U.T Administration of DNH and D&D
O/o. The Medical superintendent
NAMO Hospital, Daman
Daman-396210

E-mail: damannamohospital@gmail.com

No. NAMO/DMN/DIALYSIS NON-GEM/2026-27/2251

Daman
Date:30 /10/2026

QUOTATION NOTICE

The Medical Superintendent, NAMO Hospital Daman on the behalf of President of India invites quotation from the Authorized Distributers/ Dealers/ Suppliers for Purchase of Dialysis Materials for NAMO Hospital Daman, under DMHS as per Annexure-A. The sealed quotation has to reach to the Undersigned's Office on or before **05/11/2026** up to 15.00 hrs. By Registered Post/Courier or to be deposited in the quotations box kept in the office of undersigned.

Annexure-A

Sr. No	Particulars	Company preferred	Company offered	Unit	Qty. Req.	Unit Rate
1	Inj Erythropoietin 10000IU	Zydus, Intas, Wockhardt, Reliance, Gennova, or equivalent.		1 Nos	420	
2	Inj Iron Sucrose 100mg/5ml, Amp	Matins Pharma, Cafoli Lifecare, Ocen Pharma, Leeford, or equivalent..		1 Nos	210	

TERMS AND CONDITIONS

1. The rate should be quoted for F.O. R. Hospital.
2. The Supplier must attach copy of **Drug Licensee, PAN Card and Valid GST Registration Certificate if the firm produces false documents; the department will take appropriate action against the firm.**
3. The rate should be quoted **inclusive of all taxes** and no extra charges will be paid for any taxes/packing/forwarding and insurance etc.
4. The sealed quotation should be super scribed by words "QUOTATION FOR PURCHASE OF DIALYSIS MATERIALS AT NAMO HOSPITAL, DAMAN UNDER DMHS".
5. Rejected article should be replaced by the supplier at his own risk and cost.
6. Payment will be made only after receipt of the said material successfully.

7. Quotation received after due date and time will not be taken into consideration.
8. Right to reject or accept any of the quotation is reserved by the undersigned.
9. **The vendor should provide a self-declaration stating that the firm has not been debarred by any government or semi-government organization by any state /central government.**
10. If the vendor fails to provide the self-declaration, the department will not consider their quotation.

Medical Superintendent,
NAMO Hospital, Daman

Copy to; -

1) The Account Section, NAMO Hospital, Daman for information.
2) All Authorized Distributers/Dealers/Suppliers for information and necessary action.