



# ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR

Office: Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar, Pin- 751009  
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No.OUHS/ Niz./Nizarat-0150/2025/ 13875

Date: 7/11/25

## ADVERTISEMENT

Applications are invited from the intending Firms/Suppliers having valid GST number in the prescribed format for registration of their Firms in the Odisha University of Health Sciences, Bhubaneswar in consonance with the provisions made in the Rule-219 of the Odisha General Financial Rules, 2023 for a period of one year for Printing works of OUHS (as per items at Annexure-A appended to the application form) as per procedure outlined in Rule-224 of the Odisha General Financial Rules, 2023.

**Only those firms who are exclusively engaged in printing works shall be eligible to apply.**

The prescribed application format is available in the Web site ([www.ouhs.ac.in](http://www.ouhs.ac.in)) of OUHS which may be downloaded for submission of application by 24.11.2025 addressed to the Registrar, OUHS, Sishu Bhawan Square, Bapuji Nagar, Bhubaneswar by Speed post/Registered post/Courier.

*Dhayan*  
7/11/25  
REGISTRAR

Memo No. 13876 /OUHS/2025

Dated. 7/11/25

Copy forwarded to PS. to the Vice Chancellor/ Members of Local Purchase Committee for information and necessary action.

*Dhayan*  
7/11/25  
REGISTRAR

Memo No. 13877 /OUHS/2025

Dated. 7/11/25

Copy forwarded to Guard File/Notice Board for information.

REGISTRAR

*Dhayan*  
7/11/25  
REGISTRAR

REGISTRAR

Memo No. 13878 /OUHS/2025

Dated 7/11/25

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.

*Dhayan*  
7/11/25  
REGISTRAR

REGISTRAR

**APPLICATION FOR EMPANELMENT OF FIRMS/SUPPLIERS FOR SUPPLY OF PRINTING WORKS OF ODISHA UNIVERSITY OF HEALTH SCIENCES, BHUBANESWAR FOR A PERIOD OF ONE YEAR FROM THE DATE OF EMPANELMENT.**

(To be filled up by the Applicant Firm and the Cover of the application must be superscribed as "**APPLICATION FOR REGISTRATION OF FIRMS FOR SUPPLY OF PRINTING WORKS**")

The applicant Firms/Suppliers are required to furnish the following information along with connected documents for registration of Firms in the Office of the Odisha University of Health Sciences, Bhubaneswar for a period of one year (subject to renewal of registration in each year on submission of application afresh by the Vendor) for supply of printing works of the items as Annexure-A for official use in the University from time to time.

|     |  |        |
|-----|--|--------|
| 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.  | Supply of Printing works 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.  | Whether Delivery to be made at the doorstep including transportation, i.e. at the Office of the OUHS, Bhubaneswar.   | YES/NO |
| 10. | Commitment made to supply of items within reasonable time as fixed in the purchase order.  | YES/NO |
| 11. | Commitment to supply of items as per specification in the purchase order (Any deviation leads for cancellation of contract and cancellation of registration)   | YES/NO |
| 11. | The Authority reserves the right to inspect the items as per specification made in the purchase order and due acceptance after satisfaction of the quality of the items.   |        |

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)



| Annual requirement of Printing Works |                               |
|--------------------------------------|-------------------------------|
| Sl no.                               | Printing works to be done     |
| 1.                                   | Registration Card             |
| 2.                                   | Admit Card                    |
| 3.                                   | Provisional Certificate       |
| 4.                                   | Permanent Certificate         |
| 5.                                   | Migration Certificate         |
| 6.                                   | Marksheet                     |
| 7.                                   | Proposal Books                |
| 8.                                   | Journal and magazine printing |
| 9.                                   | ID Card                       |
| 10.                                  | Flex/ Banner Printing         |
| 11.                                  | Printing of files and folders |
| 12.                                  | And other printing woks       |

