



## **Maharashtra Medical Goods Procurement Authority**

Office- 1st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D'Mello Road, St. Georges Hospital Compound, Mumbai 400001

Contact Number-022-22611471, 022-22717500 E-mail - maha.mmgsa2023@gmail.com

MMGPA/QA Cell -15/W.D.No.Quot1/Ayu/ 59/2025

Dated:- 18.11.2025

### **QUOTATION NOTICE**

To,

M/s

-----  
-----  
-----

Subject : - Request for Quotations from eligible NABL-accredited private laboratories for testing of medicines.

This Request for Quotations is issued for obtaining competitive quotations from qualified and approved laboratories for conducting Quality Testing / NABL Testing of medicines as per required standards. The selected laboratory must comply with all regulatory requirements and provide accurate and timely test reports.

#### **Eligibility Criteria for Laboratories:**

Only those laboratories meeting the following criteria may submit quotations:

1. Valid FDA License for testing of drugs/medicines.
2. Valid NABL Accreditation Certificate for relevant chemical & microbiological testing parameters.
3. Valid GLP (Good Laboratory Practices) Certificate.
4. Laboratory must have the appropriate testing facility, qualified staff, and equipment.

(Copies of all the above certificates must be attached with the quotation)

#### **Scope of Work:**

- The analysis will be carried out as per Pharmacopeial monographs with the use of Pharmacopeial Reference Standards in the Ayurvedic Pharmacopeial monographs with the use of relevant Reference Standards (*As per technical specification*) or other recognized Pharmacopoeia.
- List of Medicines / Items to be Tested: List of items mentioned in the table below:

Sr No	Item Name	Specifications/ Pack Size
1	Amalaki Churna	Amalaki Churna (1Kg)
2	Mahamanjishthadi Kwath Churna	Mahamanjishthadi Kwath Churna (1Kg)
3	Dashmool Bharad	Dashmool Bharad (1Kg)
4	Hingvashtaka Churna	Hingvashtaka Churna (50gm)
5	Triphala Churna	Triphala Churna (1Kg)

**Laboratory should send the drug testing results as stipulated in the table below:**

Sr. No.	Description	Sample collection Period	Testing Period of Sample	Delivery of analysis report of sample tested
1	Tablets, Capsules, Pessaries, Ointments, Powder and Liquid , Oral Preparations etc.	Within 24 Hrs.	10 days	On same day or next day of testing period
2	Injection, I V Fluid, and items requiring microbiological testing	Within 24 Hrs.	21 days	On same day or next day of testing period

### **Submission Requirements:**

Laboratories shall submit:

- Detailed Financial Quotation (Item-wise).
- Copies of all mandatory certificates (Testing License issued by FDA, NABL, GLP).
- Company profile and address of laboratory/testing location.
- Contact details of the authorized representative.
- Last date & time for Submission of quotation: Dt: 24.11.2025 15:00 Hrs.
- Physical copy of quotation shall be submitted in the name of Chief Executive Officer, Maharashtra Medical Goods Procurement Authority, 1st Floor, Aarogya Bhawan, Commissionerate of Health Services, Mumbai, D'Mello Road, St. Georges Hospital

Compound, Mumbai 400001, on or before the last date and time fixed for the submission of quotation.

**Terms & Conditions:**

1. Rates should be quoted inclusive of all taxes (specify clearly).
2. Quotation must be valid for minimum 90 days from the date of submission.
3. All tests must be conducted strictly as per relevant pharmacopeia guidelines.
4. Any deviation in test method must be informed and approved beforehand.
5. For any delay more than the period stipulated in the table above, as the case may be, 0.5% of the testing charges per day (Maximum up to 10%) and the part thereof would be deducted as penalty.
6. Payment shall be made after receipt of final authorised test reports.
7. The Purchaser reserves the right to reject any quotation without assigning reasons.
8. The rates shall remain valid for a period of one (1) year from the date of award.
9. Last date & time for Submission of quotation:

**Last Date & Mode of Submission:**

Quotations must be submitted on or before:

Date: Dt: 25.11.2025

Time: 15:00 Hrs.

Mode: Physical copies to be submitted

|

## Annexure-I

### DETAILS OF THE BIDDER

a	Name of Firm	
	Office Address	
	Telephone and Fax Number	
b	Works Address	
	Telephone and Fax Number	
c	Name of the Authorized Signatory of the Tender, Phone/ Mobile Phone No. Email ID	
d	Name of the Contact person Phone/Mobile Phone No. Email ID	
e	Status of the Bidder (such as Govt Organization/Undertaking, Public/Private Ltd Co, Partnership Firm, HUF, SSI,)	
f	Registration Firm/Incorporation of the bidding Company/Establishment Registration Details No	Registration of Firm/Incorporating of Company/Establishment Registration and Date.....
g	Details of Manufacturing unit if any held by the laboratory(bidder) or associated/group entity involved in manufacturing of any of the Drugs/Medical Devices/ Chemicals/Miscellaneous items, being manufactured by themselves/associated/group entity or an entity having common board of director/s or partner/s.	Name of the Manufacturer/s: Address of the Manufacturer/s: Details of products manufactured:
h	GST Registration	No.....and Date.....
i	Details of NABL Certificate	No..... Date ..... Valid up to .....
j	Details of GLP Certificate	No..... Date ..... Valid up to .....
k	Details of ISO Certificate	No..... Date ..... Valid up to .....
l	a) Details of Bank account with IFSC Code	

## Annexure-2

### COMMERCIAL BID FORMAT

Sr. No.	Drug Name	Technical Specification	Packing	Rate of Sample Testing	Qty in nos	Basic Cost per Test (exclusive of GST)	GST applicable for Govt. Supply	Other incidental charges (Please specify ) (In Rs.)	Total landed cost per TEST (6+7+8)	Total Cost Rs.Per Test (5*9)
	1	2	3	4	5	6	7	8	9	10