

**Office of the Civil Surgeon, District Hospital Chikalthana,
Opposite Airport, Jalna Road, Chhatrapati Sambhajinagar 431 007**

Quotation Notice Year - 2025-26

Notice No.01/Med Store/2025-26/ 13205

Date - 22/07/2025

Last Date for Submission 28/07/2025, at 13.00hr (1.00pm)

Civil Surgeon Chhatrapati Sambhajinagar is inviting quotations from eligible suppliers, for the purchase of following Drugs & Consumables required for District Hospital Chhatrapati Sambhajinagar.

List of Items for Procurement

No	Name & Description of Item	Qty
1	Lignocaine OR Lidocaine HCL 20mg + Adrenaline OR Epinephrine 5mcg, per ml, 30ml Inj	500 V
2	Tropicamide 0.8% w/v & Phenylephrine Hydrochloride 5% w/v, Eye Drops 5ml	500 V
3	Inj. Trypan Blue Ophthalmic Solution 0.06%w/v, 0.6 mg/ml Each ml contains: 0.6 mg trypan blue; 5ml	100 V
4	Povidone Iodine 5% w/v Eye Drops, 5ml Solution Each single dose container provides 25 mg of Iodinated Povidone in 0.5 ml of solution. One ml of solution contains 50 mg Iodinated Povidone	300 V
5	Moxifloxacin 0.5% with prednisolone 1% Eye Drop 5ml (Moxifloxacin Hydrochloride equivalent to Moxifloxacin 0.5% w/v, prednisolone acetate - usp 1% w/v, Benzalkonium Chloride solution (as preservative) – IP 0.02% w/v sterile aqueous base q.s)	5,000 V
6	Mephenteramine Inj.30mg/ml, 10ml Vial	50 V
7	Disposable Sterile Needle No. 24 G 1" In Blister Pack / Riboon Pack Siliconised Sizes 24 G with CE certification	10,000 No
8	Disposable Sterile Needle No. 26 G 1/2" In Blister Pack / Riboon Pack Siliconised Sizes 24 G with CE certification	10,000 No
9	Pheniramine Maleate Inj. 22.75 mg/ml, 2ml Amp	3,000 A
10	Inj. Dexamethasone Sodium Phosphate 4 mg/ml - 2 ml Vial IM/IV	3,000 A
11	Inj. Pralidoxime chloride 500 mg/ 20 ml	500 V
12	Inj. Pralidoxime chloride 1GM/ 20 ml	500 V
13	Inj. Noradrenaline 4 mg in 2 ml i.e. 2 mg per ml	1000 A
14	Inj. Streptokinase 15 lacs/Vial	20 V
15	I. V. Dextrose 25% w/v - 100 ml	500 Bot
16	Budesonide Resp. Solution 0.5mg/ 2ml Respule	1000 No
17	Levo salbutamol Respiratory solution 0.63 mg/2.5 ml	1000 No
18	Ipratropium Respiratory Solution 250mcg/ml, 15ml	500 No
19	Inj. Pentazocin Lactate 30 mg/ml - 1 ml Ampoule	1000 A
20	Nifedipine Cap (Liquid) 5mg	1000 No
21	Nifedipine Tab 5mg	5000 No

No	Name & Description of Item	Qty
22	Multiple Electrolytes & Dextrose Injection Type I IP for Pediatric use 500ml (Isolyte P)	200
23	Olanzapine Tab 5mg	10,000 T
24	Clonazepam Tab 0.5 mg	10,000 T
25	Lorazepam Tab 2mg	10,000 T
26	Inj. Lorazepam 2mg	1000 A
27	Levetiracetam Tab 250mg	1,00,000 T
28	Zolpidem Tab 10mg	5,000 T
29	Metoprolol Tab 50mg	5,000 T
30	Dinoprostone 0.5mg Gel, 3GM	100
31	Prednisolone Tab 5mg	10,000 T
32	Prednisolone Tab 10mg	10,000 T
33	Acyclovir Tab 400mg	5,000 T
34	Ethamsylate Tab 250mg	5,000 T
35	Propranolol Tab 10mg	5,000 T
36	Dihydrogen Sodium Citrate Syrup contains Dihydrogen Sodium Citrate 1.37gm, 100ml	5,000 Bot
37	Extension Line 200cm	100 No

