

KALNA MUNICIPALITY

Danga Para, Kalna, Purba Bardhaman, Pin-713409 E-Mail: - <u>ckm.kalna@gmail.com</u>, Website: - <u>www.kalnamunicipality.org</u>

Memo No- 917

DATE - 14/12/2021

QUOTATION NOTICE WBMAD/KALNA/NIQ-18/21-22

Quotations are invited by undersigned from the reputed local firms/agencies/individuals those who are capable to complete the following work.

1	Name of the work	Rate invited for the following Work:			
		01. Supply 01 nos of LaserJet Printer at Water works department under Kalna Municipality. Make – HP Laser Jet Pro MFP M126a			
2	Name of the authority who Will accept the quotation	Chairperson, Board of Administrators, Kalna Municipality as per recommendation of Quotation Selection committee			
3	Last date and time limit for submission of quotation documents	22/12/2021 up to 05.00 PM (Quotations to be submitted at Kalna Municipality office)			
4	Date and time for opening Sealed quotation.	23/12/2021 at 11.00 AM			

Terms & Conditions: -

- The Sealed quotation must be drop in the Tender/ Quotation Drop Box at the office of the Kalna Municipality.
- > The rate should be quoted as per as specified format in mentioned below.
- If any changes find as mentioned above, Quotation will be treated as cancelled.
- Quotation Selection committee has every right to accept /Cancel any Quotation without assigning Any reason thereof.



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Chairperson Board of Administrators Kalna Municipality

Chairperson Board of Administrators Kalna Municipality

ANNEXURE-I

Financial Bid Rate

(To be proved on letter head of the reputed local firms/agencies/individuals)

To

The Chairperson Board of Administrators Kalna Municipality Kalna,Purba Bardhaman

Sub: - Submission of Quotation

Ref: - NIQ NO- WBMAD/KALNA/NIQ-18/21-22

Dated: - 14/12/2021

Sir

As per Your Notice I/we are interested to complete the following work & our Quotation amount given below.

Sl No	Item Name	Qty	Unit	Rate	Total Amount
01	Supply 01 nos of LaserJet Printer at Water works Department under Kalna Municipality. Make – HP Laser Jet Pro MFP M126a	01	Nos		

Place: -Date:-

Authorized Signature