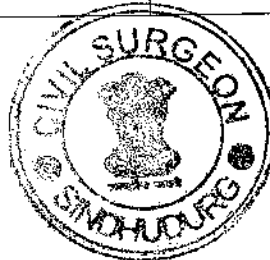


GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON, SINDHUDURG
QUOTATION NOTICE YEAR 2025-26

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.

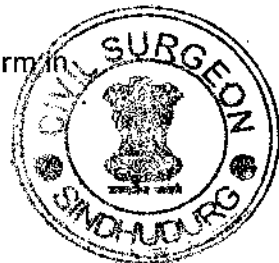
1	Quotation call by - (Designation of Purchasing Authority)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital,Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-297405
4	e mail address	cssindhudurg@gmail.com
5	Working Hours	9.30 am to 5.45 p.m Each Saturday – 9.30 a.m to 2.00 p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/DHS/CMS/Surg & Dispo/ 15128/2025-26 Date- 31/10/2025
7	Quotation Item Category	Surgical & Disposable Item
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	10/11/2025 before 11.30 a.m Office of the Civil Surgeon, District Hospital Sindhudurnagari
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	10/11/2025 at 5.00 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

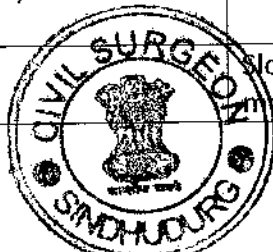
- 1) No any relaxation for Supplier Qualification Criteria.
- 2) Submission of quotation before last date & attendance in time for opening of quotation is the responsibility of supplier. If supplier fails to attend, procedure will be completed by authority.
- 3) Procedure for fill up quotation
 - Submission of Envelope is required in Prescribed manner. Use One Envelope 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
Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid License
GST Certificate PAN Card of Owner or his/her Firm
WHO GMP Mfg.Co Valid Drugs License Copy
 - 7.2) Non Drugs items
 - PAN Card
 - GST Registration Certificate
 - 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 TERMS & 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 License GST Certificate PAN Card of Owner or his/her Firm Who GMP Mfg. Company product Only
2	Qualification for Non Drugs Item	PAN Card GST Certificate Quality Certificate Mfg.Co Authorization
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. Preference to Free Supply of Glucometer for each 1000 strips pack with Technical support.
5	Transport	Inclusive
6	Delivery Period	Drugs – 15 days
7	Delivery Destination	District Warehouse Sindhudurg Sindhudurgnagari Tal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
8	Expiry date	Not less than One year from date of Mfg.date
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 SindhudurgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
11	After use of drugs, complaints from Dept/Patients/Sub Standard drugs	Replacement of Complaint batch Without cost or FDA Sampling Batch.
12	Return of drugs	Slow moving before expiry date 3 to 6 months without cost.



		After supply any circumstance due to patient use issue i.e not required for treatment
13	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
14	Validity of Quotation Rate	Six month from date of acceptance Letter .
15	Bill of Quantity	It may be Increase or decrease in Acceptance period.
16	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 submission of required documents as mentioned in point No. 1 & document without self attested with rubber stamp. 5.Non submission envelope in proper manner 6.NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state 7.Non filling of all items rate
17	Court Jurisdiction	District Court Sindhudurg
18	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company or any Related official and Tech.cause.
19	Drugs Analysis by NABL Approved Laboratory after supply of drugs	As per following govt. letter/GR this office Will be send supplied drugs each batch for Analysis of drugs at NABL Approved lab.Expenditure of NABL analysis.to be paid from concerned supplier without any terms 1) Letter from Hon'ble Commissioner of Health Services & Mission Director Mumbai No/4829-4914/2024 Dt.2/8/2024 2) Govt. Resolution No खरेदी-२०१८/प्र.क्र ९४/आरोग्य-८ दि. १६/८/२४ सार्वजनिक आरोग्य विभाग मंत्रालय मुंबई
20	Cancellation of Quot. Procedure	In any stage without any notice.
21	Rights of Quotation	Civil Surgeon,Sindhudurg



