WEB SITE DOCUMENT UPLOAD FORM (WDU)				
Name of Program	District Level Local Purchase – Plan & Non Plan Grants			
Name &	Civil Surgeon,Sindhudurg			
Designation of Officer				
Date of				
Publication				
Displayed on Website (Please (v) checkbox)	www.nrhm.maharashtra.gov.in www.arogya.maharashtra.gov.in			
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Document Title should	itle should D.H.SINDHUDURG			
be displayed as (In English)				
Document Size (Document should be in PDF format and size will not exceed more than 20 MB)	A-4 390 kb			

#### **Declaration**

I hereby declare that all information provided in this website document upload form(WDU) for the purpose of uploading/updating document on website only and correct to the best of my knowledge. All documents responsibility will be on concern program department only: IT NHM department is not responsible for any breach cause to content of uploaded documents. IT NHM department is responsible only for uploading/updating documents on websites.



Date:- 27/5/2025

Civil Surgeon, Sindhudurg

# GOVT.OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT OFFICE OF THE CIVIL SURGEON,SINDHUDURG QUOTATION NOTICE YEAR 2025-26

Civil Surgeon, Sindhudurg is inviting sealed quotation from qualified supplier for purchase of following category item .Interested & qualified supplier go through all annexures and fill up quotation.

1	Quotation call by -	District Civil Surgeon, Sindhudurg		
	(Designation of Purchasing			
	Authority )			
2	Address of Purchasing	District Hospital,Sindhudurg		
	Authority	SindhudrgnagariTal.Kudal Dist.		
		Sindhudurg Maharashtra Konkan		
		Pin Code 416812		
3	Telephone Number	02362-297405		
4	e mail address	cssindhudurg@gmail.com		
5	Working Hours	9.30 am to 5.45 p.m		
		Each Saturday – 9.30 a.m to 2.oo p,m		
		Sunday & Public Holiday Closed		
6	Quotation Notice No.&	No/CSSND/DWH/SVS/8719/2025-26		
	Date	Date- 27/5/2025		
7	Quotation Item Category	5 KVA SERVO VOLTAGE STABILIZER		
7	Description of Quotation	See Annex-2 for details of Items		
	Item			
8	Last Date, Time & place of	4/6/2025 before 5.30 P.M		
	Quotation Submission	Central Medical Store, District Hospital		
		Sindhudurgnagari		
9	Quotation Annexure	Annex 1 to 4		
10	Date, Time & Place of	5/6/2025 at 11.00 am		
	Quotation Opening	Office of the Civil Surgeon, Sindhudurg		
	procedure			
11	Validity of Quotation Rate	One Year from Date of Acceptance		
12	Final Authority of	District Civil Surgeon, Sindhudurg		
	Quotation Acceptance or			
	Rejection			



#### **GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION**

- 1) No any relaxation for Supplier Qualification Criteria.
- Submission of quotation before last date& attendance in time for opening of quotation is the responsibility of supplier. If supplier fails to attend, procedure will be completed by authority.
- 3) Procedure for fill up quotation
  - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. <u>Do not use item wise envelope</u>
  - Fill up all items rate in Quotation Format
  - 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 or overtyping or use of whitener
  - Write mfg.co name do not write ANY STANDARD COMPANY. This type of Words quotation will be rejected without any notice or message.
- 4) Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- 5) Required self attested with supplier rubber stamp documents as per Category of quotation.( Xerox Copies)
  - 7.1) Drugs, Consumables, Laboratory items
    - Valid Date Wholesale Drugs license
    - PAN card
    - GST Registration Certificate
  - 7.2) Non Drugs items
    - PAN Card
    - ➢ GST Registration Certificate
    - > Mfg.Company authorization for medical equipment's & machines.

