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U.T.ADMINISTRATION OF DNH & DD
OFFICE OF THE MEDICAL SUPERINTENDENT
GOVERNMENT HOSPITAL, MARWAD, DAMAN
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No.GHD/DMN/QUOTATION/INJ/2025-26/463

DATED:- 25/07/2025

Sub: "Purchase of Urgently Required Injections at Govt. Hospital Daman."

Quotation is hereby invited by the office of the Medical Superintendent Government Hospital, Daman for procurement for following

Sr No	Name of Medicine	Unit	Qty Req	Offered Company	Offered Rate
1	Inj.Adenosine 6mg/1ml	1 Amp	10		
2	Inj.Alpha-Beta Artether 75mg/ml 2ml	1 amp	10		
3	Inj.Amikacin IP 500mg/2ml 2ML	1 vial.	500		
4	Inj.Amiodarone 50mg/ml 3ml	1 amp.	10		
5	Inj.Atracurium 25mg/2.5ml	1 amp.	20		
6	Inj.Atropine sulphate 0.6 mg 10ml	1 vial	10		
7	Inj.Bupivacaine 0.5% 20ml vial	1 vial	25		
8	Inj.Bupivacaine Hcl-5mg +Dextrose - 80mg 4ml amp	1 amp.	350		
9	Inj.Butorphanol Tartrate 1mg	1 amp.	300		
10	Inj.Caffene Citrate 20mg	1 amp.	35		
11	Inj.Ciprofloxacin 200mg (I.V.) 100ml	1 vial	200		
12	Inj.Dexmedetomidine HCL 100mcg	1 amp.	50		

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13	Inj.Dextrose 10% 500 ml	1 bottle	200		
14	Inj.Dextrose 25% 100ml	1 bottle	400		
15	Inj.Digoxin 0.5 mg / 2ml	1 amp.	10		
16	Inj.Dobutamine 5 ml	1 amp.	50		
17	Inj.Dopamine Plus 5 ml	1 amp.	100		
18	Inj.Ephedrine 30mg/ml	1 amp.	10		
19	Inj.Equine Antirabies Ig 300 iul/ml 5ml	1 vial	20		
20	Inj.Glyceryl Trinitrate 25mg	1 amp.	100		
21	Inj.Glycopyrolate 0.2 mg/1ml	1 amp.	500		
22	Inj.Glycopyrrloate 0.5mg + Neostigmine Methyl sulphate 2.5mg/5ml	1 amp.	20		
23	Inj.Haemaccel Bottle of 500ml	1 bottle	20		
24	Inj.Hepatitis "B" Immunoglobulin 100 I.U.	1 vial	10		
25	Inj.Human Chorionic Gonadotropin 5000 I.U	1 vial	20		
26	Inj.Hydroxyethyl Starch 6% 500ml	1 bottle	20		
27	Inj.Insulin Glargine 100unit /ml lancet	1pfs	5		
28	Inj.Insulin Human Actrapid 10ml I.U./ml	1 vial	200		
29	Inj.Isolyte - P(A Self Collapsible I.V.Fluid bottle with two ports and steril 121°C)	1 bottle	500		
30	Inj.Isoxsuprine 5mg/ml	1 amp.	50		
31	Inj.Lidocaine 4% Topical solution 30ml(Lignocaine Hcl 42.7mg +	1 vial	20		

	Methylparaben 1.0mg)				
32	Inj.Lignocaine Hcl 21.3mg +Nacl 6.0mg 2% 50ml (loxicard)	1 vial	20		
33	Inj.Lignocaine Heavy 5% 2ml	1 amp.	50		
34	Inj.Metoprolol 1mg/ml 5ml	1 amp.	20		
35	Inj.Phenylephrine 10mg 1ml	1 amp.	50		
36	Inj.Pilocarpine Nitrate 1ml	1 No.	20		
37	Inj.Prochlorperazine IP 12.5mg/ml 1ML	1 amp.	200		
38	Inj.Propofol 10mg/ml (1%w/v) 20ML	1 Vial	100		
39	Inj.Streptokinase 1500000 I.U.	1 vial	5		
40	Inj.Succinylechloine Chloride 10ml	1 vial	10		
41	Inj.Tetanus Immunoglobulin 250 IU	1 vial	10		
42	Inj.Triamcinolone Acetonide 10mg/ml	1 vial	10		
43	Inj.Trypan Blue 0.8mg	1 amp.	10		

