

Office of the District Health Office,

Zilha Parishad, Jalgaon 425 001

Quotation Notice Year - 2025-26

Notice No.4/Med Store/  /2025-26

Date: २५/०९ /2025

District Health Office, Jalgaon is inviting quotations from eligible suppliers, for the purchase of drugs & consumables required for Primary Health Centers in Jalgaon. The supplier who is interested, please learn terms & conditions. Submit sealed original quotation within below mentioned time limit to this office.

a) Terms & Conditions :-

- 1 Delivery Period:- **10 Days** from the date of receipt of Order on email/ Whatsapp.
(Those who have not possible to supply with stipulated supply period, please don't participate.)
If not supplied within period then Late Delivery penalty 0.5% per week will be applicable.
- 2 Rates :- Inclusive of all taxes (GST) & levies with store delivery basis.
Not Exceeding than M.R.P. Rate should be quote for each Unit.
If the Item is in DPCO please quote the rate as per DPCO Rates.
- 3 Delivery at :- Z.P.Medicine Store, Dayma Municipal School No.18, Asoda Bhadli Riksha Stop, Baliram Peth, Jalgaon-4250014
- 4 Quality :- For Drug-WHO / GMP manufactured, for Surgical & Disposable CE Certified or as its requirement. Quality Control certificate (QC report)
All material should have minimum 3/4 shelf life.
All Tablet & Capsule-blister or aluminum strip pack.
- 5 Packing Norm :-
 - a) The overall dimensions of the cartoon should be such that the Product does not get damaged during transportation & storage.
 - b) Every box should carry a **large outer label**, clearly indicating that generic name of the product, doses form (Tablet/Ampoule/Syrup etc), Batch No. Mfg Date, Expiry Date, quantity per case,
- 6 Acceptance of Rates :- Minimum 3 quotations are required for comparison of Rates.
Lowest rates will accepted for this office purchase.
- 7 Payment :- PFMS/ Cheque /RTGS/NEFT (No advance payment.)
- 8 Documents Required :-
 1. Valid Drug License (FDA Registration)
 2. GST registration Certificate GST Paid challan for the year 2024-25.
 3. PAN Card
 4. Authorization Certificate from manufacturer
 5. WHO / GMP certification.
 6. Details of Bank account.
 7. निविदाकाराचे हमीपत्र (५००/- Rs Bond Paper)

b) Schedule for Submission of Quotation

1	Last Date & Time	23/09/2025, before 11.00 AM
2	Opening of Quotation	23/09/2025 Time 12.30 PM. (if Possible)
3	Envelopes	<p>1) Sealed Technical Envelope must mention as - "Quotation for Purchase of Inj.ARV"- Technical Documents</p> <p>2) Sealed Financial Envelope must mention as - "Quotation for Purchase of Inj.ARV"- Financial Documents/Quote Rates</p>
4	Submission	<p>Original quotation should be submitted only through hand Delivery at District Health Office, Jilha Parishad, Main New Building, Ground Floor, Jalgaon 452001 .</p> <p>Note :- There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.</p>

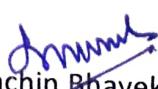
c) List of Items for Procurement :-

No	Name & Description of Item	Qty
1	Inj.Anti Rabies Vaccine IM (Human Tissue culture) 0.5 ml	4025

D) NABL मान्यताप्राप्त प्रयोगशाळा चाचणीबद्दल :

