

**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 - (Designation of Purchasing Authority )	District Civil <u>Surgeon</u> , Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg Sindhudurgnagari Tal-Kudal Dist.-Sindhudurg, 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 Quotation Submission	24/11/2025 before 6.00p.m Central Medical Store, District Hospital Sindhudurgnagari
10	Quotation Annexure	Annex 1 to 4
11	Date ,Time & Place of Quotation Opening procedure	25/11/2025 at 11.00 am to 6.15 p.m Office of the Civil Surgeon,Sindhudurg
12	Validity of Quotation Rate	One year from Date of Acceptance
13	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

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
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 Drugs Sale License GST Certificate, Mfg.Co Authorization PAN Card of Owner or his/her Firm
2	Qualification for Non Drugs Item	PAN Card GST Certificate if applicable as per financial turn over. Mfg.,Company Authorization
3	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
4	Transport	Inclusive
5	Delivery	Drugs – 15 days Non Drugs – 21 Days
6	Delivery Destination	District Hospital, Sindhudurg SindhudrnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
7	Warranty for Electronic Equipment's & Machine	One year from Date of Installation
8	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
9	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudrnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
10	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
11	Bill of Quantity	It may be Increase or decrease in Acceptance period.
12	Court Jurisdiction	Sindhudurg
13	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

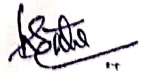
		<p>(4) Non filling of all items rate in quotation</p> <p>(5) Non submission of required documents &amp; document without self attested.</p> <p>(6) Non submission envelope in proper manner</p> <p>NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state</p>
14		<p>(7) Failure of required supplier Technical qualification</p> <p>(8) Late receipt of quotation envelope</p> <p>(9) Rate format submission not in proper format &amp; multiple mfg.co. rate</p> <p>(10) Non filling of all items rate in quotation</p> <p>(11) Non submission of required documents &amp; document without self attested.</p> <p>(12) Non submission envelope in proper manner</p> <p>NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state</p>
15	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	Unit	Approximate Quantity for Purchase
1	<b>Intra Ocular lens</b>		
	+2.00D to +7.00D (Each 5)		
	+10.50D	1 Unit	30
	+11.50D		15
	+12.50D		15
	+13.50D		15
	+14.50D		15
	+15.50D		15
	+16.50D		15
	+17.50D		15
	+18.00D		50
	+24.00D		30
	+24.50D		40
	+25.50D		15
	+26.50D		15
2	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 (Livophilised Powder form) 1500 IU per vial (WHO GMP Mfg. Co.)	1 Amp	500
5	Inj. Hydroxy Propyl Methyl Cellulose USP 2 % In Sterile Isonic Base PFS 2 ml PFS (WHO GMP Mfg. Co.)	1 Unit	600
6	Polydrapes (60*60cm) with sterlie drange pouch. (WHO GMP Mfg. Co.)	1 Unit	700
7	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 (WHO GMP Mfg. Co.)	1 Bottle	200
11	Moxifloxacin + Prednisolone Acetate Eye Drop 5 ml (WHO GMP Mfg. Co.)	1 Bottle	700
12	Tropicamide Plus Phenylephrine HCL Eye drop 5ml (WHO GMP Mfg. Co.)	1 Bottle	300
13	<b>Tunnel Blade (Each)</b>		
	Keratome	1 Unit	700
	Crescent	1 Unit	700
	Side port	1 Unit	700
14	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

  
 Civil Surgeon, Sindhudurg



**ANNEXURE -3**  
**QUOTATION RATE FORMAT –ON BUSINESS LETTER PAD**

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	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



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