



STR/D-5/045/BARCODE/MRD/2020-21

NO. 22  
Dt. 4/9/20

Date: 04/09/2020

Dear Sir/Madam,

**Subject: Inviting Quotations for Printing & Supply of Various Stationary Items.**

With reference to subject cited above, kindly make arrangements to send your Quotation/Proforma Invoice in a sealed cover to the undersigned for Printing & Supply of **Various Stationary Items** (please refer Annexure 1 for detail descriptions of the items) on or before **Sep 28<sup>th</sup>, 2020** positively by **post/ courier/Hand**. **Quotation sent by mail/Fax will not be accepted**. Please enclose the copies of your Tin Number, Pan Number, GST number.

**Note:**

1. Refer annexure -1 for detail descriptions of the item.
2. Before sending quotation, please confirm with the End User.
3. Mention our Reference No. and due date on the envelope cover. Specify the percentage of tax claiming.
4. Payment terms: No advance payment will be made. Payment will be released only after successful supply.
5. Enclose the copies of your Tin Number, Pan Number & GST Number.
6. Compulsorily submit the samples for Cards & Passes (i.e, from SI 1 to 4) & Paper sample (i.e, from SI 5 to 6) else quotation may be rejected Further the sample has to be delivered before the sample submission due period to Mr. Praveen S, SSA, Purchase section by duly mentioning the tenderer name and details on the sample.
7. Submit **single Quote** and **single sample** else quotation may be rejected.
8. Purchaser reserves the right to accept or reject any quotations and to cancel the bidding process and reject all quotations at any time prior to the award of contract.
9. **National Institute of Mental Health & Neuro Sciences, Bangalore**, reserves the right to reject, accept any or whole or part of any of the tender without assigning any reason thereof and no claim will be heard. In case of dispute, the decision of **The Director, National Institute of Mental Health & Neuro Sciences, Bangalore** will be final and binding.
10. **No softcopy or art work is provided.**
11. If the successful bidder is not able to supply the goods items within the delivery date specified in the purchase order, the purchase order will be automatically treated as cancelled. The vendor will have to submit an undertaking in this regard that this condition is acceptable to him. In case of extra ordinary circumstances the vendors must send a request for extension of validity of purchase orders, with proper justification prior to the expiry of validity date for consideration.
12. Delivery of the items and bills should be produced within 25 days from the date of receipt of our order otherwise penalty will be levied as per the institute rules.
13. Quotation should be addressed to **I/c Administrative Officer (S), NIMHANS Purchase section, Bangalore-560029.**

Yours faithfully

I/c Administrative Officer (S)

**I/c Administrative Officer (S)**  
प्रशासनिक अधिकारी (एस)  
National Institute of Mental Health & Neuro Sciences  
Bengaluru - 560 029.  
राष्ट्रीय मानसिक स्वास्थ्य एवं स्नायु विज्ञान संस्थान  
बंगलूरु- ५६० ०२९



**ANNEXURE -1**

SI No	Item	Qty
1	<b>OPD Cards</b> <u>Specification:</u> 300 GSM Cards, with both sides colour printing, Size: 7.5cmX11.5cm, 4 types cards each 30,000 [Dept of Psychiatry –Blue, Dept of Neurosurgery – purple, Dept of Neurology – Green, Dept of CAP - Orange] <b>(Specimen at Annexure – 2)</b>	1,20,000 Cards
2.	<b>Casualty Stay pass</b> <u>Specification:</u> 300 GSM Pink Colour Pass, with both side Black Colour printing, Size: 13.3cmX8.5cm <b>(Specimen at Annexure – 2)</b>	60,000 Passes
3.	<b>NIMHANS Stay Pass</b> <u>Specification:</u> Yellow colour 300 GSM Pass, with Black Colour printing, Size: 13.3cmX8.5cm <b>(Specimen at Annexure – 2)</b>	30,000 Passes
4.	<b>NIMHANS Food pass</b> <u>Specification:</u> 300 GSM Green Colour Pass, with Black Colour printing, Size: 13.3cmX8.5cm <b>(Specimen at Annexure – 2)</b>	30,000 Passes
5.	<b>ECR with carbon</b> <u>Specification:</u> A4 Size paper 1+1 with carbon, 1st A4 Size paper with 100 GSM, Centre carbon, 2nd A4 Size paper with 80 GSM, with printing <b>(Specimen at Annexure – 2)</b>	40,000 Sets
6.	<b>Census register</b> <u>Specification:</u> Each book of 200 folios, 80 GSM west coast ledger paper, 1/2 marble, calico binding, F/Cape Size, with printing. <b>(Specimen at Annexure – 2)</b>	500 Registers
<b>For any clarification please contact Mr M Rudraradhya, I/c M.R.O. Medical Records Department, Contact No: 080-26995520/22.</b>		



**Annexure 2 (SL No 1 OPD Cards Front Side)**

**National Institute of Mental Health & Neuro Sciences, Bengaluru - 560 029**  
**DEPT. OF PSYCHIATRY** **F-14**

Hosp. No. .... Age.....M/F  
Name .....  
Date of Registration .....  
UHID NO .....  
Consultant .....  
Followup Day on .....

