which it was sanctioned.

**Kinds of check exercise:**

- ① Books of Accounts
- ② original bills, Chabans, Receipts & vouchers
- ③ Bank Statement.
- ④ Physical Progress.

Uttam Das  
 Chairman  
 Barrackpore Municipality

**CHAIRMAN**  
**BARRACKPORE MUNICIPALITY**

*Checked & found ok*



**Office of the Councillors of South Dum Dum  
Municipality**

**NAGER BAZAR , KOLKATA – 700 074**

From :

*Smt Anjana Rakshit*

Chairperson.

SOUTH DUM DUM MUNICIPALITY

To

The Director,  
SUDA,  
Salt Lake, Kolkata

Date: 3.5.12



Sir

Sub: Submission of, UC for Equipments & Furniture.

Enclosed please find herewith UC for Equipments & Furniture for South Dum Dum Municipality.

Kindly acknowledge receipt.

Thanking you,

Yours faithfully,

*Anjana Rakshit*

Chairperson.

Chairperson

South Dum Dum Municipality

Checked  
2 Found OK  
06/05/12

# SOUTH DUM DUM MUNICIPALITY

## NAGERBAZAR, KOLKATA – 700 074

### Utilisation Certificate ( Form No, S. R. 330 A )

Sl. No.	Letter No. & Date	Amount ( in Rs. )
1.	SUDA-Health/527(pt-1)/11/348 Date: 20.3.2012	8,68,600/-
	Total -	8,68,600/-

Certified that out of Rs .8,68,600 /- of Grants-in-aid sanctioned during the year March,2012 in favour of South Dum Dum Municipality under this Ministry / Department letter no. given in the margin and Rs. Nil of account of unspent balance of the previous year, a sum of Rs. ~~Nil~~ <sup>8,68,600/-</sup> Has been utilized for the purpose it was sanctioned and the balance of Rs. Nil. A/ C of next quarter of FY . 2012-2013.

Certified that I have satisfied myself that the conditions on which the Grant-in-aid was sanctioned has been duly fulfilled / are being fulfilled and that I have exercised that following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

#### KINDS OF CHECK EXERCISED

- ( 1 ) Books of Accounts.
- ( 2 ) Original Bill, Receipts & Vouchers.
- ( 3 ) Bank Statements.
- ( 4 ) Physical Progress.

*Anjana Rakshit*  
Chairperson  
Chairperson  
South Dum Dum Municipality

# RAJPUR-SONARPUR MUNICIPALITY

P.O.—HARINAVI, SOUTH 24-PARGANAS (KOLKATA-148)

Ref. No. — HAU / 88 /

Dated—12 / 07 / 2012

## UTILISATION CERTIFICATE

( Form No - S. R. 330A)

PO (H)  
D  
12/07/12

Sl. No.	Letter No. and Date	Amount ( in Rs. )
1	SUDA-Health /527 (Pt.-1 )11 /19 Dated 24.4.12	12,10,500=00
	TOTAL :-	12,10,500=00

Certified that out of Rs. 12,10,500=00 of Grant -in-aid sanctioned during the year ( 2011-12 ) , received during the year ( 2012-13 ) in favour of RAJPUR-SONARPUR MUNICIPALITY under the Ministry / Department letter no. SUDA-Health /527 (Pt.-1 )11 /19 Dated 24.4.12 and Rs. Nil of account of unspent balance of the previous year , a sum of Rs.2,10,501=00 has been utilized for the purpose it was sanctioned and the balance amount of Rs.9,99,999=00 will be utilized very soon for which supply order has already been issued and early delivery of supplied items are expected .

Certified that I have satisfied myself that the conditions on which the Grant -in-aid was sanctioned has been duly fulfilled / are being fulfilled and that I have exercised that the following checks to see that money was actually utilized for the purpose for which it was sanctioned.

### KINDS OF CHECK EXERCISED

- (1) Books of Accounts
- (2) Original Bills ,Challans ,Receipts & Vouchers
- (3) Bank Statement
- (4) Physical Progress.

(Indu Bharti Bhatia)  
Chairman Rajpur-Sonarpu  
Municipality

U.C amount is Rs 210,501  
Found OK  
06/08/2012





IPP-VIII (EXTENSION)

**BALURGHAT MUNICIPALITY**

BALURGHAT \* DAKSHIN DINAJPUR

Phone-03522-270567

Memo No.220/IPP-VIII (Extn.)/36/12

Date: 06.03.2012

To  
The Principal Accountant General (A & E)  
West Bengal, Treasury Building, Kolkata-700001.

Subj: Submission of Utilization Certificate in respect of Procurement of Equipment and Furniture, Drugs and Larvicides.

Ref: - G.O. No. 188/M.A/P/C-10/IG-9/2009 (FS) dt. 31.10.2011 and Memo No. SUDA-HEALTH/547pt/11/282(124) dt.10.01.2012

Sir,

With reference to above, I am sending herewith the Utilization Certificates for full amounts through prescribed proforma in terms of note -2 below S.R.330A of Treasury rules for doing need full from your end.

Yours faithfully

*Biswas*  
Chairman

Balurghat Municipality

Encl: As Stated

Memo No.220/1(2) IPP-VIII (Extn.)/36/12

Date:- 06.03.2012

Copy to:

1. The Principal Secretary, Municipal Affairs Dept., Writers Building, Kol-700001
2. The Director, SUDA (HEALTH) ILGUS BHABAN, Ko - 06  
for information and necessary action.

*Biswas*  
Chairman  
Balurghat Municipality

*Checked & Found OK*  
*[Signature]*  
06/08/12

**FORM OF UTILIZATION CERTIFICATE PRESCRIBED IN S.R.330 A OF THE TREASURY  
RULES WEST BENGAL AND THE SUBSIDIARY RULES MADE THERE UNDER VOLUME - 1.**

Certified that out of Rs. 140000/- of grants-in aid sanctioned during the year 2011-12 in favour of Balurghat Municipality under State Urban Development Agency vide order No. given in the margin and Rs. Nil/- on account of unspent balance of the previous year. A sum of Rs. 140000/- has been utilized for the purpose for which it was sanctioned and that the balance of Rs. Nil/- remaining unutilized at the end of the year has been surrendered to Government (Vide No. Nil Dt. Nil) and will be adjusted towards the grants-in-aid payable during the year.

<u>Sl. No.</u>	<u>Name of the Scheme G.O. No. and Date</u>	<u>Amount</u>
1.	SUDA-HEALTH/53 7(p t-1)11/285 Dt.20.01.2012 Purchase of equipment towards strengthening of MH Services	Rs. 140000/-

2. Certified that I have satisfied my self that the conditions on which grant-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which it was sanctioned.

Kind of check exercised.

1. Quotations and other relevant papers obtained.
2. Stock Book Maintained.
3. Verification of equipments and medicines done properly.
4. Cash voucher recorded in Cash Book

The grant-in-aid was drawn under by Draft No. 057141 Dt.18.01.12

*Bairas*  
Chairman  
Balurghat Municipality

*[Signature]*  
6/3/12

Form of Utilisation Certificate Prescribed in S.R. 330A of the Treasury Rules, West Bengal and the Subsidiary Rules Made There under.  
Volume - I.

Certified that out of Rs.17,50,000.00 (Rupees seventeen Lakh fifty Thousand Only) of grants-in-aid sanctioned during the year (2010-2011) For Operation & Maintenance of IPP VIII for purchase of equipment towards strengthening of MH Services in favour of Burdwan Municipality Rs. Nil on account of unspent balance of the previous year and a sum of

Sl. No.	G.O. No. Date	Amount.
1.	Suda/Health/527(Pt-III) 67 Dated:-27.06.2012	Rs.17,50,000.00

Rs. 17,50,000.00  
Has been utilized for the for which it was sanctioned that the balance of Rs. Nil. Remaining un-utilised the end of the year has been surrendered to Government

(vide No. .... Dated, ....) and will be adjusted towards the grants-in-aid payable during the next year.

2. Certified that I have satisfied myself that the conditions on which the grants-in-aid was sanctioned have been duly fulfilled/are being fulfilled and that I have exercised the following checks to see that the money was actually utilized for the purpose for which was sanctioned.

