

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2025-26

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/BBS/16299/2025-26 Date- 22/11/2025 |
| 7 | Quotation Item Category | Software,Computer Set |
| 7 | Description of Quotation Item | See Annex-2 for details of Items |
| 8 | Last Date, Time & place of Quotation Submission | 1/12/2025 before 10.30 AM Central Medical Store, District Hospital Sindhudurnagari |
| 9 | Quotation Annexure | Annex 1 to 4 |
| 10 | Date ,Time & Place of Quotation Opening procedure | 1/12/2025 at 11.00 am 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 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 Quotation Item Work | Experienced for Working & Developing Of Software's and its Solutions Or Existing Govt.Supplier |
| 2 | Required Documents for filling Of Quot.rate | PAN Card GST Certificate License in Form MD-5 issued from FDA Maharashtra State. ISO Certificate Experience Certificate. |
| 3 | Preference | Supplier of Maharashtra State Govt. Offices |
| 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 | 30 Days |
| 7 | Delivery Destination | Blood Bank and Blood Separation Unit District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812 |
| 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 Work Order. However this terms will be relax in case of not found another 2 supplier. |
| 10 | Mode of Submission of Quot. Envelope | Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudrgnagariTal.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 | Validity of Quotation Rate | Three months from date of acceptance Letter. |



| | | |
|----|---|---|
| 13 | Bill of Quantity | It may be Increase or decrease in Acceptance period. |
| 14 | Court Jurisdiction | Sindhudurg |
| 15 | 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 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 | Civil Surgeon,Sindhudurg |



Civil Surgeon, Sindhudurg



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE OF MEDICINE

| Sr. No. | Name of Items | Unit | Purchase Qty. | As per Market Rate Total Cost With GST & Transport |
|---------|---|-------------|---------------|---|
| 1 | Customized Software for Blood Bank at District Hospital Sindhudurg with 2 years Annual Subscription | 1 No | 1 | 389400/- |
| 2 | Desktop All in One | 1 No | 2 | 151871/- |
| 3 | Laser Printer with Scanner Facility | 1 No | 2 | 47238/- |
| 4 | Barcode Scanner | 1 No | 5 | 38232/- |
| 5 | Antivirus for 6 Years | 1 No | 5 | 16225/- |
| 6 | Printer for Labels and Barcode | 1 No | 4 | 109315/- |
| 7 | 1 Cut Barcode labels Roll Size-50mmx25mm -Patient Purpose | 2000 labels | 21 | 6825/- |
| 8 | 1 Cut Barcode/Single Barcode Ribbon Size-55mmx75mtr -Patient Purpose | 1 No | 21 | 7140/- |
| 9 | 12 Cut Barcode Label Roll Size-100 mmx90mtr -Donor Purpose | 500 labels | 30 | 27000/- |
| 10 | Product Label Roll Size-100mmx100mm | 500 labels | 90 | 47250/- |
| 11 | Crossmatch/Issue Label Roll Size-100mmx100mm | 500 labels | 42 | 22050/- |
| 12 | Barcode/Components Ribbons Size-110mmx75mtr | 1 No | 140 | 73500/- |
| 13 | Color Coded Blood Group Label | 1000 Pcs | 30 | 24000/- |

Supplier Should visit to Blood Bank Dist Hospital Sindhudurg and see all details software requirements as per SOP of Blood Bank. Visit report to be attach with Quotation.



[Signature]
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 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 Tech.Spec. | Unit | Unit Cost Including GST Transport Handling etc | Name of Mfg. Company. |
|-------|------------------------------|------|---|--------------------------|
| | | | | |

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Declaration in format
- 4) Form MD-5 License Copy
- 5) Experience Certificate or PO Copy
- 6) Blood Bank Visit Report

Prop.Name, Signature of Supplier
Seal & Rubber Stamp



ANNEXURE -4

DECLARATION BY SUPPLIER

I/we herewith declared that, I/We have not quoted rate in this quotation greater than MRP or Market rate. I/we have not quoted blacklisted mfg. company in this quotation. I/we or our firm employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Place –

Date

Prop.Name,Signature of Supplier

Seal & Rubber Stamp

