



KALNA MUNICIPALITY

Danga Para, Kalna, Purba Bardhaman, Pin-713409
E-Mail: - ckm.kalna@gmail.com, Ph:- 03454-255004
Website: - www.kalnamunicipality.org

DATE – 07/01/2020

Memo No- KAL/ 558 /PW

QUOTATION NOTICE NIQ 20 of 2020-2021

Sealed Quotations in company's letterhead as specified are invited for the following work from the eligible bonafide Agency as per particulars given below and this will be received by the undersigned in his office up to the time specified therein.

1	Name of the work	Rate invited for the following Work: 1. Supply and Installation of 07 no's Iron Pole with 03 no's 30 watt LED street light each pole at katiganga Playground ward no-05 under Kalna Municipality
2	Name of the authority who Will accept the quotation	Chairperson, Board of Administrators, Kalna Municipality
3	Name & Address of the Engineer-in- Charge	Sub-Assistant Engineer, Kalna Municipality
4	Details	Intending Quotationers have to quote their rate in their letter head.
5	Last date and time limit for submission of quotation documents	19.01.2021 up to 05.00 PM (Quotations to be submitted at Kalna Municipality office)
6	Date and time for opening Sealed quotation.	20.01.2021 at 11.00 AM
7	Time limit for completion	30 Days from the date of issue of work order.




Chairperson
Board of Administrators
KALNA MUNICIPALITY

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Copy forwarded for favor of information and wide publication to the

- 1) District Magistrate, Purba Bardhaman
- 2) Superintending Engineer, west circle, Purba Bardhaman
- 3) Executive Engineer, MED, Burdwan
- 4) S.D.O, Kalna, Purba Bardhaman
- 5) Office Notice Board, Kalna Municipality



[Handwritten Signature]
Chairperson
Board of Administrators
KALNA MUNICIPALITY

ANNEXURE-I
Financial Bid Rate
(To be proved on letter head of the firm)



To
The Chairperson
Board of Administrators
Kalna Municipality
Kalna, Purba Bardhaman

Sub :- Submission of Quotation

Ref :- NIQ NO-

Dated :-

Sir
As per Your Notice we are interested to _____ (Name of Work) & our Quotation amount mentioned in below.

Sl No	Item Name	Qty	Unit	Rate	Amount

Place :-
Date :-

Authorized Signature