Kinds of check exercised:-

1. Terms and Conditions of the G.O.
2. Resolution of the meeting of Board of Commissioners.
3. Cash Book
4. Voucher

*Checked & found OK*  
*06/08/12*

  
 Signature  
 Designation : Chairman  
 Burdwan Municipality  
 Chairman  
 Burdwan Municipality





**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING  
"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**

Ref No. ....SUDA-Health/527(Pt.I)/11/69(23)

Date .....02.07.2012

**From : Director, SUDA****To : The Mayor  
Chandernagore / Siliguri Municipal Corporation****: The Chairman  
Ashokenagar Kalyangarh / Barrackpore / Bally /  
Baranagar / Bhatpara / Dum Dum / English Bazar /  
Halisahar / Jiaganj Azimganj / Maheshtala /  
Madhyamgram / Naihati / New Barrackpore /  
North Barrackpore / North Dum Dum /  
Panihati / Rajarhat Gopalpur / Rishra /  
Uttarpara Kotrung / Taki / Titagarh Municipality****Sub. : Strengthening of Maternity Home (MH)  
under Urban RCH during FY 2012-13.**

Sir,

This is to inform you that Department of Health & Family Welfare will provide fund for strengthening of MH under Urban RCH. For the purpose, you are requested to submit list of equipment, furniture, drug (if there is any requirement for MH only) as per proforma given below for onward submission to Department of Health & Family Welfare :

(Amount in Rs.)

Sl. No.	Item	Quantity Reqd.	Unit Rate	Amount
1.				
<b>Total =&gt;</b>				
<b>(Rupees ..... ) only</b>				

The tentative budget for such procurement shall not exceed Rs. 2.50 lakh per Urban Local Body. The requisition may be forwarded to the undersigned either through FAX (Fax No. 2358 5800 / 2334 7805) or email ([dfidhhw@gmail.com](mailto:dfidhhw@gmail.com)) by 10.07.2012 positively. If your response is not received within due date, it will be taken into account that there is no such requirement for your ULB.

Thanking you.

Yours faithfully,

  
Director, SUDA

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING  
"ILGUS BHAVAN"**

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

Ref No. ....SUDA-Health/527(Pt.-1)/11/68

Date .....27.06.2012

**From : Director, SUDA**

**To : The Chairman  
Kharagpur Municipality**

**Sub. : Release of fund for Rs. 14,00,000/- in connection with purchase of  
Equipment & Furniture towards strengthening of MH Services.**

**Ref. : Your requisition submitted under memo no. 52 IPP-VIII (Extn.)-1-69/12  
dt. 27.03.2012.**

Sir,

With reference to above, an A/C payee demand draft bearing no. 061943 dt. 26.06.2012, on SBI, Salt Lake for an amount of Rs. 14,00,000/- (Rupees Fourteen lakh) only is released to meet up expenditure in connection with purchase of Equipment & Furniture towards strengthening of MH services.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested to submit UC as per 330A Form by 12.07.2012 after making necessary payment.

Yours faithfully,



**Director, SUDA**

**Dt. .. 27.06.2012**

**SUDA-Health/527(Pt.-1)/11/68/1(1)**

Cashier, SUDA



**Director, SUDA**

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

**Ref No. ....SUDA-Health/527(Pt.-1)/11/67**

**Date .....27.06.2012**

**From : Director, SUDA**

**To : The Chairman  
Burdwan Municipality**

**Sub. : Release of fund for Rs. 17,50,000/- in connection with purchase of  
Equipment & Furniture towards strengthening of MH Services.**

**Ref. : Your requisition submitted under memo no. 49(H) XII-9 dt. 10.05.2012.**

**Sir,**

With reference to above, an A/C payee demand draft bearing no. 061942 dt. 26.06.2012, on SBI, Salt Lake for an amount of Rs. 17,50,000/- (Rupees Seventeen lakh fifty thousand) only is released to meet up expenditure in connection with purchase of Equipment & Furniture towards strengthening of MH services.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested to submit UC as per 330A Form by 12.07.2012 after making necessary payment.

Yours faithfully,



**Director, SUDA**

**SUDA-Health/527(Pt.-1)/11/67/1(1)**

**Dt. .. 27.06.2012**

**Cashier, SUDA**



**Director, SUDA**



**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. ....SUDA-Health/527(Pt.-1)/11/67

Date .....27.06.2012

**From : Director, SUDA**

**To : The Chairman  
Burdwan Municipality**

**Sub. : Release of fund for Rs. 17,50,000/- in connection with purchase of  
Equipment & Furniture towards strengthening of MH Services.**

**Ref. : Your requisition submitted under memo no. 49(H) XII-9 dt. 10.05.2012.**

**Sir,**

With reference to above, an A/C payee demand draft bearing no. 061942 dt. 26.06.2012, on SBI, Salt Lake for an amount of Rs. 17,50,000/- (Rupees Seventeen lakh fifty thousand) only is released to meet up expenditure in connection with purchase of Equipment & Furniture towards strengthening of MH services.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested to submit UC as per 330A Form by 12.07.2012 after making necessary payment.

Yours faithfully,



**Director, SUDA**

**SUDA-Health/527(Pt.-1)/11/67/1(1)**

**Dt. .. 27.06.2012**

**Cashier, SUDA**



**Director, SUDA**

**SUDA**

**STATE URBAN DEVELOPMENT AGENCY**

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. ....SUDA-Health/527(Pt.-1)/11/68

Date .....27.06.2012

From : Director, SUDA

To : The Chairman  
Kharagpur Municipality

Sub. : Release of fund for Rs. 14,00,000/- in connection with purchase of  
Equipment & Furniture towards strengthening of MH Services.

Ref. : Your requisition submitted under memo no. 52 IPP-VIII (Extn.)-1-69/12  
dt. 27.03.2012.

Sir,

With reference to above, an A/C payee demand draft bearing no. 061943 dt. 26.06.2012, on SBI, Salt Lake for an amount of Rs. 14,00,000/- (Rupees Fourteen lakh) only is released to meet up expenditure in connection with purchase of Equipment & Furniture towards strengthening of MH services.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested to submit UC as per 330A Form by 12.07.2012 after making necessary payment.

Yours faithfully,



Director, SUDA

Dt. .. 27.06.2012

SUDA-Health/527(Pt.-1)/11/68/1(1)

Cashier, SUDA



Director, SUDA

o/c  
রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং.....SUDA-Health/527 (Pt.)/ 902

তারিখ.....25.06.2012

From : Director, SUDA

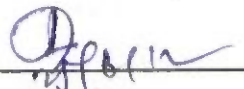
To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.Sub : Preparation of Account Payee Demand Drafts  
Current Account No.31227456477.

Strengthening of MH - HSDI

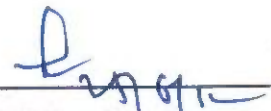
Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.31227456477 lying with your branch in respect of Strengthening of MH - HSDI Scheme.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
061942 943 ০৬/১২	01. Burdwan Municipality	17,50,000.00	Burdwan (0048)
	02. Kharagpur Municipality	14,00,000.00	Kharagpur (0202)
	<b>Total</b>	<b>31,50,000.00</b>	
<b>(Rupees Thirty One Lakh Fifty Thousand only)</b>			



(B. C. Patra)  
Joint Secretary  
M.A.Department, GoWB



(M.N.Pradhan)  
Director  
SUDA



already processed.

# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India – 713101

Phone: +91 0342 2662518 / 2664121 / 2662777 | Fax: +91 0342 2560717

Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

Memo No: - 51(H) XII-9

Date: - 12-05-2012

From: Chairman  
Burdwan Municipality

To: The Director  
State Urban Development Authority  
Health Wing, ILGUS Bhaban  
H-C Block, Sector-III, Bidhannagar  
Kolkata – 700 091

**Sub: Procurement of Laparoscopy Machine and Semi Auto Analyser**

Sir,

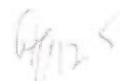
In reference to the captioned subject and your office memo no. SUDA-Health/527(Pt.-1)/11/206 dt 16.11.2011 we have already informed you under this office memo no 49/H/XII-9 dt. 10.05.2012 that we have placed order for both the above mentioned machines.

This is also to state that this order was placed observing the tender formalities as per West Bengal Finance Rule.

In view of above this is to request you to kindly release the payment at earliest.

Thanking you.

Yours faithfully



Chairman  
Burdwan Municipality

Memo No: -

Date: -

**Copy forwarded for information to: -**

1. Dr. Sibani Goswami, Health Expert, State Urban Development Authority Health Wing ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata – 700 091
2. Vice Chairman, Burdwan Municipality
3. Secretary, Burdwan Municipality
4. Health Officer, Burdwan Municipality
5. Accountant, Burdwan Municipality
6. In-charge, IPP-VIII Extn, Burdwan Municipality.

Chairman  
Burdwan Municipality

Order for Laproscopy and Semi Auto Analyser

Inbox x

 **Burdwan Municipality** . info@burdwanmunicipality.gov.in  
to me

Sir,

Please find enclosed the purchase orders along with forwarding letter as attachment.

