

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR २०२५-२०२६

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.

१	Quotation call by - (Designation of Purchasing Authority)	District Civil Surgeon, Sindhudurg
२	Address of Purchasing Authority	District Hospital, Sindhudurg Sindhudurgnagari Tal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code ४९६८९२
३	Telephone Number	०२३६२-२२८९००
४	e mail address	cssindhudurg@gmail.com
५	Working Hours	९.३० am to ५.४५ p.m Each Saturday ९.३० a.m to २.०० p,m Sunday & Public Holiday Closed
६	Quotation Notice No.& Date	No/DHS/CMS/DMHP/२५२०/२०२५-२६ Date- १४ /११/२०२५
७	Quotation Item Category	Essential Drugs for DMHP Program
८	Description of Quotation Item	See Annex-२ for details of Items
९	Last Date, Time & place of Quotation Submission	२०/११/२०२५ before ५.३० p.m Central Medical Store, District Hospital Sindhudurgnagari
१०	Quotation Annexure	Annex १ to ४
११	Date ,Time & Place of Quotation Opening procedure	२१/११/२०२५ at ११.०० am to ५.४५ p.m NHM Office of the Civil Surgeon, Sindhudurg
१२	Validity of Quotation Rate	One year from Date of Acceptance
१३	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

Place ९ Sindhudurgnagari

Date- १४ /११/२०२५

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)
 - 9.1) Drugs, Consumables, Laboratory items
 - Valid Date Wholesale Drugs license, Mfg.Co Authorization
 - PAN card
 - GST Registration Certificate
 - 9.2) Non Drugs items
 - PAN Card
 - GST Reg. certificate § if applicable or Supplier declaration
 - 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 submission of required documents & document without self attested.
 - (5) Non submission envelope in proper manner
 - (6) NSQ Drugs Company in this hospital past period. or blacklisted firm in Maharashtra state or other state

ANNEXURE -9

GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

१	Qualification for Drugs & Consumables, Laboratory item (Kits/Reagents/Chemicals/Sera)	Wholesale Drugs License from Food and Drugs Administration Form No.२० B & २१ B Condition § Valid Drugs Sale License GST Certificate, Mfg.Co Authorization PAN Card of Owner or his/her Firm
२	Qualification for Non Drugs Item	PAN Card GST Certificate if applicable as per financial turn over. Mfg,.Company Authorization
३	Authority Letter from Original Mfg. Company	In case of Medical Equipments & Machine
४	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
५	Transport	Inclusive
६	Delivery	Drugs § १५ days Non Drugs § २१ Days
७	Delivery Destination	District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code ४९६८९२
८	Warranty for Electronic Equipments & Machine	One year from Date of Installation
९	Acceptance of Rate	Required Minimum ३ qualified Quotation. Lowest rate is acceptable for purchase
१०	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code ४९६८९२
११	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail

१२	Bill of Quantity	It may be Increase or decrease in Acceptance period.
१३	Court Jurisdiction	Sindhudurg
१४	Disqualification and rejection of Quotation	<p>(१) Failure of required supplier Technical qualification</p> <p>(२) Late receipt of quotation envelope</p> <p>(३) Rate format submission not in proper format & multiple mfg.co. rate</p> <p>(४) Non filling of all items rate in quotation</p> <p>(५) Non submission of required documents & document without self attested.</p> <p>(६) Non submission envelope in proper manner</p> <p>(७) NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state</p>
१५	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
१६	Rights of Quotation	Civil Surgeon,Sindhudurg


Civil Surgeon
 Civil Surgeon, Sindhudurg
Sindhudurg.

QUOTATION ITEMS FOR PURCHASE

Med No	Name of Item	Technical Specification	Unit Packing	Approximate Quantity for Purchase
۱	Tab. Risperidone 2mgs	Each Tablet contains Risperidone 2mgs	1 Tab	6170 Tabs
۲	Tab. Trihexyphenidil 2mg	Each Tablet contains Trihexyphenidil 2mg	1 Tab	6000 Tabs
۳	Tab. Lithium carbonate 300mg	Each Tablet contains Lithium carbonate 300mg	1 Tab	6000 Tabs
۴	Cap. Fluoxetine 20mgs	Each Cap. contains Fluoxetine 20mgs	1 Tab	6000 Tabs
۵	Tab Olanzapine 5mgs	Each Tablet contains Olanzapine 5mgs	1 Tab	6000 Tabs
۶	Tab. Alprazolam 0.25mg	Each Tablet contains Alprazolam 0.25mg	1 Tab	6000 Tabs
۷	Tab. Clonazepam 0.5mg	Each Tablet contains Clonazepam 0.5mg	1 Tab	6000 Tabs
۸	Tab. Phenytoin sodium 100mg	Each Tablet contains Phenytoin sodium 100mg	1 Tab	6000 Tabs
۹	Tab. Quetiapine 50mg	Each Tablet contains Quetiapine 50mg	1 Tab	6000 Tabs
۱۰	Tab. Sertaline hcl 50mg	Each Tablet contains Sertaline hcl 50mg	1 Tab	6000 Tabs
۱۱	Tab. Sodium valporate & valproic acid 300mg	Each Tablet contains Sodium valporate & valproic acid 300mg	1 Tab	7000 Tabs
۱۲	Tab. Sodium valporate & valproic acid 200mg	Each Tablet contains Sodium valporate & valproic acid 200mg	1 Tab	7000 Tabs
۱۳	Tab. Sodium valporate & valproic acid 500mg	Each Tablet contains Sodium valporate & valproic acid 500mg	1 Tab	7000 Tabs
۱۴	Tab. Esp plus (Trifluoperazine + Trihexiphenidyl) 5mg+2mg	Each Tablet contains Esp plus (Trifluoperazine + Trihexiphenidyl) 5mg+2mg	1 Tab	2000 Tabs

Sate

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 89&C92

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	Technical Specification	Unit	MRP or Market Price	Unit Rate for Quotation	Mfg.by Full Name of Company

Prop.Name, Signature of Supplier

Seal & Rubber Stamp



ANNEXURE -8

व्यवसायाचे लेटरपॅडवर खालील नमुन्यात जाहिरनामा तयार करावा.

स्वघोषणापत्र

- (१) मी/आम्ही असे जाहिर करतो कि,या दरपत्रकामध्ये किमान मुल्यापेक्षा अधिक दर नमुद केलेले नाहीत अथवा बाजारभावापेक्षा अधिक दर नमुद केलेले नाहीत.या दरपत्रकात नमुद करणेत आलेली उत्पादक कंपनी किंवा माझा व्यवसाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.
- (२) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे जीएसटी - वस्तु व सेवा कर याची नोंदणी झालेली असुन वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा अधिक असलेने जीएसटी - वस्तु व सेवा कर परतावा नियमित भरणेत येतो.
- (३) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा कमी असलेने जीएसटी - वस्तु व सेवा कर या बाबतची नोंदणी केलेली नाही.

(२) व (३) पैकी जे आवश्यक आहे हे ठेवुन इतर खोडावे.

स्थळ -

दिनांक -

नांव,सही,रबरी शिक्का