### 6) Annexure Details

- Annex -1 General Terms & conditions
- Annex- 2 Quotation Category Items Details
- Annex -3 Format for filling of rate
- Annex -4 Supplier Declaration

### 7) Disqualification of quotation

- (1) Failure of required supplier Technical qualification
- (2) Late receipt of quotation envelope
- (3) Rate format submission not in proper format & multiple mfg.co. rate
- (4) Non filling of all items rate in quotation
- (5) Non submission of required documents & document without self attested.
- (6) Non submission envelope in proper manner
- (7) NSQ Drugs Company in this hospital past period. or blacklisted firm in Maharashtra state or other state



### **ANNEXURE -1**

## GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

4		Milesteede Devesti		
1	Qualification for Drugs &	Wholesale Drugs License from		
	Consumables, Laboratory item	Food and Drugs Administration		
	(Kits/Reagents/Chemicals/Sera)	Form No.20 B & 21 B		
		Condition – Valid License		
		GST Certificate		
		PAN Card of Owner or his/her Firm		
		Mfg.Co Authorization for Generic Drugs		
2	Qualification for Non Drugs Item	PAN Card		
		GST Certificate		
3	Authority Letter from Original			
	Mfg. Company	Machine		
4	Rate & Quantity	Inclusive of all taxes		
		Handling of material		
		Free Installation, Quantity may increase		
		or Decrease in rate accepted period.		
		Preference to Free Supply of		
		Glucometer for each 1000 strips pack		
		with Technical support.		
5	Transport	Inclusive		
6	Delivery Period	Drugs – 7 days		
7	Delivery Destination	District Hospital, Sindhudurg		
		SindhudrgnagariTal.Kudal Dist.		
		Sindhudurg Maharashtra Konkan Pin		
		Code 416812		
8	Warranty for Electronic	One year from Date of		
	Equipment's & Machine	Installation		
9	Acceptance of Rate	Required Minimum 3 qualified		
		Quotation. Lowest rate isacceptable for		
		purchase		
10	Mode of Submission of Quot.	Front of Envelope Write		
_	Envelope	Quot. No & Date		
		Category		
		To,		
		District Civil Surgeon, Sindhudurg		
		District Hospital, Sindhudurg		
		SindhudrgnagariTal.Kudal Dist.		
		Sindhudurg Maharashtra Konkan Pin		
		Code 416812		
11	Quotation submission Method	Hand Delivery or own risk by post or		
		Courier. Only by Hard copy/no e mail		
12	Validity of Quotation Rate	Three months from date of acceptance		
12		Letter.		
<u> </u>		Lettel.		



13	Bill of Quantity	It may be Increase or decrease in		
		Acceptance period.		
14	Court Jurisdiction	Sindhudurg		
15	Disqualification and rejection of Quotation	<ul> <li>(1) Failure of required supplier Technical qualification</li> <li>(2) Late receipt of quotation envelope</li> <li>(3) Rate format submission not in proper format &amp; multiple mfg.co. rate</li> <li>(4) Non submission of required documents &amp; document without self attested.</li> <li>(5) Non submission envelope in proper manner</li> <li>(6) NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in</li> </ul>		
		Maharashtra state or other		
10		state		
16	Termination of Accepted Rate	Failure of Supply in stipulated period		
		Sub Standard drugs, Mfg. company		
17	Rights of Quotation	Civil Surgeon, Sindhudurg		



Civil Surgeon, Sindhudurg

## ANNEXURE -2 QUOTATION ITEMS FOR PURCHASE OF MEDICINE

Sr. No.	Name of Items	Unit	Purchase Qty.	Market Rate With GST Without Transport
1	05 KVA Single Phase Servo Controlled Air Cooled Voltage Stabilizer. Normal input range 170v-270v	1 No	1 No	19000/-



Civil Surgeon, Sindhudurg

#### ANNEXURE -3 QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

Τo,

The Civil Surgeon District Hospital,Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812

> 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 Tech.Spec.	Unit	Unit Cost Including GST Transport Handling etc	Name of Mfg. Company.

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Declaration in format



Prop.Name, Signature of Supplier Seal & Rubber Stamp

### ANNEXURE -4

### **DECLARATION BY SUPPLIER**

I/we herewith declared that, I/We have not quoted rate in this quotation greater than MRP or Market rate. I/we have not quoted blacklisted mfg. company in this quotation. I/we or our firm employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Place –

Date

Prop.Name,Signature of Supplier

Seal & Rubber Stamp

