


GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLITAL.KANKAVLI DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2025-2026

Medical Suptd. S.D.H. KANKAVLI is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexure and fill up quotation

1	Quotation call by Designation of Purchasing Authority	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL , KANKAVLI DIST .SINDHUDURG
2	Address of Purchasing Authority	Govt . Sub district Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602
3	Telephone Number	02367-231058,233959
4	e mail address	ms_sdhkankavali@yahoo.co.in
5	Working Hours	9.30 am to 5.45 p.m Each Saturday,Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	SDHK/MS/LP/ 1479 /2025-2026 Date 07/05/2025
7	Quotation Item Category	Elevators
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	14/05/2025 before 5.45 p.m Sub District Hospital Kankavli
9	Quotation Annexure	Annex 1 to 3
10	Date ,Time & Place of Quotation Opening procedure	15/05/2025 at 11.00 a.m Office of the Medical Suptd.SDHKankavli
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG


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ANNEXURE -1**GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION**

1	Qualification for Item	PAN Card GST Certificate
2	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
3	Transport	Inclusive
4	Delivery	within 05 Days
5	Delivery Destination	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
6	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
7	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
8	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy no e mail
9	Court Jurisdiction	Sindhudurg
10	Termination of Accepted Rate	Failure of Supply in stipulated period
11	Rights of Quotation	Medical Suptd.SDHKankavli



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ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

S.NO	ITEMS TO BE REPLACED	ITEM DESCRIPTION (PER LIFT)	QTY
1	LIFT LANDING PUSH BUTTON	Providing & Fixing Lift Landing Operating Push Button With Digital Display Button With S.S Plate & M.S Box	3 NOS
2	LIFT CAR PUSH BUTTON	Providing & Fixing Lift Car Operating Push Button With Digital Display Button With Stop,Alarm,Light & Fan Switch S.S.Plate & M.S.Box.	1 NO.
3	LIFT TRAVELLNG CABLE	Providing & Fixing 12 Core Flat Travelling Cable With Fiber Cable Hanger.	1 JOB
4	LIFT S.S.LANDING DOOR	Providing & Fixing New 2100 X 900 opening (JINDAL STEEL -1.2 GAUGE,304 GRADE - INDEX MAKE) S.S. Telescopic Auto Door with door frame for ground floor & all outside landing.	3 NOS
5	LIFT CAR DOOR WITH HEADER	Providing & Fixing New 2100 X 900 opening (JINDAL STEEL -1.2 GAUGE,304 GRADE - INDEX MAKE) S.S. Telescopic Auto Door For Car Cabin with door Header.	1 NO.
6	TOTAL LIFT WIRING	Providing & Fixing Complete Lift Field Isi Mark Copper Wiring.	1 JOB
7	TOTAL LIFT	Lift Maintenance for 01 Year	



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ANEXURE -3
FILLING OF RATE FORMAT

Date

To,

MEDICAL SUPERINTENDENT

SUB DISTRICT HOSPITAL, KANKAVLI

DIST .SINDHUIDURG

Pin code 416602

Sub- Submission of Quotation....

Ref- Your office Quotation Notice No.

Date.

Respected Sir/Madam

With ref.to above subject I/We are herewith submitting
quotation for Govt. Hospital purchase.

Sr,No	Name of Item with technical specification	Unit	Rate

Name & Sign of Supplier
Rubber Stamp

by
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GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

1) No any relaxation for Supplier Qualification Criteria

2) Submission of quotation before last date is responsibility of supplier.

3) Procedure for fill up quotation

- Submission of Envelope Is required in Prescribed manner. Use One Envelope for One quotation. **Do not use item wise envelope**
 - Rate Format to be prepared on business letter pad only by computer typing.
 - Rate format duly sign by supplier with his/her name, business rubber stamp & rubber seal.
 - Attached required documents with self attested & stamp.
 - Make one set of above quotation document & put in one envelope.
 - Write Quotation No & Date with Category of Quotation.
Put business rubber stamp & sign on envelope
 - After confirmation envelope to be seal by WAX SEAL ONLY
 - Do not write rate in handwriting overtyping or use of whitener
- Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.

4) Required self attested with supplier rubber stamp documents as per Category of quotation. (Xerox Copies)

- PAN Card
 - GST Reg. certificate – if applicable or Supplier declaration
 - Aadhar Card
- **Annexure Details**
- | | |
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| Annex -1 | - General Terms & conditions |
| Annex- 2 | - Quotation Category Items Details |
| Annex -3 | - Format for filling of rate |



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