Regards

 **Burdwan Municipality.zip**  
865K View Download

# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India – 713101

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Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

Memo No: - 49 (H) XII - 9

Date: - 10-05-2012

From: **Chairman  
Burdwan Municipality**

To: **The Director  
State Urban Development Authority  
Health Wing, ILGUS Bhaban  
H-C Block, Sector-III, Bidhannagar  
Kolkata – 700 091**

## Sub: Procurement of Laparoscopy Machine and Semi Auto Analyser

Sir,

In reference to the captioned subject and your office memo no. SUDA-Health/527(Pt.-1)/11/206 dt. 16.11.2011 this is to inform you that we have placed order for both the above mentioned machines under this office memo no. 66/H/VI-6 dt. 20.01.2012 for Semi Auto Analyser (Copy Enclosed) and 281/H/XII-9 dt.27.03.2012 for Laparoscopy (Copy Enclosed).

We also declare that this Municipality shall bear the extra cost beyond the sanctioned amount, if any, for procurement of above two machines.

In view of above this is to request you to kindly release the payment at earliest.

Thanking you.

Yours faithfully

  
**Chairman  
Burdwan Municipality**

Memo No: -

Date: -

### **Copy forwarded for information to: -**

1. Dr. Sibani Goswami, Health Expert, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata – 700 091
2. Vice Chairman, Burdwan Municipality
3. Secretary, Burdwan Municipality
4. Health Officer, Burdwan Municipality
5. Accountant, Burdwan Municipality
6. In-charge, IPP-VIII Extn, Burdwan Municipality.

**Chairman  
Burdwan Municipality**



# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India – 713101

Phone: +91 342 2662518 / 2664121 / 2662777 | Fax: +91 342 2560717

Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

Memo No: -

Date: -

From: **Chairman  
Burdwan Municipality**

To: **Indigenous,  
41/B/3, Gariahat Road(S)  
Kolkata- 700 031**

## Sub: Order for of Laparoscopy Equipments and Laparoscopic Hand Equipments

This is to inform you that your offer for of Laparoscopy Equipments and Laparoscopic Hand Equipments under grant from SUDA for Pranab Batabyal Smriti Matrisadan, IPP VIII (Ext.) Project Office for IPP VIII (Ext.)project, Jhurjhure Pool. Burdwan under your memo no 31/11-12 14/02/2012 has been accepted under following terms and conditions: -

Description	Qty	Amount
Laparoscopy Equipments and Laparoscopic Hand Equipments	1 Set	Rs. 16,87,650.00

**(Rupees Sixteen Lakhs Eighty Seven Thousands Six Hundred Fifty Only)**

1. Supply to be made within 4 to 6 weeks from receipt of this order.
2. The rate includes all taxes, duties as applicable and freight, forwarding and delivery charges at site
3. Payment will be made on satisfactory delivery of the machine.
4. Warranty: 12 months from date of commissioning or 15 months from date of delivery whichever is earlier

**Chairman  
Burdwan Municipality**

Memo No: - 281/6(1)H/xii-9

Date: - 27-03-2012

Copy forwarded to: -

1. The Director, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata – 700 091
2. Dr. Sibani Goswami, Health Expert, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata – 700 091
3. V.C., Burdwan Municipality
4. E.O., Burdwan Municipality /F.O., Burdwan Municipality
5. H.O., Burdwan Municipality/ Accountant, Burdwan Municipality.
6. In Charge, IPP-VIII

**Chairman  
Burdwan Municipality**

# Office of the Burdwan Municipality

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Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

No: - 61/11/2

Date: - 20/11/2011

Chairman  
Burdwan Municipality

Transasia Bio Medicals Ltd.  
518, Kalalaya Centre, 156A, Lenin Sarani  
Kolkata - 700 013.

Ref: Order for Semi Auto Analyser.

Reference to our order for Semi Auto Analyser issued under memo no. 41/IPP-VIII (Extn.) 2011 (one Semi Auto Analyser, Model No. ERBA CHEM- 5 PLUSV2 for Rs. 1,41,000 (One Lakh Fourty One Thousands Only) under same terms and conditions as laid down in the order quoted above may please be supplied.

Chairman  
Burdwan Municipality

To: -

Date: -

Forwarded for information to: -

1. Vice Chairman, Burdwan Municipality
2. Health Officer, Burdwan Municipality
3. In-charge, Health Department.
4. In-charge, IPP-VIII Extn.
5. Accountant, Burdwan Municipality
6. Order Book.

9/12/11  
Chairman  
Burdwan Municipality

(033) 1033-2334-2805  
033-2358-5800

# KHARAGPUR MUNICIPALITY

## I.P.P. - VIII (EXTN)

Memo No. : 71 I.P.P. VIII (Extn) -I-69/12

Date 11.5.12

To,

The Director, SUDA,  
IL&NS Bhavan,  
K-C Block, Sector-III,  
Salt Lake,  
Kolkata-700196.

P6CH  
11/5/12

Sir,

In continuation of our memo no.-52, IPP-VIII(Extn)-I-69/12 containing the copy of the order for supply of One Laparescopic Machine, I would like to declare that the order for supply has been issued following tender procedure as laid down in the West Bengal Financial Rules.

Yours sincerely,  
11/5/12  
( Jahar Lal Paul )  
Chairman  
Kharagpur Municipality





# KHARAGPUR MUNICIPALITY

## I.P.P. - VIII (EXTN)

Memo No. : 52 I.P.P. VIII (Extn) -I-69/12

Date 27.3.12

To,

The Director, SUDA,  
ILGUS Bhavan,  
H-C Block, Sector-III,  
Salt Lake,  
Kolkata-700106.



POCH)  
*[Handwritten signature]*

Sir,

I am enclosing the copy of the order No.-51, IPP-VIII(Extn) I.69/12 dt.27.3.12 issued in favour of M/S Hospital Supply Company ltd, Kolkata for supply of one Laparoscopic Machine at Rs. 1400135/- (Rupees Fourteen lakh one hundred thirty five)only being the lowest rate, which exceeds the allotted amount by Rs.135/-(Rupees one hundred thirty five)only,. The excess amount shall be paid out of Municipal fund.

It is requested, you would release the fund to enable us to make payment by 31.03.2012.

yours faithfully,

*[Handwritten signature]*

Encl: Stated.

( Jahar Lal Paul )  
Chairman  
Kharagpur Municipality



OFFICE  
OF THE COUNCILLORS  
KHARAGPUR MUNICIPALITY

NO:- 51, IPP-VIII(Extn)-I-69/12 dt.27/03/2012

To,

M/S, HOSPITAL SUPPLY COMPANY,  
111, Chittaranjan Avenue,  
Kolkata-700073,  
India.

ORDER FOR SUPPLY

Order is hereby issued being the lowest quotationer for supply of  
One Laparoscopy Machine specified under the head "specification and on  
terms and conditions referred to under the head "Terms and conditions".

SPECIFICATIONS

Rs. 1400135/-

QTY PRICE

Single chip Camera

Telecom DK II-I-chip----- video printers 1  
Telecom-C I-chip e-mount camera-----colour system  
PAL C-mount lens, soakahle, focal length\* 30 mm  
Forward oblique Telescope 30'---- colour code:red.

LAPAROFLATOR

Eleefronic Endoflator set----- package of 10 pieces  
High pressure Hose----- length 55 cm. 1  
CO2 Bottle, empty with pin-index connection 1  
Veress Pneumoperifoneum Needle with spring loaded  
bleent stylt----- length. 1  
Trocar, size 11mm-----valve. 1  
Suction and Irrigation-----length 36 mm 1  
Clickline kelly----Forceps-----insert. 1



	QTY	PRICE
Clickline Metzenbaum Forceps Insert,	1	
Clickline----- trocar size 6mm.	1	
L Hook 5 mm-----		
Claw Forcep 10 mm clip application 10mm-----		
Spotula electrode 5 mm-----	1 (each)	
Needle Holder 5 mm----- Knot pushes----		
HYSTERECTOMY SURGERY SET.		
.....		
Hopkins II Forward oblique Telescope 30' 4 mm length 30 cm----- code red.	1	
Working Element... outside the sheath,	1	
Resecforcope----26040 DB	1	
Standard obturator---26050 SC.	1	
L C D Monitor,	1	
Total Rs.-		1400135/-

TERMS AND CONDITIONS

The Machine including accessories and hand-instruments should be supplied to the Hospital at Debalpur, Kharagpur, Kharagpur (Town)PS and installed thereat free of cost, within 10 days from the date of receipt of the order.

2. Annual maintenance, free of cost, for one year from the date of installation and thereafter at a find charge of Rs.----- per ~~month~~ annual to be done by the Company.

3. Warranty by the for ~~1~~ (one) year from the date of completion of installation.

4. Any item found malfunctioning shall be replaced within the period of warranty.



5. The bill accompanied with receipted challan and due certificate by the G D M O-in-charge as to quality and quantity of the instruments and installation thereof should be submitted to the Chairman within seven days from the date of completion of installation.
7. Any point of dispute as regards above ~~condition~~ condition shall be arbitrated by the CMO(H) or an officer appointed by him.



