GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT CL I
RURAL HOSPITAL MALVAN DIST -SINDHUDURG
QUOTATION NOTICE YEAR 2025-26

Medical Superintendent CL I Rural Hospital Malvan 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)	**MEDICAL SUPERINTENDENT CL I RURAL HOSPITAL MALVAN**
2	Address of Purchasing Authority	Near Phokanda Pimple, Malvan ,Tal- Malvan , Dist. Sindhudurg Maharashtra Konkan Pin Code 416606
3	Telephone Number	02365-252032
4	e mail address	rhmalvan@gmail.com
5	Working Hours	9.30 am to 5.45 p.m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/RHM/MEDICNE/2013 /25 Date- 21/11/2025
7	Quotation Item Category	Essential Drugs & Consumables
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	28/11/2025 before 5.30 p.m Office Of The Rural Hospital Malvan
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	02/12/2025 at 12.00 am Office of the Rural Hospital Malvan
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	MEDICAL SUPERINTENDENT CL I RURAL HOSPITAL MALVAN

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 One Envelope 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
   - PAN card
   - GST Registration Certificate

   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

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 Mfg.Co Authorization for Generic Drugs
2	Qualification for Non Drugs Item	PAN Card GST Certificate Mfg,.Company 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 – 7 days
7	Delivery Destination	Medical Superintendent CL I Rural Hospital Malvan ,Near Phokanda Pimple, Malvan ,Tal- Malvan , Dist. Sindhudurg Maharashtra Konkan Pin Code 416606
8	Warranty for Electronic Equipment's & Machine	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, Medical Superintendent CL I Rural Hospital Malvan ,Near Phokanda Pimple, Malvan ,Tal- Malvan , Dist. Sindhudurg Maharashtra Konkan Pin Code 416606
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Validity of Quotation Rate	Three months from date of acceptance Letter.

ANNEXURE -2

QUOTATION ITEMS FOR PURCHASE OF MEDICINE

Sr. No.	Name of Items	Unit	Approx. Purchase Qty.
1	Tab. Metoprolol 50 mg	1	3000
2	Tab. Bisacodyl	1	200
3	Tab. Betahistin 8 mg	1	200
4	Tab. Deriphylline Retard 150 mg	1	200
5	Tab. Calcium + Vit D3	1	3000
6	Cap. Amox 500 mg	1	1000
7	Tab. Cefixime 200 mg	1	1000
8	Tab. Diethyl carbamazepine 100 mg (DEC)	1	200
9	Tab. Dexamethasone	1	200
10	Oint. Clotrimazole	1	300
11	Potassium Permanente powder	1	1 kg
12	Crape Bandage 4" + 6"	1	50+50
13	Dispo Syringe Insuline	1	300
14	Bacillol spray	1	04
15	Oint. Thrombophobe	1	0
16	Cap. Depin 5 mg	1	300
17	Inj. B. Complex	1	500
18	Tab. Ranitidine	1	1000
19	Dispo Syringe Tuberculin	1	1000

MEDICAL SUPERINTENDENT CL-1
RURAL HOSPITAL MALVAN
DISTRICT - SINDHUDURG

13	Bill of Quantity	It may be Increase or decrease in Acceptance period.
14	Court Jurisdiction	Sindhudurg
15	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 & document without self attested. (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
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Medical Superintendent CL- I Rural Hospital Malvan

ग्रामीण रुग्णालय मालवण
सत्यमेव जयते

Medical Superintendent CL I
Rural Hospital Malvan

दिपाली योगेश वारखे.
औषध निर्माण अधिकारी
ग्रामीण रुग्णालय
मालवण.
दि. 21/11/25

प्रति,
वैद्यकिय अधिक्षक,
ग्रामीण रुग्णालय मालवण.

विषय - औषध सामग्रीच्या स्थानिक खरेदीबाबत.

मा. महोदय,
उपरोक्त विषयास अनुसरुन, मी दिपाली वारखे, औषधनिर्माण अधिकारी मालवण, कळवणेत येते की, खालील नमुद केलेला औषध-सामग्री, ही डिस्ट्रेक्ट वेअरहाऊस, सिंधुदुर्ग येथे उपलब्ध नसल्याने, स्थानिक पातळीवरुन खरेदी करावी ही विनंती.

औषधाचे नाव	संख्या
1) T. Metoprolol 50mg	- 3000 T.
2) T. Bisacodyl	- 200
3) T. Betahistin 8mg	- 200
4) T. Deriphylline Retard 150mg	- 200
5) T. calcium & vit D3	- 3000
6) C. Amox 500mg	- 1000
7) T. Cefixime 200mg	- 1000
8) T. Diethyl carbamazepine 100mg (DEC)	- 200
9) T. Dexamethasone	- 200
10) Oint. clotrimazole	- 300
11) Potassium permangnet powder	- 1 kg
12) Crape Bandage 4" + 6"	- 50 + 50
13) Dispo Syringe Insuline.	- 300
14) Bacillol spray	- 04
15) oint. Thrombophobe	- 05
16) C. Depin 5mg	- 300
17) Protector.	-
18) Inj. B complex	- 500
19) T. Ranitidine	- 1000

20) T. Linezolidine 600mg = 20 T.

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