



ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

Office: Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar, Pin- 751009
Web Site: www.ouhs.ac.in E-mail: ouhs2022@gmail.com / ouhs@ouhs.ac.in Tel: 0674-2597266

ADVERTISEMENT

No. OUHS/Niz-Nizarat/0130/ 10533 2025

Date: 11/9/2025

Applications are invited from the intending reputed Firms/Suppliers to provide following services on different functions organized by the Odisha University of Health Sciences, Bhubaneswar in consonance with the provisions made in Odisha General Financial Rules, 2023 for a period of one year.

The prescribed application format is available in the Web site (www.ouhs.ac.in) of OUHS which may be downloaded for submission of application by 3/10/2025 addressed to the Registrar, OUHS, Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar by Speed post/Registered post/Courier.

The L1 bidders would be selected based on the rate quoted by the Firm/Supplier to provide different services (category wise) for a period of one year from the date of selection.

Sl.No.	Name of Service	Requirement for each occasion (PER DAY)
1.	Still Photography	Camera and other equipment
2.	Videography	-do-


REGISTRAR

Memo No. 10533 OUHS/2025

Dated. 11/9/2025

Copy forwarded to OSD to the Vice Chancellor for information and necessary action.


REGISTRAR

Memo No. 10534 OUHS/2025

Dated. 11/9/2025

Copy forwarded to Members of Tender Committee/ Guard File/Notice Board for information.


REGISTRAR

Memo No. 10535 OUHS

Dated 11/9/2025

Copy forwarded to I.T. In- charge for information in order to display this Advertisement along with application format in OUHS Website for wide publicity.


REGISTRAR

**APPLICATION FOR EMPANELMENT OF FIRMS/SUPPLIERS TO PROVIDE DIFFERENT SERVICES TO
ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR FOR A PERIOD OF ONE YEAR FROM
THE DATE OF EMPANELMENT.**

1.	Name of the Applicant for registration of Firm/Supplier:	
2.	Name & Address of the Firm/Supplier	
3.	Contact Number (Mobile/WhatsApp)	
4.	e-mail address of the Firm/Supplier	
5.	Registration of Firm/Supplier (Copy of Valid document in respect of registration under appropriate authority)	
6.	Length of business Experience in the respective field.	
7.	Conducting of programme if any in respect of Government Offices/any University/Corporate offices for the last three years. (Copies of supply orders and performance report if any to be submitted along with the application)	
8.	Documents required to be furnished along with application.	
	a) GSTIN Number	
	b) PAN Number	
	c) IT return for last three years	
	d) Annual Turnover in rupees	
9.	Delivery to be made at the doorstep including transportation, i.e. centre where programme organized.	
10.	Rate quoted for each item:	
	a) Still photography for each function	Rate quoted for each function per day including GST
	b) Videography for each function.	Rate quoted for each function per day including GST
11.	The Authority reserves the right to cancel the application/Bid without assigning any reasons thereof.	

I, Proprietor of the Firm/Supplier do hereby declare that the information / particulars furnished by me in this application form are true to the best of my knowledge and belief. In case, any information is found to be incorrect, my application shall be liable to be rejected.

Place:

Date:

(Full Signature of the Applicant)

