Expression of Interest (EOI)

Name of Work	Short-Term Arrangement to provide rate's through Physical Quotation for Stationery items for Printing
Publishing Date	Date : 24.07.2026
Submission Closing Date	Date: 25.07.2026 Time up to 05:00 PM
Time Period	Short Duration
Address	O/o Director, Pt. Neki Ram Sharma Govt. Medical College, Near Vita Milk Plant, Hansi Road, Bhiwani
Validity	03 Months from date of Submission

Short-Term Arrangement on Quotation Basis for Pt. Neki Ram Sharma Govt. Medical College and Hospital, Bhiwani

Physical Quotations are invited for short gap arrangement for smooth functioning of the institute or Academic Purpose in Public Interest.

1. **Eligibility Criteria**
   The vendors should meet the following minimum criteria:
   1. The Vendor should have GST, with valid Pan and ISI mark.
   2. Not blacklisted undertaking.
2. **Evaluation and Quotation Submission**
3. Interested vendors are requested to submit physical quotations with clear title and reference number on envelope and Quotation separately for each reference no. and title. All physical Quotations must be dropped in sealed Drop Box of Administrative Room O/o Pt. Neki Ram Sharma Govt. Medical College, Bhiwani by 25/07/2026 up to 05:00 PM in the name of Director, Pt. Neki Ram Sharma Govt. Medical College, Bhiwani.
4. Quotations will be evaluated by the Purchase Committee Members. Orders will be provided to the L-1 as per demand.
5. The Director, Pt. Neki Ram Sharma Government Medical College reserves the right to accept or reject any or all quotations without assigning any reason.

Sd/-
Director
Pt. NRS GMC, Bhiwani

List of Stationery Items for Printing

Sr. No.	Name of Items/Performa
1.	Dr. Call Book
2.	OPD Register
3.	Cause of Death Form
4.	X-Ray Form
5.	Laboratory Record Register
6.	Pre-Aneasthesia Check Up
7.	CBNAAT Form
8.	ICD Charting
9.	Vital Sign & Fluid
10.	Pulmonary Tuberculosis Screening Tool Kit
11.	Supplementary Treatment Chart
12.	Investigation Slip
13.	Pain Clinic Performa
14.	FNAC Form
15.	Haematology Report
16.	Death Information Form
17.	BHT
18.	Discharge Card
19.	Urine Examination
20.	Audiological Evaluation
21.	Requisition Form for Histopathology/Cytology Examination
22.	Admission Slip
23.	MLC Register
24.	Birth Register
25.	Operation List
26.	PI Book 1,2
27.	Temp/Pulse Chart
28.	Death Register
29.	Pre Treatment Chart-TB Patient
30.	Birth Information Form
31.	Diet Slip
32.	Transport Certificate
33.	Histopathology/Cytology Report
34.	Admission & Discharge Register
35.	Indent Book
36.	OT Register
37	Indoor Register
38.	Diet Register
39.	Investigation Report Form
40.	Clinical Case-Sheet
41.	Medicine Issue Slip