



Government of West Bengal  
Department of Health & Family Welfare  
**Office of the Superintendent**

Basirhat District Hospital & SSH, Basirhat HD, North 24 Parganas, PIN - 743411  
Email: basirhatsdh@yahoo.in



Memo No. 1935

Dated- 17.10.2022

**Expression of Interest (EOI)**

Expression of Interest (EOI in sealed cover is hereby invited from the reputed catering services/suppliers for supply of Tiffin, Lunch for Meeting/Training Purposes for the office of the undersigned .

1.	Last Date of Application	
2.	Expression of Interest (EOI) Form	EOI Form available from office of the undersigned, during working hours from
3.	Date of Opening of Expression of Interest (EOI) form	At the office of the Superintendent, Basirhat District Hospital.
4.	Valid Paper including credential to be submitted with the Expression of Interest (EOI)/Quotation.	Self Attested 1. Photo Copy Trade License 2. Photo Copy of Pan Card 3. Bank Accounts Details
5.	Pre-Bid Meeting	Pre-bid meeting with the bidders will be held on at the office of the undersigned. <b>Interested bidders are requested to attend the pre-bid meeting.</b>
6.	For details information may contact to the office of the undersigned only working day during office hours.	

Expression of Interest (EOI) to be dropped within scheduled date and time in the Drop Box kept a Superintendent's Office, dated on 27/10/2022 at 12 PM. They are also requested to mention "Expression of Interest for Supply of Lunch/Tiffin" superscripted on sealed envelope. The undersigned/Authority reserves the right to accept or reject any or all of the Expression of Interest without assigning any reason thereof.

*[Signature]*  
Superintendent  
Basirhat District Hospital  
Basirhat Health District

Dated: 17.10.2022

Memo. No. 1935/1(8)

Copy forwarded for publication on Notice Board to the:

- 1) The District Magistrate , N-24 Paragans
- 2) The CMOH, Basirhat Health District.
- 3) The Sub-Divisional Officer, Basirhat
- 4) The Chairman Basirhat Municipality
- 5) DPMU, Basirhat Health District
- 6) Notice Board of this office.
- 7) All public offices in the district for publicity.
- 8) Office copy.

*[Signature]*  
Superintendent  
Basirhat District Hospital  
Basirhat Health District



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## Expression of Interest (EOI) DOCUMENT FOR SUPPLY OF

# Lunch, Tiffin etc.

Pre-bid meeting with the bidders will be held on 21/10/2022.  
at the office of the undersigned. Interested bidders are requested to  
attend the pre-bid meeting.

Last Date of Submission: 27/10/2022 at 12 PM.  
(Tender Box will be kept in the office of the Superintendent, Basirhat District  
Hospital)

TIME OF OPENING OF BID - 28/10/2022 at 12 PM.

VENUE - OFFICE CHAMBER OF THE SUPERINTENDENT, BASIRHAT DISTRICT  
HOSPITAL

*[Signature]* 17.10.22  
Superintendent  
District Hospital, Basirhat  
Basirhat Health District  
North 24 Parganas

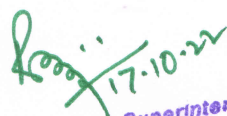
## Terms & Condition

1. The supplier must have the requisite **Trade Licenses, PAN Card, GST Registration Certificate, Bank Account** and other license (whatever applicable) to do the business of supply of catering services to the Govt. Offices/ Semi Govt. Offices, etc.
2. The supplier having experience in the field will be preferred.
3. Selected supplier must be sufficiently solvent to supply the **Tiffin, Launch at least 6 (Six) month** after execution of the agreement even if bill are not paid.
4. The payment will be made after successful and satisfactory completion of work and subject to availability of fund.
5. For the supply of lunch must be **SERVED** during the programme in time.
6. Delivery is to be made at the office of the undersigned which will be intimated 24 hours before to the supplier.
7. **Sufficient volume of Drinking Water** (20Ltrs Mineral water Jar with Glass [according to no. of heads]) will be served with the lunch/Tiffin.
8. A self declaration to be submitted to the undersigned mentioning that **He/She was not black listed** in earlier by the office.
9. Rate submitted has to be inclusive of distribution Table/ plate/ glass/food pack whichever is applicable.

### DECLARATION

I do hereby declare that I/we will abide by all terms and conditions mentioned above accordingly.

Signature of Vendor/Agency& Address

  
17-10-22  
Superintendent  
District Hospital, Basirhat  
Basirhat Health District  
North 24 Parganas

## Expression of Interest Form (EOI Form)

(Ref. Vide Memo. No. : )

To  
The Superintendent  
Basirhat DH.

I/We hereby agree to undertake supply of good quality Lunch, Tiffin etc. subject to fulfilment of the terms and conditions and specification mentioned against the relevant items.