- 1) निविदेतील न्यूनतम दर (L1) पुरवठादारास पुरवठा आदेश देणेपुर्वी करारनामा, पुरवठा आदेशाच्या ३% मुरक्खा अनामत रक्कम, तसेच NABL नामांकित प्रयोगशाळेत औषधी तपासणी करिता पुरवठा आदेशाच्या १.५% रक्कम जिल्हा परिपदेकडे जमा करणे आवश्यक राहील.
- 2) NABL नामांकित प्रयोगशाळेत औषधी तपासणी करिता पुरवठा आदेशाच्या १.५% रक्कम किंवा प्रत्यक्ष औषधी पुरवठा वेळीस अधिक समूह क्रमांक पुरवठामुळे अधिकचे तपासणी शुल्क लागल्यास यापेकी जे अधिक असेल ते जमा करणे आवश्यक राहील त्याशिवाय देयक अदा केले जाणार नाही.
- 3) औषधी गुणवत्ता तपासणीत औषधी निकृष्ट /अयोग्य आढळल्यास पुरवठादारास संबंधित औषधी स्वाखचने परत नेऊन नवीन पुरवठा करणे आवश्यक राहील.

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the terms and condition or part of terms and condition as well as to accept or reject any or all terms and condition without assigning any reasons thereto.


(Dr.Sachin Bhayekar)
District Health Officer,
Zilha Parishad, Jalgaon.

To Be Submitted on 500 Rs. Stamp Paper

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भाग/उद्योग-४, दि. १ डिसेंबर २०१६.

नियम क्र. ४:२:५ नुसार.

I/we herewith declared that,

- 1) मी/आम्ही..... या हमीपत्राव्यारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर कोणत्याही प्रकारे हितसंबंध नसुन हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असुन दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहील.
- 2) I/we have quoted Medicine rate in this E-tender are not higher than M.R.P/D.P.C.O/N.P.P.A & also the rate quoted to other government departments/Gov. undertakings or any prevailing rate contracts during financial year 2024-25.
- 3) I/we herewith declared that, our firm has not been found guilty of malpractice, misconduct or blacklisted/debarred either by Public health Department, Govt. Of Maharashtra, or by any local authority & other state govt/central govt & its organization in the past two years.
- 4) पुरवठा झालेल्या बाबींची समूह निहाय (Batch wise) एनएबीएल मान्यता प्राप्त असलेल्या प्रयोगशाळेमधून गुणवत्ता तपासणी होणार आहे. व त्यासाठी एकूण खरेदी मूल्याच्या (पुरवठा आदेशानुसार) १.५ टक्के एवढी रक्कम सेवाशुल्क किंवा पुरवठा केलेल्या समूह संख्या अधिक असल्यास तपासणी साठी अधिकचे लागणारे शुल्क यापैकी जे अधि असेल ते अदा करण्यास तयार आहे.
- 5) अनुदानाच्या उपलब्धतेनुसार पुरवठा आदेश निर्गमित होतील याची मला जाणीव आहे.
- 6) औषधी व उपभोग्य वस्तू यांची Technical Specification, Size, Packing, CE Certification, ISI Mark, Schedule FII drug & Cosmetic Act 1940, Standards Norms (Mfg by WHO GMP / GMP Certified Company), Tender all Terms and conditions, इत्यादी काळजीपूर्वक वाचले असून निविदे मधील विनिर्देशाप्रमाणे मालाचा पुरवठा करण्याची हमी देत आहे.”

Name of proprietor / Partner :-

Date :-

(Sign Proprietor/ Partner)

Stamp

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm
2	Postal Address
3	Pin code
4	Pan Card No.
5	E-Mail I.D.
6	Contact No.
7	Mobile No.
8	Name of Bank
9	Bank Address
10	Branch name & Code
11	Bank Account No.
12	Nature of Account
13	IFSC Code
14	MICR Code
15	GST No

Above information is correct as per our record.

Date:-

Seal:-

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Format for Quotation

(Bidder should Submit Sealed quotation on her/his own letter pad)

Date-

To,
District Health Office,
Zilha Parishad, Jalgaon.

Sub - Submission of Quotations..

Ref :- Your Office Notice Dated / /2025.

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith
submitting quotation

No	Name & Description Of Item	Rate/Unit
1	Inj.Anti Rabies Vaccine IM (Human Tissue culture) 0.5 ml	

Note:- Above quoted rates are inclusive of all Taxes, Store delivery basis.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

Sign & Stamp Of Bidder