

Maharashtra Government
General Hospital Malegaon Dist.Nashik

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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- E-Tender/5172/2025
Date- 30/09/2025

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 Surgical Instrument Should required imported Quality ISI/CE Brand Only

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

2.Submission Of E-Quotation

1	Submisson Of E-Quataion Only by hand before last date	Last Date-07/10/20205 Time before -5 PM Place Outward Inward Office General Hospital Malegaon
2	Opening Of recive E-Quatations Within Above period	Opening Of Quotation 18/06/2025 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 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 technical bid all documents price bid prescribed format following words to be write on main envelop E-Quotation for Supply medicines



[Signature]
Medical Superintendent Class-1
General Hospital Malegaon.Dist Nashik

Sr.No	Item	Unite/Nos	Rate
1	RL 500 ML (Rigerlactate)	1	
2	NS 500 ML (Normal Saline,Sodium Chloride)	1	
3	NS 100 ML (Normal Saline,Sodium Chloride)	1	
4	DNS 500 ML (5% Dextrose with sodium chloride,normal saline)	1	
5	D25 100 ML (Dextrode 25%)	1	
6	Metro 100 ML(IV Metronidazole)	1	
7	EP 500 ML Isolate P (Multiple Electrolytes Dextrose 5% Injection)	1	



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