



Civil Surgeon General Hospital Wardha

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O. No. GHW/Med. Str./ E-Quot./ 15830. /2025

Date:

E-Quotation Notice

29 AUG 2025

To

Whom so ever it may concern

Sub: E quotation for artificial organ .

As per the subject cited above, this office hereby invites **E-quotations from reputed firms** dealing in rehabilitation aids for purchase of **artificial organs for physically disabled persons**. You are requested to submit your quotations for suitable artificial organ with detail specifications of item.

Sr.No	Description	Diagnosis	Name of item
1	Premkumar Dilip Naik, Ward No.05, Kapil Vasti Sutgirni layout, at Wardud, Post Sewagram, Tahsil District Wardha 442102	Rt.above Knee amputation	Suitable Prosthesis required

Your technician should meet the patient in person & take actual measurements, before submitting the quotation.

Your Quotations (sealed envelope) must reach this office on or before 20/09/2025 before 03.00 PM, as far as possible, quotations will be opened on same day at 05.00 PM. Bidders may remain present at the time of opening. In case of any official reason, time of opening may be changed.

Terms & Conditions

1. Goods should be delivered on door delivery basis. With Demonstration & Installation .Extensive training for the use of item should be provided to the patient.
2. Rates should be inclusive of all taxes & charges.
3. Delivery period: 15 days from the date of order.
4. Conditional quotations will be summarily rejected.
5. Onsite training to be provided to the patient.
6. Payment will be made within 90 days from successful installation, demonstration & training.
7. Two years onsite warranty should be provided.
8. Enclose Annexure A & Annexure B (on firm's letterhead)
10. Enclose Shop act license.
11. Enclose GST registration certificate.
12. Civil surgeon General Hospital wardha, reserves all rights to accept or reject any quotation without assigning any reason.

Civil Surgeon
General Hospital Wardha

Annexure - A (on firm's letterhead)
(In case of incomplete information, Quotation will be summarily rejected)

1. Name and address of the firm:-
2. Registered Head Office Postal address:-
3. Telephone No. & FAX & E-Mail:- :-
4. In case of proprietorship / Partnership firms, names of proprietors / partners/ Directors with address and percentage of share
5. Ownership status of the firm
(Maharashtra Govt. / Central Govt./Jt. Sector /co - operative /SSI /Private)
6. Whether tendering as a manufacturer / importer
7. Name of the person & Phone no. who should be contacted by this office in case of any urgent Problem.
8. Full Address with Email ID, Phone Numbers and Location of Original manufacturing work/factory/factories:

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, my /our tender shall be rejected and I / we are liable for penal action as per terms specified in the " term and conditions of tender".

Date:-

Full Signature of the tenderer
With official seal and address

हमीपत्र

जिल्हा शल्य चिकित्सक सामान्य रुग्णालय वर्धा यांचे ई-कोटेशन सूचना पत्र क्र.

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च्या अनुषंगाने या हमीपत्राद्वारे लिहून देण्यात येते कि, खरेदी प्राधिका-या सोबत कोणत्याही प्रकारे हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिका-या कडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुस-या कोणाशीही संयुक्तरित्या अथवा संगनमताने साखळी करून दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक:

ठिकाण

दरपत्रक धारकाची स्वाक्षरी

संपूर्ण नाव व शिक्का