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U.T. Administration of Dadra & Nagar Haveli and Daman & Diu
Department of Health and Family Welfare
(Office of the Central Procurement Branch)
Daman

No.CPB/DMHS/P&T/Quotation/Inj. Anti D/2023-24/ 883

Date: 05.09.2023.

QUOTATION NOTICE

The Department of Health & Family Welfare, DNH & DD invites quotation from the Authorized Distributors/Dealers/Suppliers for Quotation Rate for purchase of Inj. Anti-D 150mcg& 300mcg for Department of Health and Family Welfare, DNH & DD. The list of items is placed at Annexure-I. The sealed quotation has to reach to the office of the undersigned on before 12/09/2023 **upto 16.00 hrs.** by Registered Post/ Courier or to be deposited in the Quotation Box kept in the office of the undersigned. Sealed quotation will be opened on the same day at **16.30 hrs.**

TERMS AND CONDITIONS

1. The rate should be quoted for F.O.R. Department of Health & Family Welfare, DNH & DD and it should be valid for period of one year.
2. The rate should be quoted inclusive of material & Labour cost and all taxes. No extra charges will be paid for any taxes/packing/forwarding and insurance etc.
3. The bidder should submit copy of PAN card & GST No.
4. The bidder should submit copy of valid license in the field of supply.
5. The sealed quotation should be super scribed by words **“QUOTATION FOR PURCHASE OF INJ. ANTI-D 150MCG& 300MCG FOR DEPARTMENT OF HEALTH AND FAMILY WELFARE, DNH & DD”**.
6. The Quotations to be sent to the office of the **Central Procurement Branch, 1st Floor, CHC Building, Fort Area, Moti Daman U.T of DNH& DD. 396220**
7. Payment will be made only after satisfactory assurance of quality of work done.
8. Quotation received after due date and time will not be taken into consideration.
9. Right to reject or accept any or all quotations is reserved by the undersigned.

TMDCD
513123

In-Charge,

Central Procurement Branch

E-mail Id: cpbdaman106@gmail.com

Copy to:

- 1) The Authorized Distributors/Dealers/Suppliers for information and necessary action.
- 2) The IT Department with a request to publish on the website.

Annexure-I

QUOTATION FOR "PURCHASE OF INJ. ANTI-D 150MCG & 300MCG FOR
DEPARTMENT OF HEALTH AND FAMILY WELFARE, DNH & DD"

Sr. No	Items Name	Unit	Required Company	Offered Company	Unit Rate in Rs.	Total Requirement	Total Amount in Rs.
1	Inj. Anti RHO(D) 150mcg Immunoglobulin	1 vial	Bharat Serum or Equivalent			10	
2	Inj. Anti RHO(D) 300mcg Immunoglobulin	1 prefilled syringe	Bharat Serum or Equivalent			55	