**National Institute of Mental Health & Neuro Sciences, Bengaluru - 560 029**  
**DEPT. OF NEUROLOGY** **F-2**

Hosp. No. .... Age.....M/F  
Name .....  
Date of Registration .....  
UHID NO .....  
Consultant .....  
Followup Day on .....

**National Institute of Mental Health & Neuro Sciences, Bengaluru - 560 029**  
**DEPT. OF NEUROSURGERY** **Gate - 3**

Hosp. No. .... Age.....M/F  
Name .....  
Date of Registration .....  
UHID NO .....  
Consultant .....  
Followup Day on .....

**National Institute of Mental Health & Neuro Sciences, Bengaluru - 560 029**  
**DEPT. OF CHILD & ADOLESCENT PSYCHIATRY** **G 200**

Hosp. No. .... Age.....M/F  
Name .....  
Date of Registration .....  
UHID NO .....  
Consultant .....  
Followup Day on .....



P.B. No. 2900, Hosur road, Bangalore-560029, Ph.26995023to25/26995780 Email: aaos@nimhans.ac.in  
**Annexure 2 (SL No 1 OPD Cards Back Side)**

**FOLLOW UP DATES**


**PLEASE BRING THIS CARD AT EVERY VISIT**  
ದಯವಿಟ್ಟು ಈ ಚೀಟಿಯನ್ನು ಸಂದರ್ಶನಕ್ಕೆ ಬರುವಾಗ ತಪ್ಪದೇ ತರಬೇಕು

**FOLLOW UP DATES**


**PLEASE BRING THIS CARD AT EVERY VISIT**  
ದಯವಿಟ್ಟು ಈ ಚೀಟಿಯನ್ನು ಸಂದರ್ಶನಕ್ಕೆ ಬರುವಾಗ ತಪ್ಪದೇ ತರಬೇಕು

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P.B. No. 2900, Hosur road, Bangalore-560029, Ph.26995023to25/26995780 Email: aaos@nimhans.ac.in

**Annexure 2 (SL No 2, 3 & 4 Passes Front Side)**

**NIMHANS**  
 BENGALURU - 560029  
**CASUALTY STAY PASS**

Patient's Name:..... Age:..... Sex:.....  
 ECRT/OR/HOSP No. .... DATE: .....

**ONLY ONE ATTENDANT ALLOWED TO STAY WITH THE PATIENT.**  
**CHILDREN NOT ALLOWED. Please Co-Operate.**

Signature of MRD Staff

**NIMHANS**  
**STAY PASS**

Date of issue : .....

File No : .....

Patient's Name ..... D.O.A .....  
 Ward Name .....  
 Consultant : .....

**ONLY ONE PERSON IS PERMITTED TO STAY WITH THE PATIENT**  
**(Children are not allowed)**

Signature of Admn. Clerk

**NIMHANS**  
**FOOD PASS**

File No.:..... Date of issue : .....

UHID No : .....

**ONLY ONE person is permitted to stay with the patient**

Patient's Name.....  
 Ward ..... Date of admn .....

7:30 a.m. to 8 a.m.  
 Timings : 12:30 p.m. to 1:30 p.m.  
 7 p.m. to 8 p.m.

(Children are not allowed)

Signature of Admn. Clerk



**Annexure 2 (SL No 2, 3 & 4 Passes Back Side)**

**NIMHANS**  
BENGALURU - 560029

DATE OF DISCHARGE : .....