11-28/3/12  
( J. L. Paul )  
Chairman  
Kharagpur Municipality

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

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

Ref No. ....SUDA-Health/527(Pt.-1)/11/204

Date .....16.11.2011

From : Director, SUDA

To : The Chairman  
Kharagpur Municipality

Sub. : Strengthening of MH services.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 14,00,000/- (Rupees Fourteen lakhs) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Laparoscopy Machine	1

You are requested to undertake such procurement observing West Bengal Financial Rules by December, 2011. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is one time support without creating any precedence.

Thanking you.

Yours faithfully,




Director, SUDA

SUDA-Health/527(Pt.-1)/11/204(4)

Dt. .. 16.11.2011

CC :

1. Executive Officer, Kharagpur Municipality
2. Finance Officer, Kharagpur Municipality
3. UHIO, Kharagpur Municipality
4. Finance Officer, Health, SUDA



Director, SUDA



# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India - 713101  
Phone: +91 342 2662518 / 2664121 / 2662777 | Fax: +91 342 2560717  
Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

Memo No: -

Date: -

From: **Chairman  
Burdwan Municipality**

To: **Indigenous,  
41/B/3, Gariahat Road(S)  
Kolkata- 700 031**



POCH  
[Handwritten signature]

**Sub: Order for of Laparoscopy Equipments and Laparoscopic Hand Equipments**

This is to inform you that your offer for of Laparoscopy Equipments and Laparoscopic Hand Equipments under grant from SUDA for Pranab Batabyal Smriti Matrisadan, IPP VIII (Ext.) Project Office for IPP VIII (Ext.) project, Jhurjhure Pool, Burdwan under your memo no 31/11-12 14/02/2012 has been accepted under following terms and conditions: -

Description	Qty	Amount
Laparoscopy Equipments and Laparoscopic Hand Equipments	1 Set	Rs. 16,87,650.00

**(Rupees Sixteen Lakhs Eighty Seven Thousands Six Hundred Fifty Only)**

1. Supply to be made within 4 to 6 weeks from receipt of this order.
2. The rate includes all taxes, duties as applicable and freight, forwarding and delivery charges at site
3. Payment will be made on satisfactory delivery of the machine.
4. Warranty: 12 months from date of commissioning or 15 months from date of delivery whichever is earlier

**Chairman  
Burdwan Municipality**

Memo No: - 281/6(1) H/xii-9

Date: - 27.03.2012

**Copy forwarded to: -**

1. The Director, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata - 700 091
2. Dr. Sibani Goswami, Health Expert, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata - 700 091
3. V.C., Burdwan Municipality
4. E.O., Burdwan Municipality /F.O., Burdwan Municipality
5. H.O., Burdwan Municipality/ Accountant, Burdwan Municipality.
6. In Charge, IPP-VIII

[Handwritten signature]  
**Chairman  
Burdwan Municipality**



# Office of the Burdwan Municipality

G.T. Road, Burdwan, West Bengal, India - 713101

Phone: +91 342 2662518 / 2664121 / 2662777 | Fax: +91 342 2560717

Email: info@burdwanmunicipality.gov.in | Website: www.burdwanmunicipality.gov.in

Memo No: -

Date: -

From: **Chairman  
Burdwan Municipality**

To: **Indigenous,  
41/B/3, Gariahat Road(S)  
Kolkata- 700 031**



**Sub: Order for of Laparoscopy Equipments and Laparoscopic Hand Equipments**

This is to inform you that your offer for of Laparoscopy Equipments and Laparoscopic Hand Equipments under grant from SUDA for Pranab Batabyal Smriti Matrisadan, IPP VIII (Ext.) Project Office for IPP VIII (Ext.) project, Jhurjhure Pool, Burdwan under your memo no 31/11-12 14/02/2012 has been accepted under following terms and conditions: -

Description	Qty	Amount
Laparoscopy Equipments and Laparoscopic Hand Equipments	1 Set	Rs. 16,87,650.00

**(Rupees Sixteen Lakhs Eighty Seven Thousands Six Hundred Fifty Only)**

1. Supply to be made within 4 to 6 weeks from receipt of this order.
2. The rate includes all taxes, duties as applicable and freight, forwarding and delivery charges at site
3. Payment will be made on satisfactory delivery of the machine.
4. Warranty: 12 months from date of commissioning or 15 months from date of delivery whichever is earlier

**Chairman  
Burdwan Municipality**

Memo No: - 281/6(1)H/x11-9

Date: - 27.03.2012

**Copy forwarded to: -**

1. The Director, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata - 700 091
2. Dr. Sibani Goswami, Health Expert, State Urban Development Authority, Health Wing, ILGUS Bhaban, H-C Block, Sector-III, Bidhannagar, Kolkata - 700 091
3. V.C., Burdwan Municipality
4. E.O., Burdwan Municipality /F.O., Burdwan Municipality
5. H.O., Burdwan Municipality/ Accountant, Burdwan Municipality.
6. in Charge, IPP-VIII

**Chairman  
Burdwan Municipality**

## STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. ....SUDA-Health/527(Pt.-1)/11/206

Date .....16:11.2011

From : Director, SUDA

To : The Chairman  
Burdwan Municipality

Sub. : Strengthening of MH services.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 17,50,000/- (Rupees Seventeen lakhs fifty thousand) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Laparoscopy Machine	1
2	Semi Auto Analyzer	1

You are requested to undertake such procurement observing West Bengal Financial Rules by December, 2011. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is one time support without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

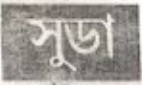
Dt. .. 16.11.2011

SUDA-Health/527(Pt.-1)/11/206(4)

CC :

1. Executive Officer, Burdwan Municipality
2. Finance Officer, Burdwan Municipality
3. UHO, Burdwan Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং. SUDA-Health/527 (Pt.)/ 582

তারিখ 19.04.2012

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.

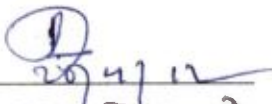
**Sub : Preparation of Account Payee Demand Drafts  
Current Account No.31227456477.**

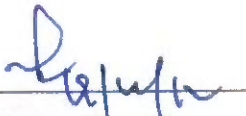
**Strengthening of MH - HSDI**

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Drafts as per details given below, debiting the amount from this office Current Account No.31227456477 lying with your branch in respect of Strengthening of MH – HSDI Scheme.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
01.	Rajpur Sonarpur Municipality	12,10,500.00	Rajpur (1451)
02.	Barrackpore Municipality	74,287.00	Barrackpore (0029)
<b>Total</b>		<b>12,84,787.00</b>	
<b>(Rupees Twelve Lakh Eighty Four Thousand Seven Hundred Eighty Seven only)</b>			

  
(B.C. Patra)  
Joint Secretary  
M.A.Department, GoWB

  
(M.N. Pradhan)  
Director  
SUDA



**RAJPUR-SONARPUR MUNICIPALITY**

P.O. HARINAVI, SOUTH 24-PARGANAS

Ref. No:- HAU / 255/ RSM

Date:- 15 / 02 / 2012

To  
The Director  
SUDA ,ILGUS BHAVAN  
Kolkata-106.



*For do check  
a part of  
24-2-12*

**Sub:- Prayer for release of fund for procurement of U.S.G Machine( Color Doppler ) , Auto Clave Horizontal , Foetal Doppler and Pulse Oxymeter, Mattress for M.H.**

Your Ref. :-

(1)SUDA-Health / 527 ( Pt.-1 )/11/208 Dt.16.11.11.

(2)SUDA-Health / 527 /08/288 Dt. 31.01.12.

Respected Sir ,

I like to inform you that as per your letter ref.letters stated above we have completed the tender process and have issued supply orders ( Copies enclosed ).

Details are given below:-

Sl. No	Name of the Equipments	Approved Quotationer	Make	Model	Approved Unit Rate	No. of unit required	Total Fund Required
1	Color Doppler (USG)	Philips Electronics India Ltd	PHILIPS	HD-6 Ultrasound System.	999999.00	1	999999.00
2	Auto Clave Horizontal (16" x 36"- Load-7KV)	Sreenath Engg. 30(A)C.I.T Rd. Kol-14	Narayan Industries	xxxxxxx	124800.00	1	124800.00
3	Foetal Doppler	K.R.Lynch & Co	B.P.L	FD9713	5400.00	2	10800.00
4	Pulse Oxymeter	Medicare ,Manik Bandopadhyay Sarani ,Kol-40	Allengers	Libra Oxyplus	26000.00	2	52000.00
5	Single Mattress for patient bed (adult )	Directly from TANTUJA	xxxxxxx	xxxxxxx	2400.00 (Excluding VAT)	20	48000.00
<b>GRAND TOTAL :-</b>							<b>1235599.00</b>

**Pl. make necessary arrangement of release of fund of sanctioned amount of Rs.12,10,500 =00 to complete our procurement process. Mattress are necessary for use at Maternity Home under IPP-8 project . Excess amount over the sanctioned amount will be made from our end.**

Thanking You,

Yours sincerely,

*(Signature) 15/2/12*  
(Indubhusan Bhattacharyya)  
Chairman

Rajpur-Sonarpur  
Municipality

# RAJPUR – SONARPUR MUNICIPALITY

P.O: HARINAVI, SOUTH 24 PARGANAS.

