# महाराष्ट्र शासन जिल्हा शासिकय रुग्णालय,नाशिक.

दुरध्वनी क्रमांक कार्यालयः ०२५३ २५७२०३८,	कार्यालय - जिल्हा सामान्य रुग्णालय ,त्र्यंबक मार्ग,हॉटेल राजदुत समोर,
२५७६३६८ औषध भांडार-२३१९३६५	नाशिक ०२.
फॅकः २५७७९४९इ मेल	
medstoreghn@gmail.com	
आरोग्य सेवा	जा.क्.जि.रु.नाशिक/औभा/जिरुना/दरपत्रक/ - /२५
	19161 414 1414/14/14/61 (11/17)
	दिनांक- /०६/२०२५

Web Site Quotation Notice No. 01/2025

Date- 23 .06.2025.

#### **Open Notice**

Civil Surgeon, Nashik invites quotations (2 Envelope System) to purchase of following Items from eligible Supplier. The Supplier who is interested please see terms & Conditions & Submit the Quotation in prescribed Manner. Use Separate Envelopes for Technical Bid & Financial Bid.

Sr.No
01

#### **Submission:**-

1	Submission of quotation by Hand Delivery or her/his own Risk by post or Courrier before Last Date	Last Date . 30 .06.2025. Time Before- 4 PM
2	Opening of Quotation	Date- 01.07.2025.
. ,	Number of the second se	Time -5 To 6 PM Place-Civil Surgeon Office
1.		G.H. Nashik

### Terms & Condition :-

1	Rates	Including all Taxes	
2	Delivery	Medical Store, Civil Hospital, Nashik	
3	Acceptance of Rates	Minimum 3 Quotations are required for comparative Rates. Lowest rates will be accepted.	
4	Delivery	10 Days from the date supply order  If Unable to supply within stipulated period penalty will be deducted as per Govt. Rule	
5	Payment	CMP/NEFT/Cheque	
6	Self-Attested Document (Technical Bid)	Supplier Should submit  1. Shop Act License	

	Date	& Use Separate Envelope For Price Bid
	(Price Bid)	supplier with Name & Rubber Stamp. DO Not write rate in handwriting or overtyping or use of Whitener
7	Rate Format	To Be Prepare on Letter Pad only Duly Signed by
		5.Drug license
		4. Annexure 1, 2 on non-judicial Stamp of RS 100/-
	19710	3.PAN Card Copy
		2.GST registration certificate

Disqualification Of Quotation:-

- 1. Failure Of Required Supplier Technical qualification.
- 2. Late Receipt of quotation envelope.
- 3. Rate format submission not in proper format.
- 4.If Quotations received only in one envelope then will be disqualified.

(Use 2 Seperate Envelopes for Technical Documents & Price Bid & Mention it on envelopes)

Civil Surgeon, Nashik

Submission of quotation by Hand Delivery or	Last Date	30 ,06,2025
herfils own Risk by post or Courrier before 1 as;	Time Before 4 PM	
Date	Date	
Opening of Opening o		

## **Rate Format**

To,

The Civil Surgeon,

Nashik

Sub-Submission of Quotation

Ref-Your Office Quotation Notice No. जा. क्र.जिरुना/औ.भांडार/दरपत्रके/ /२०२५/दि. २३/०६/२०२५.

#### Resp Sir/Madam

With ref to above subject I/We are here with submitting quotation for Govt. Hospital Purchase

Sr.No	Name & Description of Medicine	Unit	Unit Rate	Mfg By
1	Inj. Anti Rabies vaccine Tissue culture 2.5 I U per Vial or amp or Purified vero cell Rabies vaccine 2.5 IU per Vial or amp or purified chick embryo vaccine 2.5 I U per Vial or amp & Sterile water for injection as diluents,  Label should indicate for ID use Ampoule/Vial of 1 ml	No.		

- 1. Rate with Inclusive all taxes
- 2. For Destination
- 3. Delivery 10 Days
- 4. Payment 100 % after Supply of Item

Name, Signature of Supplier Seal & Rubber Stamp

#### On Non Judicial Stamp Paper of Rs.500/- (Use Separate Stamp For Each Annexure)

## Annexure -2

## निविदाकाराचे हमीपत्र

मी/आम्ही मे.या हमीपत्रा द्वारे लिहून देतो की,दरपत्रक मागविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर कोणत्याही प्रकारचे हितसंबंध नसुन हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकाऱ्याकडे सादर करण्यात करण्यात आलेले दरपत्रक हे एकल असुन दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरीत्या किंवा संगणमताने साखळी करून दरपत्रक भरलेले नाही, असे आढळुन आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीस पात्र राहील.

दिनांक:

ठिकाणः

दरपत्रक सादर कर्त्याची स्वाक्षरी व शिक्का

#### Annexure -1

#### **DECLARATION BY SUPPLIER**

I/we herewith declare 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 employee are not related with Civil Surgeon, Nashik or their organizational Person.

मी/आम्ही असे जाहीर करतो की या दरपत्रकामध्ये किमान मुल्यापेक्षा अधिक दर नमुद केलेले नाहीत अथवा बाजारभावा पेक्षा अधिक दर नमुद केलेले नाहीत.या दरपत्रकात नमुद करणेत आलेली उत्पादक कंपनी ही काळ्या यादीतील नाही. मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्यचिकित्सक, नाशिक किंवा त्यांचे आधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबध नाहीत.

Place-

Date-

Name, Signature Of Supplier Seal & Rubber Stamp

WEB SITE DOCUMENT UPLOAD FORM (WDU)			
Name of Program	DISTRICT HOSPITAL, NASHIK		
Name & Designation of Officer	CIVIL SURGEON, NASHIK		
Date of Publication	23/06/2025		
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#### 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: 23/6/25

**Signature of Program Authority**