GOVT.OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT OFFICE OF THE CIVIL SURGEON, SINDHUDURG QUOTATION NOTICE YEAR 2025-2026

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 -	District Civil Surgeon, Sindhudurg	
	(Designation of Purchasing		
	Authority)		
2	Address of Purchasing	District Hospital, Sindhudurg	
	Authority	Sindhudrgnagari Tal-Kudal	
		DistSindhudurg, Maharashtra Konkan	
		Pin Code 416812	
3	Telephone Number	02362-228900	
4	e-mail address	npcb.sindhudurg@gmail.com	
5	Working Hours	9.45 am to 6.15 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/NPCB&VI/2589/2025	
		Date- 18/11/2025	
7	Quotation Item Category	Essential Drugs for NPCB Program	
8	Description of Quotation Item	See Annex-2 for details of Items	
9	Last Date, Time & place of	24/11/2025 before 6.00p.m	
	Quotation Submission	Central Medical Store, District Hospital	
		Sindhudurgnagari	
10	Quotation Annexure	Annex 1 to 4	
11	Date ,Time & Place of	25/11/2025 at 11.00 am to 6.15 p.m	
	Quotation Opening procedure	Office of the Civil Surgeon, Sindhudurg	
		9 ,	
12	Validity of Quotation Rate	One year from Date of Acceptance	
13	Final Authority of Quotation	District Civil Surgeon, Sindhudurg	
	Acceptance or	Since Civil Surgeon, Sinumung	
	Rejection		
Place -	Sindhudurgnagari		

Place – Sindhudurgnagari

Date- 18/11/2025

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
 - > Valid Date Wholesale Drugs license, Mfg.Co Authorization
 - PAN card
 - GST Registration Certificate
 - 7.2) 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 - Quotation Category Items Details Annex- 2 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 TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

Qualification for Drugs & Consumables, Laboratory item (Kits/Reagents/Chemicals/Sera) Wholesale Drugs Administration Form No. 20 B & 21 B Condition - Valid Drugs Sale License GST Certificate, Mfg.Co Authorization PAN Card of Owner or his/her Firm PAN Card of ST Certificate if applicable as per financial turn over. Mfg.Company Authorization Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period. Inclusive Delivery Destination District Hospital, Sindhudurg Maharashtra Konkan Pin Code 416812 One year from Date of Installation One year from Date of Year fro		GENERAL TREKIVIS & CONDI	TIONS FOR QUOTATION SUBIVISSION		
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			(4) Non filling of all items rate in quotation			
	- 1		(5) Non submission of required			
			documents & document without			
			self attested.			
			(6) Non submission envelope in			
			proper manner			
			NSQ Drugs Company for this hospital/dist.in			
			past period. or blacklisted firm in			
-			Maharashtra state or other state			
	14		(7) Failure of required supplier			
			Technical qualification			
1			(8) Late receipt of quotation			
			envelope			
			(9) Rate format submission not in			
			proper format & multiple			
			mfg.co. rate			
			(10) Non filling of all items rate in			
			quotation			
			(11) Non submission of required			
			documents & document without			
		1	self attested.			
			(12) Non submission envelope in			
			proper manner			
			NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in			
_	15	T	Maharashtra state or other state			
	12	Termination of Accepted Rate	Failure of Supply in stipulated period			
_			Sub Standard drugs, Mfg. company			
	16	Rights of Quotation	Civil Surgeon, Sindhudurg			

Civil Surgeon
Sindhudurg

-ANNEXURE -2 -

QUOTATION ITEMS FOR PURCHASE

	Sr.	No. Name of Item	Name of Item			
			Unit	Approximate Quantity		
		Intra Ocular lens		for Purchase		
		+2.00D to +7.00D (Each 5)				
		+10.50D		30		
		+11.50D		15		
		+12.50D		15		
		+13.50D		15		
		+14.50D		15		
		+15.50D		15		
- 1		+16.50D	— 1 Unit	15		
		+17.50D		15		
		+18.00D		15		
		+24.00D		50		
				30		
		+24.50D		40		
		+25.50D		15		
-	2	+26.50D		15		
		Inj Moxifloxacin (Preservative free for intracameral use)(WHO GMP Mfg. Co.)	1 Vial	300		
	3	Inj Lignocaine 2% + adrenaline 30ml vial (WHO GMP Mfg. Co.)	1 Vial	400		
	4	Inj Hyluronidase Amp	1 Amp	500		
1		(Livophilised Powder form) 1500 IU per vial		300		
L		(WHO GMP Mfg. Co.)				
	5	Inj. Hydroxy Propyl Methyl Cellulose USP 2 % In				
		Sterile Isonic Base PFS 2 ml PFS	1 Unit	600		
		(WHO GMP Mfg. Co.)				
	6 7	Polydrapes (60*60cm) with sterlie dranage pouch. (WHO GMP Mfg. Co.)	1 Unit	700		
	/	Inj Trypan blue 0.06% vial, 2ml vial (WHO GMP Mfg. Co.)	1 Vial	200		
	8	Inj. Pilocarpine 0.5%, 1 ml Amp				
		(WHO GMP Mfg. Co.)	1 Vial	50		
	9	Tab Acetazolamide 250 mg		-		
		(WHO GMP Mfg. Co.)	1 Tab	500		
	10	Eye drop moxiflacin 0.5%, 5ml	1 D-44-			
	11	(WHO GMP Mfg. Co.)	1 Bottle	200		
	11	Moxifloxacin + Prednisolone Acetate Eye Drop 5 ml	1 Bottle	700		
_	12	(WHO GMP Mfg. Co.)	1 Bottle	700		
•	12	Tropicamide Plus Phenylephrine HCL Eye drop 5ml (WHO GMP Mfg. Co.)	1 Bottle	300		
	13	Tunnel Blade (Each)	1 Dottie	300		
		Keratome				
		Crescent	1 Unit	700		
-		Side port	1 Unit	700		
1	4		1 Unit	700		
		Gloves No 6.5 (Powder free)	1 Pair	1000		
		Gloves No 7 (Powder free)	1 Pair	1000		
		Gloves No 7.5 (Powder free)	1 Pair	1000		
		ACCUPATION OF THE PROPERTY OF	Charles I Contract to the Contract State of	MANUAL PROPERTY AND ADDRESS OF THE PARTY OF		

Civil Surgeon, Sindhudurg



ANNEXURE -3 QUOTATION RATE FORMAT -ON BUSINESS LETTER PAD

Date

To,

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

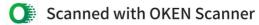
Sub- Submission of Quotation....
Ref- Your office Quotation Notice No.
Date.

Respected Sir/Madam,

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

Name of Item	Technical Specification	Unit			Mfg.by Full Name of
	Specification		Price	Quotation	Company
			1		V .
	Name of Item	Name of Item Technical Specification	Tommout office	Specification Market	Specification Market for

Prop. Name, Signature of Supplier Seal & Rubber Stamp



ANNEXURE -4

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 व्यवयाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबध 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