Ref No: HAU/ 261 / RSM



Date: 15 / 02 / 2012

To,  
The Marketing Manager,  
TANTUJA,  
West Bengal State Handloom Weaver's Co-operative Ltd.,  
67, Badridas Temple St.  
Kolkata: 700004.

## Sub:- Supply Order.

Sir,

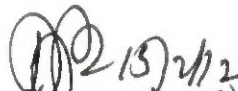
Please supply the following articles at our Maternity Home (PRANATI BHATTACHARYA SMRITI MATRISADAN), at Rajpur, Rathtala, 24 Pgs(S) (Ph. No: - 033-24772110) at your Govt. Institutional rates with 3 copies of challan and bill at your earliest preferably within 15 days.  
Contact Person – Sri Tapan Dev ( M- 9051383987 )

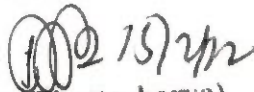
<u>NAME OF THE PRODUCT</u>	<u>QUANTITY REQUIRED</u>
1. Single Mattress for Patient's Bed (Adult)	20 Pcs.
2. Single Mosquito Net Patient's Bed (Adult)	30 Pcs.
3. Pillow (Adult )	30 Pcs.
4. Pillow Cover (Adult )	50Pcs.

Copy forwarded for information and necessary action to:-

1. F.O , R.S.M
2. Administrative Officer, M.H
3. Tapan Dey ,Store-Keeper ,M.H

Received  
Mahesh Ch. Dasgupta. 02/03/12

  
(Indubhusan Bhattacharya)  
Chairman  
Rajpur-Sonarapur Municipality  
**Chairman**  
**Rajpur-Sonarapur**  
**Municipality**

  
(Indubhusan Bhattacharya)  
Chairman  
Rajpur- Sonarpur Municipality  
**Chairman**  
**Rajpur-Sonarapur**  
**Municipality**



# RAJPUR-SONARPUR MUNICIPALITY

P.O. HARINAVI, SOUTH 24 PARGANAS

Ref. No :- HAU / 250 / RSM

Date:- 13 / 02 /2012

To  
Philips Health Care  
Everett Highway ,Bothel ( WAS )  
USA.



Through  
To

Philips Electronics India Limited  
7, Justice Chandra Madhab Rd.  
Kolkata-700020

Dear Sir,

This is in reference to the offer no:-ER /SBG /2011 /94 Dt. 16.12.2011 on your behalf through Philips Electronics India Limited in India and subsequent discussion ,we are pleased to place our order for **High Definition Color Doppler Model HD6 with 4-Nos. Transducers (C8-4v ,L12-3 ,C5-2 , S4-2 )** with accessories at a total price of Rs. 9,99,9,99=00 ( Rupees Nine Lakhs Ninety Nine Thousand Nine Hundred Ninety Nine only) inclusive of all taxes and delivery charges at our ULB as per above mentioned offer.

Payment will be made after successful delivery of the Machine with accessories through a/c payee cheque after deducting security deposit as per Govt. norms which will be released after 6(six) months without any interest if there is no complaint against your supplied materials.

Any Local Levies , duties , taxes will be borne by you and we would request you to arrange statutory compliances , way bill etc. as per law.

It is specifically agreed that the **High Definiton Color Doppler Model HD6 4-Nos Transducers (C8-4v ,L12-3 , C5-2 ,S4-2 )** to be exported by you from your country to India through your sister concern in India for facilitating the import and delivering the material to us in India as per the norms and as defined under the section 5(2) of the central Sale Tax Law " Sale in the course of import" .

The **High Definiton Color Doppler Model HD6 4Nos Transducers (C8-4v ,L12-3 ,C5-2 , S4-2 )** which will be imported by you for the performance of this contract be delivered to us only and shall not be delivered to anyone else. We do confirm that the machine is for exclusive use by our Municipality and not for sale.

Breach of any of the above mentioned conditions shall be breach of this contract . Any cancellation of the PO will imply that the consignment is to be returned to the overseas supplier/exporter and any charges including levies , taxes ,duties etc. for returning the shipment will be borne by you.

You will deliver the **High Definiton Color Doppler Model HD6 4Nos Transducers(C8-4v , L12-3 , C5-2 ,S4-2 )** within the stipulated delivery period agreed between us from 6-12weeks from the date of firm order with your required documents regarding PNDDT.

Thanking You,

Yours faithfully,

( Indu Bhusan Bhattacharya)

Chairman  
Rajpur-Sonarpu  
Municipality

Rajpur-SonarpurMunicipality

Ref. No:- HAU / 250(a) / RSM Date:-13.02.12  
Copy forwarded for information and necessary action to:-  
(1)The Director ,SUDA ,ILGUS BHAVAN ,Kol-91.

Chairman  
Rajpur-Sonarpu  
Municipality



# RAJPUR-SONARPUR MUNICIPALITY

VILL & PO – HARINAVI , SOUTH 24- PARGANAS

Ref. No:- HAU / 253 / RSM

Date:- 13 /02 / 12



To  
M/S SREENATH ENGG. SALES & SERVICE PVT LTD.  
NIHAR 30 (A) C.I.T Rd. Ground Floor , Kolkata-700014.

## Sub:- Supply Order

Your Ref.-SESSPL /MED /2011-12/RSM/CHM-IBB /K Dt 17.12.11

Sir,

This is in reference to your offer followed by your letters we are pleased to place our order to supply the following item as per specification, preferably within three weeks at our Matri Sadan , Rajpur Rathtala positively . ( Contact person – Mr. Tapan Dey –Ph No- 9051383987 )

Sl. No	Description of the items	Quantity Required	Unit Rate inclusive of all taxes and delivery charges.
1	H.P Horizontal Steriliser 16" (D) x36" (L) Load 7KW , Manufactured by Narayan Industries.	1(One).	1,24,800=00

Your bill in triplicate along with delivery challan may be sent to HAU,Harinavi through Matri Sadan after successful supply and installation of the equipment at Matri Sadan ,Rajpur Rathtala,Rajpur-Sonarpur Municipality.

Payment will be made through a/c payee cheque after deducting security deposit as per govt. norms which will be released after 6(six) months without any interest if there is no complaint against your supplied materials.

Thanking You,

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarpur Municipality

Copy forwarded for information and necessary action to:-

Ref. No:- HAU / 253 (a) / RSM

Date:- 13 / 02 / 2012

(1)The Director ,SUDA ,ILGUS BHAVAN ,Kol-91.

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarpur Municipality

Chairman  
Rajpur-Sonarpur  
Municipality

# RAJPUR-SONARPUR MUNICIPALITY

VILL & PO – HARINAVI, SOUTH 24- PARGANAS

Ref. No:- HAU / 252 / RSM

Date:- 13 /02 / 12

To

M/S K.R.Lynch & Co,  
113 C.R Avenue ,Kol-73



**Sub:- Supply Order**

Your Ref :- KRL : B :TEN : 109:2010-11 Dt. 19.12.11

Sir,

This is in reference to your offer followed by your letters we are pleased to place our order to supply the following item as per specification, preferably within three weeks at our Matri Sadan , Rajpur Rathala positively ( contact person – Mr. Tapan Dey –Ph No- 9051383987.

Sl. No	Description of the items	Quantity Required	Unit Rate inclusive of all taxes and delivery charges.
1	Foetal Doppler, BPL Make ,Model- FD9713	2 ( Two )).	5,400=00

Your bill in triplicate along with delivery challan may be sent to HAU,Harinavi through Matri Sadan after successful supply and installation of the equipment at Matri Sadan ,Rajpur Rathala,Rajpur-Sonarapur Municipality.

Payment will be made through a/c payee cheque after deducting security deposit as per govt. norms which will be released after 6(six) months without any interest if there is no complaint against your supplied materials.

Thanking You,

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarapur Municipality

Copy forwarded for information and necessary action to:-

Ref. No:- HAU / 252(a) / RSM

Date:- 13 / 02 / 2012

(1)The Director ,SUDA ,ILGUS BHAVAN ,Kol-91.

