

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2024-25 REVISED

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/CSSND/DWH/AYU/16073/2025 Date- 18/11/2025
7	Quotation Item Category	Essential Drugs and Consumables
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	24/11/2025 before 10.30 A.M District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	24/11/2025 at 11.00 A.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 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 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 Drugs Sale License GST Certificate,
2	Qualification for Non Drugs Item	PAN Card GST Certificate if applicable as per
3	Authority Letter from Original Mfg. Company or their Main Dealer or CNF	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.
5	Transport	Inclusive
6	Delivery	On 25/11/2025 at SDH Shiroda Taluka Vengurla Dist.Sindhudurg
7	Delivery Destination	District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
8	Expiry of Drugs and Consumables Warranty for Electronic Equipment's & Machine	Not less than 1 year from date of Mfg. One year from Date of Installation
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 SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Bill of Quantity	It may be Increase or decrease in Acceptance period.
13	Court Jurisdiction	Sindhudurg



14	Disqualification and rejection of Quotation	<ul style="list-style-type: none"> (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 for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
15	Supplier Attendance in Quot. Opening procedure in time.	Supplier in person should attend, if he/she is unable to attend he/she appoint authorize person with letter and appropriate ID Proof. If supplier not attend for procedure, procedure will be continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Civil Surgeon,Sindhudurg




Civil Surgeon Sindhudurg

-ANNEXURE -2 -

QUOTATION ITEMS FOR PURCHASE

Sr. No	Name of Item	Unit Pack For Rate	Approx Pur Qty
1	See Attached list of Drugs for AYUSH Camp At S.D.H.Shiroda Tal.Vengurla Dist.Sindhudurg On 26/11/2025	As per Market Rate	Standard Packing



Civil Surgeon Sindhudurg



आयुर्वेदिक औषधी चादी



- आशव / आशीष्टे
- अम्रचाशीष्ट (50)
 - कुमारी आशव नं 9 (50)
 - कुमारी आशव नं 3 (50)
 - महाशुद्धनि काढा (10)
 - अमृताशीष्ट (10)
 - अश्वगंधाशीष्ट (10)
 - लोहाशव (50)
 - कनकाशव (10)
 - अयशशीष्ट (10)
 - चंदनाशव (10)
 - महामंजिष्ठादी क्वाथ (10)
 - शस्नासप्तक क्वाथ (10)
 - दशमूलाशीष्ट (10)
 - विडंगाशीष्ट (10)
 - वरुणादी क्वाथ (10)

वटी

- अंशमनी (50)
- अंजीवनी (50)
- शंख वटी (50)
- लशुनादी वटी (50)
- संवंगादी (10)
- आशौच्यवर्षीनी (50)
- छांयक रसाधन (50)
- ब्राह्मी वटी (10)
- चंद्रप्रभा वटी (10)
- सुतशेखर रस (50)
- चंद्रकला रस (10)

यूर्ण

- बातावरी
- अश्वगंधा
- काममकी
- गुंठ
- सितोपलादी
- ताक्षीसादी
- त्रिफला
- पुष्यानुग
- पिंपळी यूर्ण
- कमत्रिकादी

धूल / तैल

- नारायण तैल (10)
- बला तैल (50)
- निंब तैल (10)
- जात्यादी घृत (10)
- अह्यार तैल (50)

आरजवद्य कपिला वटी (10)

- शक्तपाचक वटी (50)
- रसपाचक वटी (50)
- योगराज गुग्गुलु (50)
- साक्षादी गुग्गुलु (50)
- त्रिफला गुग्गुलु (50)
- त्रयोपशांग गुग्गुलु (10)
- सिंहनाद गुग्गुलु (50)
- गोक्षुशकी गुग्गुलु (50)
- पंचतिलकघृतगुग्गुलु (10)
- केशोर गुग्गुलु (50)
- अमृतादी गुग्गुलु (10)
- नवायस मोह (10)
- शेचक वटी (10)

ANNEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudurg 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 Technical Specification	Unit	Unit Rate	Mfg.by

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