[Signature]
Civil Surgeon, Sindhudurg

ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE OF MEDICINE

Sr. No.	Name of Items	Unit	Unit Rate	Approx Pur Qty.
1	ECG/EEG Gel 200 gm	1 Bott	18.31	500
2	Liquid Paraffin Bottle 500 ml Bottle	1 Bott	125	50
3	Magnesium sulphate powder Sachet 500 gm	1 no	75	20
4	Glycerine 500 ml	1 Bott	126.5	50
5	Clotrimazole Dusting Powder 1 % 30 gm	1 No	33.6	500
6	Miconazole Cream 2% 15 gm	1 No	5.44	2000
7	Framycetin Sulphate Cream 30 gm	1 No	40	500
8	Absorbent Cotton Wool 500 gm Packet	1 Roll	179.2	1500
9	Bivalve connection Set & 40 3 way& 41 Each	1 No	21.25	500
10	Elastic Crape Bandage 10 cm x 2.5 mtr	1 Roll	45	3000
11	Elastic Crape Bandage 15 cm x 2.5 mtr	1 Roll	55	3000
12	Folleys Catheter (2way) no. 10 Each	1 No	56	100
13	Folleys Catheter (2way) no. 12 Each	1 No	56	100
14	Folleys Catheter (2way) no. 14 Each	1 No	23.8	2000
15	Folleys Catheter (2way) no. 16 Each	1 No	23.8	2000
16	I.V.Cannula 18G Each	1 No	6.72	2000
17	I.V.Sets with hypodermic needle 21 G of 1.5 inch length Each	1 No	4.97	25000
18	Infant Feeding Tube 5G Each	1 No	7.99	500
19	Microdrip I.V. sets with Volumetric chamber (Paediadrip Set)	1 No	80	500
20	Oxygen Mask	1 NO	55	200
21	Nebulization Mask (Adult/Paed)	1 No	165	200
22	Makintosh Double Colour Water Proof Rubber Width-110cm in meter	1 Mtr	86.8	500
23	Surgical Rubber Gloves no. 6.5 Pair	1 Pair	12	10000
24	Surgical Rubber Gloves no. 7 Pair	1 Pair	12	10000
25	Surgical Gloves Sterile no. 6 Pair	1 Pair	15	25000
26	Surgical Gloves sterile no. 6.5 Pair	1 Pair	15	25000
27	Surgical Gloves Sterile no. 7 Pair	1 Pair	15	25000
28	Surgical Gloves Sterile no. 7.5 Pair	1 Pair	15	25000
29	General Examination Gloves	1 No	6.5	50000
30	Disposable Insulin Syringes 40 IU/1ml Each	1 No	8	5000
31	Endotracheal Tube Cuffed 5	1 No	93	50
32	Endotracheal Tube Cuffed 5.5	1 No	93	50
33	Endotracheal Tube Cuffed 6	1 No	93	100
34	Endotracheal Tube Cuffed 6.5	1 No	93	100
35	Endotracheal Tube Cuffed 7	1 No	93	100
36	Endotracheal Tube Cuffed 7.5	1 No	93	100
37	Endotracheal Tube Cuffed 8	1 No	93	25
38	Disposable cap	1 No	0.82	25000
39	Tab. Formaldehyde 100 Tab	1 Bott	67.2	25



[Signature]
Civil Surgeon, Sindhudurg

ANNEXURE -3
QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudurg nagari Tal. Kudal Dist.
Sindhudurg Maharashtra Konkan Pin Code 416812

Sub- Submission of Quotation....

Ref- Your office Quotation Notice No.

Date.

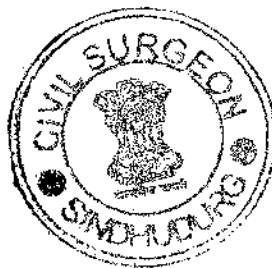
Respected Sir/Madam,

With ref.to above subject I/We are herewith submitting
quotation for Govt. Hospital purchase.

Sr.No	Name of Item with Tech.Spec.	Unit	Unit Cost Including GST Transport Handling etc	Name of Mfg. Company. Only WHO GMP

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Drugs wholesale licence
- 4) Declaration



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