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarapur Municipality

Chairman  
Rajpur-Sonarapur  
Municipality

# RAJPUR-SONARPUR MUNICIPALITY

VILL & PO – HARINAVI , SOUTH 24- PARGANAS

Ref. No:- HAU / 254 / RSM

Date:-13 /02 / 12



To  
M/S MEDICARE,  
70,Manik Bandopadhyay Sarani, Kolkata-700040.

**Sub:- Supply Order**

**Your Ref :- MC/QTN/RSM/01 /2011-12 Dt.15.12.11**

Sir,

This is in reference to your offer we are pleased to place our order to supply the following item as per specification, preferably within two weeks at our Matri Sadan , Rajpur Rathtala positively .( Contact person – Mr. Tapan Dey –Ph No- 9051383987 )

Sl. No	Description of the items	Quantity Required	Unit Rate inclusive of all taxes and delivery charges.
1	Allengers Pulse Oxymeter , Model :- LIBRA-OXYPLUS	2 (Two).	26000=00

Your bill in triplicate along with delivery challan may be sent to HAU,Harinavi through Matri Sadan after successful supply and installation of the equipment at Matri Sadan ,Rajpur Rathtala,Rajpur-Sonarpur Municipality.

Payment will be made through a/c payee cheque after deducting security deposit as per govt. norms which will be released after 6(six) months without any interest if there is no complaint against your supplied materials.

Thanking You,

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarpur Municipality

Copy forwarded for information and necessary action to:-

Ref. No:- HAU / 254 (a) / RSM Date:-13 / 02 / 2012

(1)The Director ,SUDA ,ILGUS BHAVAN ,Kol-91.

(Indu Bhusan Bhattacharjee)  
Chairman  
Rajpur-Sonarpur Municipality

Chairman  
Rajpur Sonarpu  
Municipality



# RAJPUR-SONARPUR MUNICIPALITY

P.O. HARINAVI , SOUTH 24 PARGANAS

Ref. No :- HAU /251 / RSM

Date:- 13 / 02 /2012



To  
Philips Electronics India Limited  
7, Justice Chandra Madhab Rd.  
Kolkata-700020

Dear Sir,

This is in reference to your offer no:-ER /SBG /2011 /94 Dt. 16.12.2011 followed by our verbal discussion with you please supply 1 no. 2KVA Online UPS and 1 no. Color Deskjet Printer free of cost along with Color Doppler Model HD6

Thanking You,

Yours faithfully,

A handwritten signature in blue ink, appearing to be 'Indu Bhusan Bhattacharya'.

( Indu Bhusan Bhattacharya)

Chairman  
Rajpur-Sonarpur Municipality

Chairman  
Rajpur-Sonarpur  
Municipality

Ref. No:- HAU / 251(a) / RSM Date:-13.02.12

Copy forwarded for information and necessary action to:-

(1)The Director ,SUDA ,ILGUS BHAVAN ,Kol-91.

A handwritten signature in blue ink, appearing to be the signature of the Chairman.

Chairman  
Rajpur-Sonarpur Municipality

Chairman  
Rajpur-Sonarpur  
Municipality



# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

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

Ref No. SUDA-Health/527(Pt.-1)/11/208

From : Director, SUDA

To : The Chairman  
Rajpur Sonarpur Municipality

28/11/11  
306-2

Date ..... 16.11.2011

স্বাস্থ্য  
সেবা  
উন্নয়ন  
সমিতি  
রাজপুর-সোনারপুর পৌরসভা

Sub. : Strengthening of MH services.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 12,10,500/- (Rupees Twelve lakhs ten thousand five hundred) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	USG Machine	1
2	Auto Clave Horizontal	1

You are requested to undertake such procurement observing West Bengal Financial Rules by December, 2011. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is one time support without creating any precedence.

Thanking you.

Yours faithfully,

Sent  
25/11/2011

Director, SUDA

Dt. .. 16.11.2011

SUDA-Health/527(Pt.-1)/11/208(4)

CC :

1. Executive Officer, Rajpur Sonarpur Municipality
2. Finance Officer, Rajpur Sonarpur Municipality
3. HO, Rajpur Sonarpur Municipality
4. Finance Officer, Health, SUDA

Director, SUDA

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING  
"ILGUS BHAVAN"

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

Ref No. ....SUDA-Health/527/08/288

Date 31.01.2012

From : Director, SUDA

To : The Chairman  
Rajpur Sonarpur Municipality

Sub. : Administrative Approval for procurement of Foetal Doppler and Pulse Oxymeter under strengthening of MII services, Rajpur Sonarpur Municipality.

Sir,

With reference to your communication vide no. HAU/222 RSM dt. 17.01.2012, Administrative Approval is hereby accorded for procurement of two additional equipments namely Foetal Doppler (02 nos.) and Pulse Oxymeter (02 nos.) within the earlier sanctioned financial allotment of Rs. 12,10,500/- (Rupees Twelve lakhs ten thousand five hundred) only vide communication of this office bearing no. SUDA-Health/527(Pt.D)/11/208 dt. 16.11.2011.

Thanking you.

Yours faithfully,

**Received**  
Contents Not Verified  
Signature.....  
Date.....08.02.12  
Rajpur-Sonarpur Municipality

  
Director, SUDA





# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. SUDA-Health/527(Pt.-1)/11/208

Date 16.11.2011

From : Director, SUDA

To : The Chairman  
Rajpur Sonarpur Municipality

Sub. : Strengthening of MH services.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 12,10,500/- (Rupees Twelve lakhs ten thousand five hundred) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	USG Machine	1
2	Auto Clave Horizontal	1

You are requested to undertake such procurement observing West Bengal Financial Rules by December, 2011. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

Dt. .. 16.11.2011

SUDA-Health/527(Pt.-1)/11/208(4)

CC :

1. Executive Officer, Rajpur Sonarpur Municipality
2. Finance Officer, Rajpur Sonarpur Municipality
3. HO, Rajpur Sonarpur Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA

# BARRACKPORE MUNICIPALITY

B. T. Road, P.O. Talpukur, North 24 Parganas

Memo No: CMBM/Health/HO/2012/SUDA/012

Dated 28/2/12

From : **Uttam Das**  
Chairman



To  
The Director,  
S.U.D.A  
ILGUS BHAWAN  
KOLKATA-700091

Sub: Strengthening of M H Services

Ref: Your MEMO No.- S.U.D.A/Health/527/09/297 Dated: 08/02 12

Sir,

With reference to above, I shall request you to release a fund of Rs. 74,287 (Rupees seventy four thousand two hundred eighty-seven only.) immediately. The balance amount will be borne by our Municipal Fund.

With Thanks,

Uttam Das.

**CHAIRMAN**  
Barrackpore Municipality

Encls: — 1) A photocopy of Work-order.  
2) A photocopy of your letter

# BARRACKPORE MUNICIPALITY

B. T. Road, P.O. Talpukur, North 24 Parganas

Memo No : 10/BKPM/cm/11-12/1614 (1)

Dated : 27/02/12

From : **Uttam Das**  
Chairman

To,  
**M/s. Star Electronics,**  
N-E. Noapara, Barasat,  
Kolkata - 700 125.

Sub: - Supply of Hospital Item.

Sir,

With reference to this office enquiry and your quotation no. Q324 / 11-12 dated 27.02.2012 the undersigned would like to inform you that the rates quoted by you for the following items has been accepted by this office. You are therefore requested to supply the items within 10 (Ten) days from the date of receipt this letter.

Sl.	Item	Unit	Quantity	Rate (In Rs.)	Amount (In Rs.)
1.	Wheel Chair	Each	8	5,025.00	40,200.00
2.	I V Stand	Each	9	1,028.00	9,252.00
3.	Suction Machine (Neonatal)	Each	1	6,500.00	6,500.00
4.	Hemoglobin monitor	Each	1	8,680.00	8,680.00
5.	Micropipette non variable 1 ml.	Each	1	2,420.00	2,420.00
6.	Micropipette non variable 5 ml.	Each	1	2,610.00	2,610.00
7.	Micropipette variable 100-1000 microltr.	Each	1	5,278.00	5,278.00
				Total	74,940.00

For further action you are directed to consult with Health Officer, Barrackpore Municipality.

Thanking you.

Yours faithfully,

  
**Chairman**  
**Barrackpore 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/527/09/297**Date **08.02.2012**From : **Director, SUDA**To : **The Chairman  
Barrackpore Municipality**Sub. : **Strengthening of MH services.**

Sir,

With reference to your communication vide no. CMBM/Health/SUDA/011 dt. 07.02.2012 on the subject mentioned above, Administrative Approval and Financial Sanction is hereby accorded for Rs. 74,287/- (Rupees Seventy four thousand two hundred eighty seven) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Wheel Chair	08
2	I/V stand	09
3	Suction Machine (Neonatal)	01
4	Hemoglobinator	01
5	Micropipette (Non-variable-1 ml)	01
6	Micropipette (Non-variable-5 ml)	01
7	Micropipette (Variable-100-1000 Micro Ltr.)	01

You are requested to undertake such procurement observing West Bengal Financial Rules by February, 2012. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,  
  
Director, SUDA

Contd. to P-2.