Menu Name	ITEM (Lunch/Tiffin)0	Code	Rate in Rs. Including ALL Charges & Taxes
Rice with Fish	Salad, <b>Good Quality Basmati Rice</b> , Potato fry, Dal, Sabji, Fish ( <b>Katla/ Rohu</b> with Curry), Chatni, Papad, Sweet - 1 Pcs., Drinking Water; • Tea, Biscuits (2 Pcs) – Two Times ( <b>Uncooked weight</b> : Good Quality Basmati Rice 150 grams; Dal 40Gms; Fish -125grams)	LN01	
Rice with Special Fish	Salad, Good Quality Basmati Rice, Potato fry, Dal, Sabji, Fish (ILISH /Hilsa with Curry/ Sorshe/Tangra, Chingri, Pabda/Seasonal Fish), Chatni, Papad, Sweet - 1 Pcs., Drinking Water; • Tea, Biscuits (2Pcs) – Two Times ( <b>Uncooked weight</b> : Good Quality Basmati Rice 150 grams; Dal 40Gms; Fish -125grams)	LN02	
Rice with Chicken	Salad, Good Quality Basmati Rice, Potato fry, Dal, Sabji, Chicken Kosha/Curry, Chatni, Papad, Sweet- 1 Pcs, Drinking Water; • Tea, Biscuits (2Pcs) – Two Times ( <b>Uncooked weight</b> : Good Quality Basmati Rice 150 grams; Dal 40Gms; Chicken 6Pcs.-200gms)	LN03	
Rice with Mutton	Salad, Good Quality Basmati Rice, Potato fry, Dal, Sabji, Mutton Kosha/Curry, Chatni, Papad, Sweet- 1 Pcs, Drinking Water; • Tea, Biscuits (2Pcs) – Two Times ( <b>Uncooked weight</b> : Good Quality Basmati Rice 150 grams; Dal 40Gms; Mutton Kosha/Curry - 6Pcs.-200gms)	LN04	
Veg Item: Rice with Paneer Masala	Salad, Good Quality Basmati Rice, Paneer Masala, Dal, Sabji, Chatni, Papad, Sweet- 2 Pcs, Drinking Water; • Tea, Biscuits (1Pcs) – Two Times ( <b>Uncooked weight</b> : Good Quality Basmati Rice 150 grams; Dal 40Gms; Paneer Masala 6 Pcs 80gms)	LN05	
Chicken Biryani	Salad, Good quality chicken Biryani, (Standard Quantum), Drinking Water; • Tea, Biscuits (2Pcs) – One Times ( <b>Uncooked weight</b> : Chicken 1Pcs. 200gms, Biryani to be supplied in aluminum foil pack)	LN06	
Mutton Biryani	Salad, Good quality Mutton Biryani, (Standard Quantum), Drinking Water; • Tea, Biscuits (2Pcs) – One Times ( <b>Uncooked weight</b> : Mutton 1Pcs. 200gms, Biryani to be supplied in aluminum foil pack)	LN07	
Tiffin : Egg, Banana, Cake, Sweet	Boiled Egg – 1Pcs, Banana (Standard Size) – 1 Pcs, Britannia Fruit Cake 60 Gms Packet – 1Pcs, Sweet – 2 Pcs (Tiffin to be supplied in aluminum foil/ paper packets)	TF01	
Tiffin : Puri, Alurdom, Fruity	Puri (6 pcs.), Alurdom, Sweet 2 Pcs ( @ Rs. 5) , Fruity Small (200ml) (Tiffin to be supplied in aluminum foil/ paper packets)	TF02	

*Kom* 19.10.22  
Superintendent  
District Hospital, Basirhat  
Basirhat Health District  
North 24 Parganas

<b>Tiffin :</b> Alu Paratha, Chana Masala	Alu Paratha (3 pcs), Channa Masala(30 grm uncooked), Sweet 2 Pcs ( @ Rs. 5) , Fruity Small (200ml) (Tiffin to be supplied in aluminum foil/ paper packets)	TF03	
<b>Tiffin M1:</b>	Chicken Internet – 1Pcs. Vegetable Cutlet– 1Pcs, Sweet- 1 Pcs. (Tiffin to be supplied in Packet & Carry Bag)	TF04	
<b>Tiffin : M2</b>	Chicken Burger – Pcs, Kaju Barfi – 1Pcs., Date Walnut Slice Cake- 1 Pcs, Sweet – 1.Pcs. (Tiffin to be supplied in Packet & Carry Bag)	TF05	
<b>Other Miscellaneous Item</b>	<b>Item Name with Quantity</b>		<b>Rate in Rs. Including ALL Charges &amp; Taxes</b>
i.	Chilli Chicken – 200gms & Fried Rice (Dehradun) – 300 gms		
ii.	Fish fry – 1pcs with 100gms fish		
iii.	Egg Roll – 1pcs		
iv.	Chicken Roll – 1 pcs		
v.	Dahi Bada – 2pcs per plate		
vi.	Lassi in tetra pack – 200ml		
vii.	Soft drink in tetra pack – 200ml		
viii.	Sweet curd – 100gms		
ix.	Sour curd – 100gms		
x.	Butter Scotch Ice Cream Good quality – 1 pcs in cup		
xi.	Soft drink – 2 ltr Bottle		
xii.	Cake - 45 gms Pouch		
xiii.	Tea 40 ml cup		
xiv.	Biscuit - 66 gm Pouch		

Name of the Firms/Agencies/Supplier: \_\_\_\_\_

Signature of Vendor /Supplier

Address: \_\_\_\_\_

Mobile No: \_\_\_\_\_

**Self attested documents to be attached:**

1. Trade License,
2. Pan Card
3. GST Registration Certificate
4. Bank Account Details

**STAMP**

*Raj*  
17.10.22  
Superintendent  
District Hospital, Basirhat  
Basirhat Health District  
North 24 Parganas