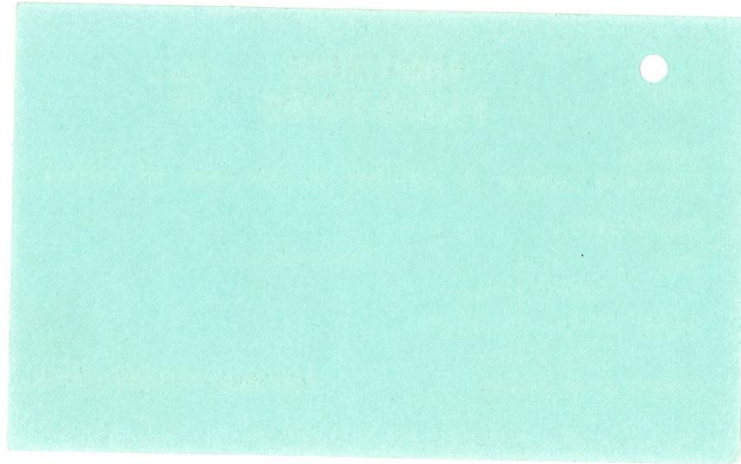
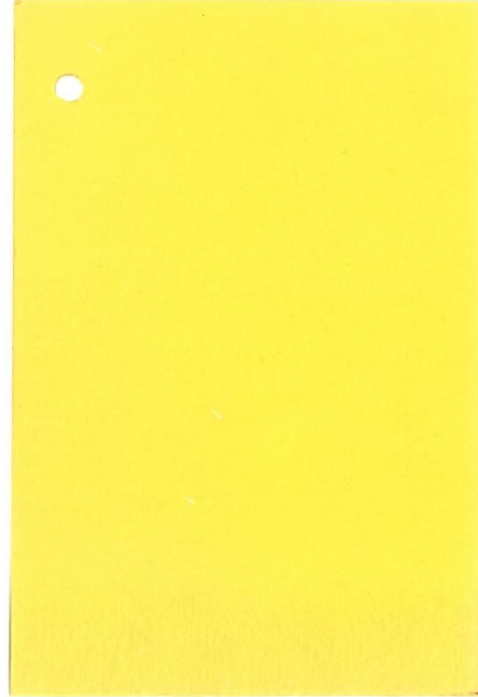
DEPARTMENT : NEUROLOGY / NEUROSURGERY / PSYCHIATRY

UNIT : DUE AMOUNT CLEARED : YES / NO / NA

DIAGNOSIS :


Contact Name & Numbers :

Signature of Staff (I/C)





**Annexure 2 (SL No 5 ECR with Carbon 1+1)**

  
Telephone : 080-26995500  
**NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES**  
Institute of National Importance  
BANGALORE - 560 029.  
**EMERGENCY CASE RECORD**

**Date and Time of Registration :**

CASUALTY No.	M.L.C. - NON-M.L.C.	
Name (Block Letters)	Age :	Sex M / F
Address of Patient	Marital Status S / M / W / O	Nationality I / F
	Monthly Income	Occupation
Name of the C.M.O. (Block Letters)	Referred from :	

HISTORY & Examination Findings :

Identification Marks 1)  
2)

Referred to : NEUROLOGY / NEUROSURGERY / PSYCHIATRY : \_\_\_\_\_ Signature of C.M.O. \_\_\_\_\_

Examination findings, Investigation and Treatment given : \_\_\_\_\_

*SAMPLE*


<b>OUT COME</b>	1. Admitted to Ward No. _____ & Date : _____
	2. Sent back with advice to attend Neuro / N.S. / Psy O.P.D. on _____
	3. Referred to _____

P.T.O. and Write  
IF FILE IS OPENED  
PLEASE WRITE O.P.No.:

SIGNATURE OF DOCTOR  
NAME IN CAPITAL & UNIT



**Annexure 2 (SL No 5 ECR with Carbon 1+1)**

  
Telephone : 080-26995500

**NATIONAL INSTITUTE OF MENTAL HEALTH & NEURO SCIENCES**  
Institute of National Importance  
BANGALORE - 560 029.  
**EMERGENCY CASE RECORD**

**Date and Time of Registration :**

CASUALTY No.	M.L.C. - NON-M.L.C.		
Name (Block Letters)	Age :	Sex M / F	
Address of Patient	Marital Status S / M / W / O	Nationality I / F	
	Monthly Income	Occupation	
Name of the C.M.O. (Block Letters)	Referred from :		

**HISTORY & Examination Findings :**

Identification Marks 1)  
2)

Referred to : NEUROLOGY / NEUROSURGERY / PSYCHIATRY : *Phone Room* Signature of C.M.O.

Examination findings, Investigation and Treatment given : *Phone Room*

*SCNS 1702/6 SPLC/1702/6  
To: Arogya  
ITD*  
*AA*

<b>OUT COME</b>	1. Admitted to Ward No. _____ & Date : _____
	2. Sent back with advice to attend Neuro / N.S. / Psy O.P.D. on _____
	3. Referred to _____

P.T.O. and Write  
IF FILE IS OPENED  
PLEASE WRITE O.P.No.:

SIGNATURE OF DOCTOR  
NAME IN CAPITAL & UNIT







**Annexure 2 (300 GSM Cards & Passes material Sample)**