SUDA-Health/527/09/297(4)

Dt. .. 08.02.2012

CC :

1. Executive Officer, Barrackpore Municipality
2. Finance Officer, Barrackpore Municipality
3. HO, Barrackpore Municipality
4. Finance Officer, Health, SUDA

  
Director, SUDA

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"****H-C BLOCK, SECTOR-III, BIDHANNAGAR, CALCUTTA-700 091  
West Bengal**Ref No. **SUDA-Health/527/09/297** .....Date **08.02.2012** .....**From : Director, SUDA****To : The Chairman  
Barrackpore Municipality****Sub. : Strengthening of MH services.****Sir,**

With reference to your communication vide no. CMBM/Health/SUDA/011 dt. 07.02.2012 on the subject mentioned above, Administrative Approval and Financial Sanction is hereby accorded for Rs. 74,287/- (Rupees Seventy four thousand two hundred eighty seven) only for purchase of equipment towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Wheel Chair	08 ✓
2	I/V stand	09 ✓
3	Suction Machine (Neonatal)	01 ✓
4	Hemoglobinator	01 ✓
5	Micropipette (Non-variable-1 ml)	01 ✓
6	Micropipette (Non-variable-5 ml)	01 ✓
7	Micropipette (Variable-100-1000 Micro Ltr.)	01 ✓

You are requested to undertake such procurement observing West Bengal Financial Rules by February, 2012. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock ledger entry.

It is to be noted that this is **one time support** without creating any precedence.

Thanking you.

Yours faithfully,

  
**Director, SUDA**

Contd. to P-2.



- 2 -

SUDA-Health/527/09/297(4)

Dt. .. 08.02.2012

**CC :**

1. **Executive Officer, Barrackpore Municipality**
2. **Finance Officer, Barrackpore Municipality**
3. **HO, Barrackpore Municipality**
4. **Finance Officer, Health, SUDA**

  
Director, SUDA

State Urban Development Agency, Health Wing, West Bengal

Sub. : AA & FS for procurement of equipments submitted by Barrackpore Municipality under strengthening of MH services.

Reference to NSP 33, it may be seen that an amount of Rs. 71 287/- is lying with SUDA after submission of SOE & UC to DHFW. In this regard a communication bearing no. SUDA-Health/527/09/266 dt. 28.12.2011 was made to the Controller of Finance & Jt. DHS, DHFW to utilize the said amount during FY 2011-12. The undersigned had a discussion on the above issue with the Controller of Finance & Jt. DHS, DHFW on 17.01.2012. He gave verbal consent for utilizing the said amount.

In the mean time, Chairman, Barrackpore Municipality in his letter no. CMBM/Health/SUDA/011 dt. 07.02.2012 has requested for release of fund towards procurement of equipments.

We may agree to the proposal.

Draft letter is enclosed for signature, if approved.

Submitted.

~~Director, SUDA~~  
PO/CH

~~Director~~  
08.02.12  
WT  
8/2/12  
~~Director~~

Sub. : Submission of Utilization Certificate to DHFW in connection with fund released by DHFW for additional support for strengthening of MH services.

Fund for an amount of Rs. 35,52,964/- (Rupees Thirty five lakhs fifty two thousand nine hundred sixty four) only had been received vide Ch no. 962741 dt. 28.02.2011 on UBI, Salt Lake branch from the Controller of Finance and Jt. DHS, DHFW.

Following to that fund was released to the respective ULBs on receipt of work orders towards purchase of Equipment, Furniture and Drugs for MH. Each of the said ULBs has submitted UC accordingly in 330A form. The table below will reflect the release of fund to the ULBs and submission of UC by the ULBs :

(Amount in Rs.)

ULBs	Release of Fund to the ULBs	Submission of UC by the ULBs
Burdwan	3,99,495/-	3,99,495/-
Bhadreswar	2,36,074/-	2,36,074/-
Raiganj	1,99,800/-	1,99,800/-
Balurghat	5,09,035/-	5,09,035/-
Bansberia	4,65,000/-	4,65,000/-
Kharagpur	7,48,194/-	7,48,194/-
Konnagar	9,33,000/-	9,33,000/-
<b>Total =&gt;</b>	<b>34,90,598/-</b>	<b>34,90,598/-</b>

Balance fund lying with SUDA is Rs. 74,287/- (Rupees Seventy four thousand two hundred eighty seven) only including opening balance of Rs. 11,921/-.

UC for an amount of Rs. 34,90,598/- in 330A Form is to be submitted to DHFW which is enclosed herewith for signature.

Submitted.

D/O (H)  
Director  
D/O (R)

*[Signature]*  
09-12-11  
*[Signature]*  
09.12.11

Despatched.

*[Signature]*  
9/12/11  
*[Signature]*

This is to state that Rs. 74287/- remains unutilised at the end of the term of FY 2010-11. We may write to the DHFW to know whether the said unutilised fund could be utilised during FY 2011-12 or is to be refunded. Draft letter is enclosed for signature, if approved.

*[Signature]*  
29-12-11

perul

*[Signature]*  
30/12/11



As per notes & orders at NSP-30 and prepage

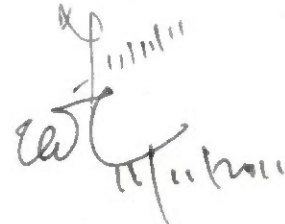
To release the Funds for Strengthening of Maternity Homes under Health System Development Initiative in favour of 02 nos. of ULBs as detailed below, a draft advice for Rs.6,35,569/- (Rupees Six Lakh Thirty Five Thousand Five Hundred Sixty Nine) only is prepared and placed herewith for signature of Director, SUDA and Joint Secretary, M.A. Department please for onward transmission to State Bank of India, Salt lake Sector-I branch for preparation of Bank Drafts.

Sl.	Name of Payee	Amount (in Rs.)
1.	Bhadreswar Municipality	2,36,074.00
2.	Burdwan Municipality	3,99,495.00
Total		6,35,569.00

A.O.

11-11-2014

May please be signed.

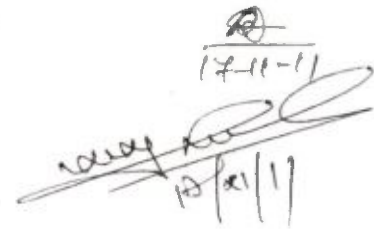


14/11/14

Director SUDA.

Enclosed opposite memorandum for release of fund to Burdwan Mpl. & Bhadreswar Mpl. in relation to M.H. services, ~~for signature~~ submitted for signature, etc.

17-11-14



E.A

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

**HEALTH WING**

**"ILGUS BHAVAN"**

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

Ref No. **SUDA-Health/527(Pt.-1)/11/348**

Date **20.03.2012**

**From : Director, SUDA**

**To : The Chairperson  
South Dum Dum Municipality**

**Sub. : Release of fund for Rs. 8,68,600/- in connection with purchase of  
Equipment & Furniture towards strengthening of MH Services.**

**Ref. : Your requisition submitted under memo no. SDDM/Health/257/11-12  
dt. 14.02.2012.**

**Sir,**

With reference to above, an A/C payee demand draft bearing no. 058324 dt. 15.03.2012, on SBI, Salt Lake for an amount of Rs. 8,68,600/- (Rupees Eight lakh sixty eight thousand six hundred) only is released to meet up expenditure in connection with purchase of Equipment & Furniture towards strengthening of MH services.

You are requested kindly to send your authorized representative along with money receipt to collect the said draft from the A/C section of SUDA.

You are also requested to submit UC as per 330A Form by 20.04.2012 after making necessary payment.

Yours faithfully,



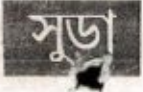
**Director, SUDA**

**SUDA-Health/527(Pt.-1)/11/348/1(1)**

**Dt. .. 20.03.2012**

Cashier, SUDA

**Director, SUDA**



# রাজ্য নগর উন্নয়ন সংস্থা

## STATE URBAN DEVELOPMENT AGENCY

“ইলগাস ভবন”, এইচ-সি ব্লক, সেক্টর-৩, বিধাননগর, কলকাতা ৭০০ ১০৬, পশ্চিমবঙ্গ

“ILGUS BHAVAN”, H-C Block, Sector - III, Bidhannagar, Kolkata - 700 106, West Bengal

ক্রমিক নং...SUDA-Health/527.(Pt.-I)/380

তারিখ 09.03.2012

From : Director, SUDA

To : The Manager,  
State Bank of India,  
Salt Lake City, Kolkata - 700 091.