Interested Authorized Suppliers, please Submit **sealed original quotation with following mandatory documents.**

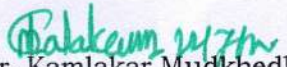
1. **Quotation Entry Fee Rs. 1,000/-** (Non-refundable demand draft in the name of **Civil Surgeon, District Hospital Aurangabad**)
2. Acceptance of terms & conditions Sr.No. 01 to 11 (on firm Original letterhead)
3. Valid Shop & establishment License or MSME or Udyog Aadhar.
4. Valid FDA Registration for Sale & storage or Manufacture drugs & Consumables.
5. GST registration Certificate, GST Paid latest Challan.
6. PAN Card – firm or proprietor.
7. Authorization Certificate, & WHO GMP, CE Certificate from manufacturer.
8. Details of Bank account. (Format Given - on firm Original letterhead).
9. निविदाकाराचे हमीपत्र (Format Given - on firm Original letterhead).
10. Quotation – Rate Offer . (Format Given - on firm Original letterhead).

Terms Condition:-

- 1) Minimum three quotations required for comparison.
- 2) On Envelop should be mention as- **“Quotation No. 01 – Drugs & Consumables Required for District Hospital ”**
- 3) Rate - **Inclusive of all taxes (GST)** & levies with store delivery basis, installation.
Not Exceeding than M.R.P. Rate should be quote for each Unit.
- 4) Rate should be valid for One year from rate acceptance.

- 5) Delivery at :- Medical Store, Ground Floor, District Hospital Chikalthana, Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar.
- 6) **Delivery Period :- 10 Days only.** If required any in emergency should be supply within 24 hours.
- 7) Test Report of each & every batch, Lot No. & e-Way bill, delivery challan should be submit with Invoice.
- 8) **Each & Every Batch of supplied drugs should be tested by NABL Laboratories. For testing purpose 1.5% of order value or actual testing charges which ever bigger should pay by supplier in advance.**
- 9) There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway.
- 10) **Quotation submitted through email is not acceptable.**
- 11) If anyone is trying to anyway to pressurize or harass to this official member to accept quotation, it should be treated as misconduct & should not allowed in this process; should lodge FIR in police.

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.


(Dr. Kamlakar Mudkhedkar)
Civil Surgeon
Chhatrapati Sambhajanagar

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भागIII/उद्योग-४, दि. १ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहील.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	

Above information is correct as per our record.

Date:

Seal:

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Format For Quotation

(Bidder should Submit Sealed quotation on her/his own letter pad)

Date- /07/2025

To,

Civil Surgeon,

District Hospital, Chhatrapati Sambhajinagar.

Sub :- Submission of Quotations

Ref :- Your Office Quotation Notice No. 05, Dated 22/07/2025.

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith submitting quotation

No	Name & Description of Item	Rate/Unit
1	Lignocaine OR Lidocaine HCL 20mg + Adrenaline OR Epinephrine 5mcg, per ml, 30ml Inj	
2	Tropicamide 0.8% w/v & PhenylephrineHydrochloride 5% w/v, Eye Drops 5ml	
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31	Prednisolone Tab 5mg	
32	Prednisolone Tab 10mg	
33	Acyclovir Tab 400mg	
34	Ethamsylate Tab 250mg	
35	Propranolol Tab 10mg	
36	Dihydrogen Sodium Citrate Syrup contains Dihydrogen Sodium Citrate 1.37gm, 100ml	
37	Extension Line 200cm	

Note :- Above quoted rates are inclusive of all Taxes, Store delivery basis.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

Sign & Stamp Of Bidder