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 SindhudrgnagariTal.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.oo p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/DHS/CMS/INJ & TAB/15127/2025-26 Date- 31/10/2025
7	Quotation Item Category	INJECTION & TABLET
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 Sindhudurgnagari
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	10/11/2025 at 4.30 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

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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 OneEnvelope 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

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ANNEXURE -1

GENERAL TRERMS & 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 Sindhudrgnagari 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 SindhudrgnagariTal.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.

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		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

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ANNEXURE -2

QUOTATION ITEMS FOR PURCHASE OF MEDICINE

Sr. No.	Name of Items	Unit	Unit Rate	Purchase Qty.
1	Inj. Pheniramine Maleate 22.75mg/2ml	1 Amp	1.768	5000
2	Inj. Amiodarone 150 mg/3ml 3 ml Amp	1 Amp	19.488	200
3	Inj. Atropine 0.6 mg/ml 1 ml	1 Amp	1.215	500
4	Inj. Ceftazidime 1 gm Vial	1 Vial	45.5	500
5	Inj. Gentamycine 40 mg/ml 2 ml	1 Amp	3.54	20000
6	Inj. Vancomycin 500 mg Vial	1 Vial	130	100
7	Inj. Pralidoxime chloride 500 mg (PAM	1 Vial	36.75	100
8	Inj. Pralidoxime chloride 1 gm (PAM)	1 Vial	165	100
9	Inj. Promethazine 25 mg/ml 2 ml Amp	1 Amp	1.84	500
10	Inj. Levetiracetam 500mg	1 Vial	37	100
11	Inj. Phenytoin 50 mg/ml 2 ml	1 Amp	4.63	2000
12	Inj. Plasma Derived Factor - IX 600 IU	1 Vial	8390	100
13	Inj. Recombinant Factor VIII 500 IU	1 Vial	7896	100
14	Inj. Ranitidine 25 mg 2 ml Amp	1 Amp	1.636	10000
15	Inj. Dicyclomine Hydrochloride 10 mg/ml 2 ml	1 Amp	1.971	5000
16	Inj. Ethamsylate 125 mg/ml 2 ml	1 Amp	4.22	500
17	Inj. Dopamine 40 mg/ml 5 ml	1 Amp	22.5	100
18	Inj. Insulin Soluble plain (Human) 40 IU/ml 10 ml Vial	1 Vial	104.85	500
19	Inj. Premix Insulin 30:70 10 ml	1 Vial	104.85	500
20	Inj. Diclofenac Sodium 25 mg/ml 3 ml Amp	1 Amp	1.83	25000
21	Inj. Calcium Gluconate 100 mg/ml 10 ml	1 Amp	5.84	200
22	Inj. Anti-D Immunoglobulin Mono/Polyclonal 300 mcg PFS	1 Vial	1848	50
23	Inj. Tramadol 50 mg 2 ml Amp	1 Amp	3.48	2000
24	Inj. Pentazocine 30 mg 1 ml Amp	1 Amp	10.05	5000
25	Inj. Human Albumin 20% (Low Salt) 100 ml [99.2a72]	1 Bott	6000	25
26	Inj. Hydroxyethyl Starch (Hetastarch) Inj 6 % 500 ml Bottle	1 Bott	550	50
27	Inj. Etophylin + Theophylline 169.4 mg + 50.6 mg 2 ml	1 Amp	1.92	2000
28	Inj. Potassiun chloride 150 mg/ml 10 ml	1 Amp	22.4	100
29	Inj. Vitamin K1	1 Amp	13.5	500
30	Inj. Noradrenaline 2 mg/ml 2 ml	1 Amp	19.1	300
31	Tab. Cotrimoxazole DS (Trimethoprim + Sulphamethoxazole) 160 mg + 800 mg	1 Tab	1.67	25000
32	Cap. Amoxycillin 250 mg	1 Cap	1.296	200000
33	Cap. Amoxycillin 500 mg	1 Cap	2.752	200000
34	Tab. Amoxycillin + Clavulanic acid 500 mg +125 mg	1 Tab	9.128	500000
35	Tab. Cefixime 200 mg	1 Tab	3.99	200000
36	Tab. Azithromycin 250 mg	1 Tab	4.612	300000
37	Tab. Azithromycin 500 mg	1 Tab	7.79	300000
38	Tab. Metronidazole 400 mg	1 Tab	0.696	50000
39	Tab. Metformin 500 mg	1 Tab	0.392	1000000
40	Tab. Glimiperide 2 mg	1 Tab	0.28	1000000

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Sr. No.	Name of Items	Unit	Unit Rate	Purchase Qty.
41	Tab. Zinc sulphate DT 20 mg	1 Tab	0.4928	20000
42	Tab. Sodium Valporate 500mg	1 Tab	2.85	5000
43	Tab. Phenytoin Sodium 100 mg	1 Tab	0.73	10000
44	Tab. Sodium Valporate 200 mg	1 Tab	1.6	5000
45	Tab. Levetiracetam 500 mg	1 Tab	3.48	2000
46	Tab. Flucanazole 150 mg	1 Tab	2.08	10000
47	Tab. Telmisartan 40mg	1 Tab	0.492	300000
48	Tab. Amlodepine 5 mg	1 Tab	0.139	500000
49	Tab. Metoprolol 50 mg	1 Tab	1.29	25000
50	Tab. Ranitidine 150 mg	1 Tab	0.515	1000000
51	Tab. Betahistine 16 mg	1 Tab	0.771	2000
52	Tab. Atorvastatin 10 mg	1 Tab	0.317	300000
53	Tab. Bisacodyl 5 mg	1 Tab	0.29	5000
54	Tab. Diclofenac Sodium 50 mg	1 Tab	0.15	1000000
55	Tab. Calcium Carbonate + vit D3 1.25 gm	1 Tab	0.416	500000
56	Tab. Misoprostol 25 mcg	1 Tab	7.84	1000
57	Tab. Tramadol 50 mg	1 Tab	1.037	5000
58	Tab. Vitamine B Complex	1 Tab	0.134	500000
59	75gm Glucose Powder	1 Pkt	14.9	500
60	Syp. Cetrizine 5 mg/5 ml 30 ml	1 Bott	6.05	2000
61	Syp. Cotrimaxazol (Trimethoprim + Sulphamethoxazole) 40 mg + 200 mg 50 ml Bottle	1 Bott	38.08	50
62	Syp. Amoxycillin + Clavulanic acid 200 mg + 28.5 mg/5ml dry Syrup	1 Bott	20.2	1500
63	Syp. Ondansetron 2 mg/5 ml 30 ml	1 Bott	25	500
64	Ipratropium + Levosalbutamol Resp Solution 2.5 ml	1 No	7.7	2000

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ANNEXURE -3

QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital,Sindhudurg
SindhudrgnagariTal.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

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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