TERMS AND CONDITIONS:

A. Instructions to Bidders :

1. The envelope should be super scribing as **"Quotation - Sealed Cover of quotation for Purchase of urgently required Injections for use at Government Hospital, Daman."**
2. Mention quotation number and date on top of the Bid cover.
3. Quotation should be addressed to **"O/o Medical Superintendent, Government Hospital Daman, Fort Area, CHC Campus, Moti Daman-396220"**
4. Quotation is rejected due to failure of supply the requisite documents in proper format or giving any misleading statement or submission of false affidavit or fabricated documents.
5. **Mandatory enclosures:** Bidders are required to attach **self-attested copies of their Permanent Account Number (PAN) and valid Goods and Services Tax (GST) Registration Certificate** along with the quotation submission.

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B. Conditions of Contract :

1. ACCEPTANCE OF QUOTATION:

- a. The quotation is liable for rejection due to any of the reasons mentioned below:
- i. Non-Submission of quotation within stipulated time online.
 - ii. Quotation is unsigned or not initialed on each page or with unauthenticated corrections.
 - iii. Non-Submission of required documents as mentioned.
 - iv. Submission of misleading/contradictory/false statement or information and fabricated/invalid documents.
 - v. Quotations not filled up properly.
 - vi. overwriting correction or erasures will be considered

2. Evaluation Methodology :

a. Preliminary Evaluation:

- Quotation Submission date.
- Scrutiny of technical specifications and other relevant documents as asked by the department with the quoted specification.
- Scrutiny of Compliance Statement given by the bidder.

b. Financial Evaluation:

- Lowest quote offered by Technically Qualified Bidders


The rate (s) quoted should be strictly for free delivery at F.O.R. Government Hospital, Daman and will be valid and operative for supply orders issued and should not be more than MRP.

1. The rate should be quoted inclusive of all taxes.
2. (a) Goods and Services Tax(GST) will be paid on the items which it is chargeable under.
3. No extra charges for packing forwarding and insurance etc will be paid on the rates quoted.
4. The rate should be quoted only for the items specified in the list of requirement and should be for the items of given special mark/manufacture.
5. Rate quoted for items other than the required specification/mark/manufacture may not be considered. However, indigenous manufactures may quote their own makes provided the specifications confirm to the standard (s) requirements of the given specification/mark/manufacturer.
6. Where specification/mark/manufacture are not specified by this office, the rates should be quoted only for the specify 1st Class and standard quality.
7. The agencies should specify the name of the manufacture for the items quoted be him along with catalogue of the items.

8. Quotation should reach in this office /07/2025 at 12.00 p.m and same will be opened on the same day at 12.30 p.m.
9. The undersigned has the right to accept or reject the quotation.
10. The Bidder should not have quoted price lower than quoted in this quotation to any Govt./semi Govt./public sector undertaking.

3. PAYMENT TERMS :

- a. 100% of the invoice amount will be paid only after competition of supply of material successfully and submission of Security deposit i.e. 10% of the tender value.
- b. Price escalation clause will not be entertained under any circumstances.
- c. All bills should be in **TRIPLICATE** and should invariably mention the number and date of work order.
- d. All bills for amount above Rs.5,000/- should be pre-receipted on a Revenue Stamp of proper value. Bills for amount exceeding Rs.5,000/- not pre-receipted on Revenue Stamp of proper value will not be accepted for payment.
- e. No extra charge for transportation, forwarding and insurance etc. will be paid on the rates quoted.
- f. The rates should be quoted only for the work specified in the list of requirement.


**Medical Superintendent,
Government Hospital, Daman.**