

LEPRA Society requests quotations from registered travel operators to provide hired taxis/cars on an as-and-when-required basis

Request for Quotation (RFQ) for the engagement of travel agencies (Taxi vendors) for TB services in 12 ACF districts of Chhattisgarh state under the Global Fund-supported project "Integrated Pediatric TB and Technology-Enabled Active Case Finding (ACF)" implemented by SAATHII and LEPRA Society.

Start Date: 19/09/2026

End Date: 22/09/2026

Introduction

The Lepra Society is implementing a Global Fund-supported TB elimination project in Chhattisgarh. The goal of this project is to achieve effective control of tuberculosis (TB) and prevent disease transmission among key vulnerable populations. Early diagnosis and treatment are crucial for this purpose.

To support this initiative, the Lepra Society requires vehicle services.

If your travel agency is interested in providing vehicle services, please send us a quotation by 22nd September 2026 at 06 PM.

Need a taxi service vendor for the following districts

Sr. No.	Name of the district
1	Manendragarh

Submission Instructions

Submit quotations by **22/09/2026, 06:00 PM** via any of the following methods:

- Email to: kindly insert the procurement email address:
procurement@leprasociety.org
- Post/courier or hard copy handover to project staff at the address below.

Submission Address: LEPRA Society C-1, Sector-1, Near Shankar Nagar Chowpatty, Shimla Supermarket, Opp. Nagar Nigam Water Tank, Shankar Nagar, Raipur – 492007, Chhattisgarh

Note: Late submissions will not be considered. LEPRA Society reserves the right to accept or reject any quotation without assigning reasons.

S. No.	Vehicle Type	Particulars	Rate
1	3-4 seater vehicle	10 Hours-80Km Fix charge	
2		Per Km charge	
3		Additional Hour Charge	
4		Driver Halting Charge	
5		Any other	

Kindly attach the documents with the RFQ, if any:

- 01- Udyam Aadhaar registration certificate
- 02- Bank details in the name of the travel agency
- 03- GST No.

Seal and Sign of Vendor

Name of Firm:

Name of Vendor:

Mobile No.:

Adress: