GOVT.OF MAHARASHTRA

PUBLIC HEALTH DEPARTMENT

OFFICE OF THE CIVIL SURGEON,SINDHUDURG

QUOTATION NOTICE

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 - (Designation of Purchasing Authority)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg 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.& Date	No/CSSND/DWH/BBS/10642/2025 Date- 16/7/2025
7	Quotation Item Category	Kits & Consumables for Blood Bank
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	25/7/2025 before 4.00 p.m District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	25/7/2025 at 4.30 p.m Office of the Civil Surgeon,Sindhudurg
11	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

1) No any relaxation for Supplier Qualification Criteria.
2) 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. **Do not use item wise envelope**
   - **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, Mfg.Co Authorization
   - PAN card
   - GST Registration Certificate

   7.2) Non Drugs items
   - PAN Card
   - GST Reg. certificate – if applicable or Supplier declaration
   - 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

1	Qualification for Drugs & Consumables, Laboratory item (Kits/Reagents/Chemicals/Sera)	Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid Drugs Sale License GST Certificate, Mfg.Co Authorization PAN Card of Owner or his/her Firm
2	Qualification for Non Drugs Item	PAN Card GST Certificate if applicable as per financial turn over. Mfg,.Company Authorization subject to Quotation notice or CS Sindhudurg office
3	Authority Letter from Original Mfg. Company	In case of Medical Equipment's & Machine
4	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
5	Transport	Inclusive
6	Delivery	Drugs –30 days Non Drugs – 30 days
7	Delivery Destination	District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
8	Warranty for Electronic Equipment's & Machine	One year from Date of Installation
9	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write 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	Bill of Quantity	It may be Increase or decrease in Acceptance period.

13	Court Jurisdiction	Sindhudurg

14	Disqualification and rejection 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 for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
15	Supplier Attendance in Quot. Opening procedure in time.	Supplier in person should attend, if he/she is unable to attend he/she appoint authorize person with letter and appropriate ID Proof. If supplier not attend for procedure, procedure will be continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Civil Surgeon,Sindhudurg

(Dr.S.H.Patil)
Civil Surgeon,Sindhudurg

CIVIL SURGEON SINDHUDURG

-ANNEXURE -2 –

QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item with Technical Specification	Unit	Approx. Unit Cost with GST & transport	Required Quantity
1	HBsAg Elisa Kit 1. Should be IIIrd generation Elisa for the detection of HbsAg antigen (surface antigen of Hepatitis B). 2. Should have monoclonal antibodies on solid phase & combination of monoclonal & polyclonal antibodies in the conjugate to detect all subtypes & mutant stream 3. Should be sandwich ELISA. 4. Should have colour coded reagents with verification criteria 5. Should have sensitivity and specificity of 99%or more 6. Should have sensitivity < or equal to 0.1ng/ml 7. Should have incubation time not more than 2 hours. 8. Should have sample volume not more than 100 µl with no dilution step 9. Should have inbuilt validity criteriawith expiry date at delivery of 12 months. 10. Should be evaluated & approved by National Institute of Biologicals (NIB); imported kits registered and licensed in India with DCG(I). 11. The kits should have a shelf-life of 12 months or more at the port of discharge of consignees.	192 Tests	4480/-	17 Kits
2	HIV (I & II) Elisa Kit 1. Should be 4th generation kit to be able to detect both antibody (HIV I and II)& antigen (P24 Ag) of HIV. 2. Should have specificity more than 99% for both antigen & antibody. 3. Should be sandwich Elisa with monoclonal antibody against P24 antigen &HIV I & II antigen and/or Synthetic Peptide Antigen on the solid phase. 4. Should be sensitive to detect antigen in window period of less than 15-16 days. Antigen sensitivity 140 pg/ml. 5. Should have separate conjugate for both antigen &antibody. 6. Should have color coded reagent with verification criteria. 7. Should detect all three classes of antibodies to HIV i.e. IgM, IgG & IgA simultaneously. 8. Should have sample volume less than 100µl with no dilution steps. 9. Should have total incubation time less than 2 hrs. 10. Should have in built validity criteria with expiry date at delivery of 12 months. 11. Should be evaluated & approved by National Institute of Biologicals NIB.	192 Tests	7455/-	25 Kits

Sr.No	Name of Item with Technical Specification	Unit	Approx. Unit Cost with GST & transport	Required Quantity
3	HCV Elisa kit 1. Should detect antibody against HCV. 2. Microwells should be coated with monoclonal antibody core NS3 (complete genome of) and recombinant antigen from NS4 & NS5 for higher sensitivity & specificity. 3. Should have specificity of more than 99% & sensitivity more than 99.8% 4. Should have color coded reagents with verification criteria. 5. Should have sample volume less than 100µl with no dilution steps. 6. Should detect all three class of antibodies i.e. IgM, IgG, IgA simultaneously. 7. Should have in built validity criteriawith expiry date at delivery of 12 months. 8. If the manufacturer is quoting for the ELISA kits detecting both antigen and antibody that manufacturer shall be given preference in the technical evaluation. 9. Should be evaluated & approved by National Institute of Biologicals (NIB) with approval of the statutory authority from the country of origin.	192 Tests	6250/-	16 Kits
4	HBSAG 3 GEN. SPOT TESTING 1. Should be solid phase/particle coated with monoclonal antibodies to HBsAg. 2. The assay should be able to detect surface antigen to Hepatitis B virus. 3. Adequate documents detailing the principle, components, bio-safety, methodologies, validity criteria, interpretation of result, performance characteristics, storage conditions, limitation of assay, manufacturing & expiry dates should be provided with each kit. 4. The kit to be procured should have approval of the statutory authority in its country of origin. 5. In case of imported kits it should be registered and licensed in India by DCG (I). 6. In case of indigenous manufacturing they should be licensed by the competent authority defined under Drugs and cosmetics Act, 1940, after appropriate evaluation by the centre approved by DCG (I) 7. The kit should have minimum shelf-life of 60% or 12 months (whichever is more) at the port of discharge of consignees. 8. The total procedure time shall not be more than 30 minutes.	1 Test	16/-	2000 Tests

	9. The assay component should include Positive and Negative control I each pack of 25 tests. 10. The assay should have sensitivity of more than or equal to 99% and specificity of more than or equal to 98%.			

Sr.No	Name of Item with Technical Specification	Unit	Approx. Unit Cost with GST & transport	Required Quantity
4	HBSAG 3 GEN. SPOT TESTING 11. The assay should have analytical sensitivity of detecting less than or equal to 0.5gn/ml. 12. The manufacturer/authorized agent should ensure maintenance of cold chain during storage & transport the kits at 2°C - 8°C. The cumulative time temperature indicator technology used should be pre-qualified by WHO. 13. The pack size should not be more than 25test wherein each test is individually packed.			
5	HCV 3 GEN SPOT TESTING 1. Should be solid phase/particle coated with recombinant and / or synthetic peptide antigen of Core, NS3, NS4 and NS5 2. Adequate documents detailing the principle, component, bio-safety, methodologies, validity criteria, interpretation of results, performance characteristic, storage conditions, limitation of assays, manufacturing & expiry dates should be provided with each kit. 3. The kit to be procured should have approval of the statutory authority in its country of origin. 4. In case of imported kits it should be registered and licensed in India by DCG (i). 5. In case of indigenous manufacturing they should be licensed by the competent authority defined under Drugs and cosmetics Act, 1940, after appropriate evaluation by the centre approved by DCG (I) 6. The kit should have minimum shelf-life of 60% of 12 months (whichever is more) at the port of discharge of consignees. 7. The total procedure time shall not be more than 30 minutes. 8. The assay component should include Positive and Negative control I each pack of 50 tests. 9. The assay should have sensitivity of more than or equal to 99% and specificity of more than or equal to 98%. 10. The manufacture/authorized agent should ensure maintenance of cold chain during storage & transport the kits at 2°C - 8°C. The cumulative time temperature indicator technology used should be pre-qualified by WHO. 11. The pack size should not be more than 50 tests wherein each test is individually packed The manufacture quoting for the IVth Generation Rapid ELISA for HIV shall be given preference over the IIIrd Generation HIV rapid detection kit.	1 Test	50/-	1000 Tests

Sr.No	Name of Item with Technical Specification	Unit	Approx. Unit Cost with GST & transport	Required Quantity
6	HIV Rapid Testing Kit IV Generation TRIDOT Technical Specification as per NACO enclosed herewith	1 Test	29.95/-	5000 Tests
7	VDRL Test Kit RAPID Method 1. Should be certified by WHO and NIB for blood bank screening purposes. 2. Should be based on modified VDRL antigen (balanced quantities of cardiolipin, lecithin and cholesterol) combined with charcoal particles 3. Flocculation should be macroscopically visible	1 Test	18/-	3000 Tests
8	Rapid Malaria Antigen Test Kit 1. Should be based on pLDH antigen detection on plastic cassette (not dipstick) 2. Should be Approved by WHO and NIB for Blood Bank screening use. 3. Pan specific band should detect all species endemic in India and additional species specific bands may be there. 4. Sensitivity of the kit at least 95% of P. falciparum infection/cases at 200 parasites per µl of blood and higher at higher parasite density. 5. Should be stable at temperatures up to 40ºC, wrapped individually to protect from moisture and supplied along with a dropper and desiccant.	1 Test	35/-	3000 Test
9	Gell Cross Match Card 1. Cassettes/cards should have pre filled gels impregnated with polyspecific (blend anti IgG & anti c3d) Anti-human globulin for performing cross matching and coombs tests 2. Should correspond to the Gel card centrifuge r blood bank 3. Should be NIB and IVD (EC) approved MFG.Matrix Tulip	24 Cards	3300/-	50x24 cards
10	Matrix Liss Solution - MFG.Matrix Tulip	250 ml	730/-	10 Botts
11	Antisera A – Monoclonal Antibody Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	75/-	50 Botts
12	Antisera B – Monoclonal Antibody Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	75/-	50 Botts
13	Antisera D – IgG and IgM monoclonal Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	290/-	50 Botts
14	Anti H Reagent	10 ml	280/-	40 Botts

	1. Ready to use Ulex europaeus Lectin solution 2. Should give 4+ reaction with 3 seconds for most normal O cells and clearly no reaction with Bombay cells. 3. Should have a titre of at least 1:8 for O cells 4. Should not hemolyse or form roleaux 5. Should be Approved by NIB for specific blood bank use			
Sr.No	Name of Item with Technical Specification	Unit	Approx. Unit Cost with GST & transport	Required Quantity
15	Triple Blood Collection Bag CPDA with SAGM IP Standard with diversion pouch For Govt. Approved Blood Bank IP Standard	1 No	380/-	4000 Bags
16	Double Blood Collection Bag CPDA with SAGM with diversion pouch 350 mlIP Standard For Govt. Approved Blood Bank	1 No	200/-	4000 Bags
15	White Tips 300 for Elisa Processor Make- TULIP	1000 Tips	12587/-	2000 Tips
16	Test Tube with Cap – rubber red cap material Polypropylene capacity 2 ml	1 No	1.32/-	100000 Tuebs
17	Test Tube without Cap Test Tube Polypropylene capacity 2 ml	1 No	0.78/-	100000 Tuebs
18	Sterile Vacutainer Plain Polypropylene capacity 5 ml Product - ISO Standard for Blood Bank use	1 No	2/-	10000 Nos
19	Sterile Vacutainer EDTA Polypropylene capacity 5 ml Product - ISO Standard for Blood Bank use	1 No	3/-	10000 Nos
18	Yellow Tips for Universal Pipette -PP material Maximum Volume- 2-2000 UL	1000 Pcs	110/-	100000 Pcs
19	Button Lancet for Finger Prick	1 No	3.20/-	10000 Nos
20	Copper (II) Sulfate Pentahydrate $CuSO_4.5H_2O$ Spec- Copper sulfate pentahydrate appears as blue crystalline granules or powder. Melting point 110 °C (with decomposition). Non-combustible. Nauseating metallic taste. Odorless. White when dehydrated. (NTP, 1992)	500 gm Botts	1000/-	10 Botts
21	Hemocu Hb 301 Microcuvette Analyzer hemoglobin	50 Nos Pack	1255/-	6000 Nos

All supplier to be Note-

1) Items to be match with above specification
2) After acceptance of rate ,send required sample of item for inspection at Blood Bank. After satisfactory report purchase order will be placed.
3) Supplier should attach Mfg.co Authorization 2025-26
4) Supplier Should attach Govt.Blood Bank Supply Purchase Order copies last 2 years
5) Expiry Date not less than 2 years from Date of Mfg.

(Dr.S.H.Patil)
Civil Surgeon,Sindhudurg

ANNEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

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 Technical Specification	Unit	Unit Rate for Quotation	Mfg.by Full Name of Company WORD GMP For Drugs ISI Mark or Equv for Consumables

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