

**Maharashtra Government**  
**General Hospital Malegaon Dist.Nashik**

Office Contact No:-02554232556  
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Add-General Hospital Malegaon  
Dist.Nashik,Near Mohan Talkies Kali Kutti  
Maindan Malegaon Pin Code :-423203

**Health Department**

Ghm&Out No- Certificate/4807 /2025  
Date-15/09/2025

**Open Notice**

Medical Superintendent Class 1 General hospital Malegaon (nashik ) is inviting E-Quotation rate for purchase of following items from eligible Supplier or manufacturer who is interested for filling of rate,please see terms and condition of supply Blood Bank Kits/Material Should required imported Quality ISI/CE Brand Only

| Sr.No | Name Of Items | Rate(Inclusive All Taxes) | Remarks |
|-------|---------------|---------------------------|---------|
| 1     | List Attached |                           |         |

**2.Submission Of E-Quotation**

|   |                                                        |                                                                                                     |
|---|--------------------------------------------------------|-----------------------------------------------------------------------------------------------------|
| 1 | Submission Of E-Quataion Only by hand before last date | Last Date-22/09/20205<br>Time before -4 PM<br>Place Outward Inward Office General Hospital Malegaon |
| 2 | Opening Of recive E-Quatations Within Above period     | Opening Of Quotation 22/09/2025<br>place- General Hospital Malegaon                                 |

**3.Supply terms and conditions-**

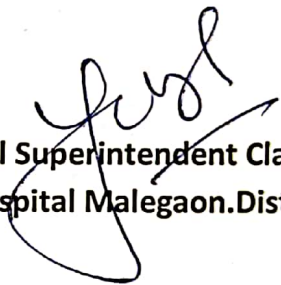
|   |                         |                                                                                                                                                                                                                                                                               |
|---|-------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Rate                    | Not Exceed than MRP and Market rate                                                                                                                                                                                                                                           |
| 2 | taxes                   | inclusive of all taxes                                                                                                                                                                                                                                                        |
| 3 | delivery                | door delivery in medicine store at general hospital Malegaon (nashik)                                                                                                                                                                                                         |
| 4 | validity of e-quotation | 6 months of from date of acceptance of quotation                                                                                                                                                                                                                              |
| 5 | payment                 | From purchasing authority<br>CMP/NEFT/Cheque/PFMS Which is depend on funds or grants                                                                                                                                                                                          |
| 6 | Delivery Period         | 15 days or Depend on Emergency                                                                                                                                                                                                                                                |
| 7 | Fillling Of Rates       | Prescribed Format on Supplier Letter Head with Duly Signature and Stamp                                                                                                                                                                                                       |
| 8 | Method Of submission    | Two Enveloped sealed in one envelop(technical and price bid) with supplier stamp and signature front and back side of each envelop<br>technical bid all documents price bid prescribed format following words to be write on main envelop<br>E-Quotation for Supply medicines |



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General Hospital Malegaon.Dist Nashik

| Sr.No | Item                                 | Unite/Nos | Rate |
|-------|--------------------------------------|-----------|------|
| 1     | Single Blood Bag-350ml Terumo Penpol | 1         |      |
| 2     | HIV Eliza Kit 4 <sup>th</sup> Gen    | 1×96      |      |
| 3     | HCV Eliza Kit                        | 1×96      |      |
| 4     | HBsAg Eliza Kit                      | 1×96      |      |



  
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