**Sub : Preparation of Account Payee Demand Draft  
Current Account No.31227456477.**

**Strengthening of MH - HSDI**

Sir,

You are requested to kindly arrange for preparation of the following Account Payee Demand Draft as per details given below, debiting the amount from this office Current Account No.31227456477 lying with your branch in respect of Strengthening of MH – HSDI Scheme.

Sl. No.	Name of Payee	Amount (in Rs.)	SBI Branch
01.	South Dum Dum Municipality	8,68,600.00	Dum Dum (2054)
<b>Total</b>		<b>8,68,600.00</b>	
<b>(Rupees Eight Lakh Sixty Eight Thousand Six Hundred only)</b>			

  
(B.C.Patra)

Joint Secretary  
M.A.Department, GoWB

  
(M.N.Pradhan)

Director  
SUDA



*Government of West Bengal*  
West Bengal State Health & Family Welfare Samiti (A/C RCH)  
Swasthya Bhavan, 3rd floor, Wing-A  
GN- 29, Sector-V, Salt Lake City  
Kolkata- 700 091. Phone & Fax No. 23573680

Memo No.: H/SFWB/2S-01-2011/WR/361

Date: 17 / 10 / 2011

To  
The Director  
State Urban Development Agency (SUDA)  
ILGUS Bhawan  
HC Block, Sector III  
Saltlake  
Kolkata-106

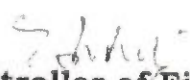
Sub. : Release of fund for Urban RCH under RCH II Programme for the F. Y. 2011-2012

Sir/Madam

Enclosed herewith kindly find the **Cheque vide No. 052048 dt 13/10/2011** for **Rs.58,00,000/- (Rupees Fifty eight lakh only)** for the purpose of Upgradation of Maternity Homes. The grant is to be utilized as per guideline.

*The SOE & UC is to be submitted quarterly (April to June, July to September, October to December & January to March) in prescribed format to the office of the undersigned. Unspent amount is to be refunded by Cheque/ demand draft in favour of "West Bengal State Health & Family Welfare Samiti (A/c RCH)" to this office.*

Encl.: As stated above

  
**Controller of Finance &  
Joint DHS  
West Bengal**

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. ....

Date .....28.09.2011

SUDA-Health/527(Pt.I)/11/177

From : Director, SUDA

To : Dr. J. N. Chaki,  
Jt. DHS & SFWO  
Dept. of Health & Family Welfare  
Swasthya Bhawan, 3<sup>rd</sup> Floor, Wing - "A"  
GN - 29, Sector - V, Salt Lake City  
Kolkata - 700 091.

Sub : Submitting list of Equipment & Furniture for strengthening  
of MH services, forwarded by the ULBs.

Sir,

With reference to your communication vide no. H/SFWB/777 dt. 16.09.2011, the list of equipment & furniture for strengthening of MH services, as received from six nos. of ULB are submitted herewith for your kind consideration and further necessary action.

Statement of Expenditure and Utilisation Certificate for the fund released for an amount of Rs. 35,52,964/- during FY 2010-11 for strengthening of MH services will be submitted to you shortly.

Thanking you.

Enclo. : As stated.

SUDA-Health/527(Pt.I)/11/177/1(2)

Copy forwarded for kind information to :

1. Commissioner (FW) & Secretary, DHFW.
2. Controller of Finance & Jt. DHS, DHFW.

Yours faithfully,

  
Director, SUDA

Dt. .. 28.09.2011

  
Director, SUDA

Summary Sheet

On

Requirement of Equipment & Furniture for strengthening of MH services  
at the ULBs

(Amount in Rs.)

Sl. No.	Name of ULBs	Estimated Amount for Equipment & Furniture
1.	Kharagpur	14,00,000.00
2.	Balurghat	1,40,000.00
3.	Burdwan	17,50,000.00
4.	Champdany	4,31,200.00
5.	Rajpur Sonarpur	12,10,500.00
6.	South Dum Dum	8,68,600.00
<b>Total</b>		<b>58,00,300.00</b>
<b>(Rupees Fifty eight lakhs three hundred) only</b>		

*[Handwritten signature]*

9/16/2011



## Office of the Councillors of South Dum Dum Municipality

NAGER BAZAR , KOLKATA - 700 074

From :

*Smt. Anjana Rakshit.*

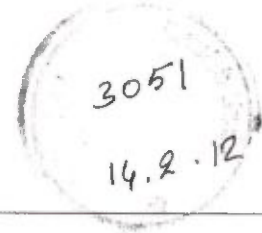
*Chairperson.*

SOUTH DUM DUM MUNICIPALITY

To

The Diector,  
SUDA,  
Salt Lake.

Date: 14.2.12



Sir,

**Ref: SUDA- Health/527(pt-1)/08/290 Dated:31.1.2012**

**Sub: Strengthening of M.H. Services.**

With reference to your letter under Memo no. mentioned above I am to inform you that Municipality will procure the sanctioned quantity of Hospital Equipments within the sanctioned allotment. ULB will bear all additional expenditure if necessary from its own fund.

You are requested to do the needful procedure accordingly.

Thanking you,

Yours faithfully,

*Anjana Rakshit*

Chairperson.

Chairperson  
South Dum Dum 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/527 (Pt-1)/08/290

Date .....31.01.2012

**From : Director, SUDA**  
**To : The Chairperson  
South DumDum Municipality**

**Sub. : Strengthening of MH services.**

**Madam,**

On scrutiny of work order vide no.SDM/245/Acctt/V & SDM/246/Acctt/V dt.02.01.12 sent through FAX without forwarding letter , it is observed that the rate of Fowlers' Bed and Instrument Trolley is too high. Furthermore, sanctioned no. relating to Fowlers' Bed had been altered from seven to five.

You are requested to look into the matter and either retendering process be started for both the above mentioned items or render an undertaking as to the effect that all the items of equipment be procured keeping the sanctioned quantity unaltered within the sanctioned allotment , excess expenditure, if any, be borne by the ULB out of it's own fund.

You are also requested to take prompt action so that entire process of procurement be completed and U/C submitted by end of February, 2012.

Thanking you.

Yours faithfully,

  
**Director, SUDA**

**STATE URBAN DEVELOPMENT AGENCY****HEALTH WING****"ILGUS BHAVAN"**

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

West Bengal

Ref No. SUDA-Health/527(Pt.-1)/11/209

Date 16.11.2011

From : Director, SUDA

To : The Chairman  
South Dum Dum Municipality

Sub. : Strengthening of MH services.

Sir,

With reference to your communication on the subject mentioned above, I am to intimate you that Dept. of Health & Family Welfare has sanctioned Rs. 8,68,600/- (Rupees Eight lakhs sixty eight thousand six hundred) only for purchase of equipment & furniture towards strengthening of MH services at your ULB as mentioned below :

Sl. No.	Item	Quantity Reqd.
1	Fowlers Beds	7 ✓
2	Instrument Trolley	2 ✓
3	Auto Clave Horizontal	2 ✓
4	OT Light	1 ✓
5	Boyles Apparatus	1 ✓
6	Diathermy Machine (Mono & Bipolar) 400 W with all accessories	1 ✓


You are requested to undertake such procurement observing West Bengal Financial Rules by December, 2011. A copy of work order in this regard is to be forwarded to the undersigned for release of fund.

You are also requested to submit Statement of Expenditure (SOE) along with photocopy of receipted bills duly authenticated and with an endorsement in the bill on the Stock Ledger entry.

It is to be noted that this is one time support without creating any precedence.

Thanking you.

Yours faithfully,

  
Director, SUDA

Contd. to P-2.



- 2 -

**SUDA-Health/527(Pt.-1)/11/209(4)**

**Dt. .. 16.11.2011**

**CC :**

- 1. Executive Officer, South Dum Dum Municipality**
- 2. Finance Officer, South Dum Dum Municipality**
- 3. HO, South Dum Dum Municipality**
- 4. Finance Officer, Health, SUDA**



**Director, SUDA**

**SUDA**

# STATE URBAN DEVELOPMENT AGENCY

HEALTH WING

"ILGUS BHAVAN"

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

Ref No. ....

Date .....28.09.2011

SUDA-Health/527(Pt.I)/11/177

From : Director, SUDA

To : Dr. J. N. Chaki,  
Jt. DHS & SFWO  
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SUDA-Health/527(Pt.I)/11/177/1(2)


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1. Commissioner (FW) & Secretary, DHFW.
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Yours faithfully,

  
Director, SUDA

Dt. .. 28.09.2011

  
Director, SUDA

Summary Sheet

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(Amount in Rs.)

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6.	South Dum Dum	8,68,600.00
Total		58,00,300.00
(Rupees Fifty eight lakhs three hundred) only		

*Josamma*