

	<b>Government of Maharashtra</b> <b>Civil Surgeon General Hospital Wardha</b>	
	Telephone :- 07152-245449 email :- <a href="mailto:cswardhamedstore@gmail.com">cswardhamedstore@gmail.com</a> <b>Health Services</b>	No. GHW/Med Store/E-Quot./Psy.Medi./ /25 Office of the Civil Surgeon, General Hospital, Wardha Date :- <b>10 DEC 2025</b>

### E-Quotation Notice

To,  
To whomsoever it may concern.

**Sub :- Invitation of E-Quotations .**

**Date of Publication :- 12.12.2025.**

As per the subject cited above, this office hereby invites E-quotations for Supply of following items.

Sr. No.	Medicine Name	Unit	Approx. Qty.	Remark
1	Tab. Clobazam 10 mg	1 Tab	7000	
2	Tab. Clozapine 50 mg	1 Tab	7000	
3	Tab. Fluoxetine 20 mg	1 Tab	5000	

Your Quotations must reach this office in Two-Envelope Bid process (One contain Technical proposal & other contain Financial proposal) till or before 18/12/2025, 4.00 pm. Envelope should be marked as **"QUOTATION FOR PSYCHIATRIC MEDICINES"** in Block letters on the top & The **Last Date** of Submission of the Quotation. Quotations will be opened on 19/12/2025 at 11.00 AM. Bidders may remain present at the time of opening. In case of any official reason, date & time of opening quotations may be changed.

**Terms & Conditions :-**

1. Goods should be delivered on Door Delivery basis, with unloading & proper arranging in destination store/department.
2. Rates should be inclusive of all Taxes (Transportation, loading, unloading, installation & all other charges). Please note, No extra charge will be paid for any reason.
3. Supply should be done within 15 days from receipt of order.
4. Conditional Quotations will be summarily rejected.
5. Quantity of purchase may be increased or decreased as per requirement.
6. Kindly Note: Supply should be done within the given period. If there is delayed in supply of the whole order or any of the item; the whole order or any particular item in the concerned order may be cancelled without any prior information. Regarding delayed supply no special information will be provided. The cancellation of concern supply order or acceptance or refusal of the item will depend upon the necessary of the item.
7. Payment will be made as per availability of budget grants under various programs. However any interest will not be paid if payment is delayed due to any technical reason.
8. Please enclose following documents.

- (a) Valid Drug License (20B, 21B) obtained by FDA.
- (b) Annexure A (On Firm's Letter Head).
- (c) Annexure 1, 2 & 3 On Non Judicial Stamp paper of Rs. 100/- or more.  
(Use separate Stamp for each annexure).
- (d) GST Registration Certificate.
- (e) GSTR 3B Clearance up to March-2025.
- (f) Shop Act License/MSME/Gumasta License.
- (g) Copy of PAN Card.

\*The format for annexures is provided below.

9. About NABL Analysis Test Report: As per The Hon. Commissioner Health Services letter No.- 4829-4914 Dated-02.08.2024 the Buyer/Health Institution has to conduct the Medicine's Quality Inspection from NABL accredited Laboratory. Accordingly the supplier has to pay a service charge of 1.5% i.e. of the total purchase order price. In addition, it should be noted that if the batch wise analysis cost of the supplied medicine's is more than the service tax levied, supplier has to pay this additional cost. Details to pay service charge will be provided after Award of Contract. Two samples of each item must be submitted along with quotations. Acceptance of Rates will be subject to approval of sample by the purchase committee. Purchase committee's decision about approval or rejection of samples will be final & binding to the supplier.

10. Civil surgeon, General Hospital, Wardha, reserves all rights to accept or reject any or all quotations or complete quotation process and without assigning any reason.

  
**Civil Surgeon**  
**General Hospital, Wardha**

**Annexure – A (On Firm's Letterhead)**  
**(In case of incomplete information, Quotation will be summarily rejected)**

1. Name and address of the Firm :-
2. Registered Head Office Postal Address :-
3. Telephone No., FAX & E-Mail :-
4. In case of Proprietorship / Partnership firms, Names of Proprietors / Partners/ Directors with address and percentage of share :-
5. Ownership Status of the Firm :-  
(Maharashtra Govt. / Central Govt./Jt. Sector /Co - Operative /SSI /Private)
6. Whether tendering as a Manufacturer / Importer :-
7. Name of the Person & Phone No. who should be contacted by this office in case of any required communication.
8. Full Address with Email ID, Phone Numbers and Location of Original manufacturing work/Factory/

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, my /our tender shall be rejected and I / we are liable for penal action as per terms specified in the " term and conditions of tender".

Date:-

Full Signature of the Tenderer  
with official seal and address

On Non Judicial Stamp paper

Annexure-1

हमीपत्र

जिल्हा शल्य चिकित्सक सामान्य रुग्णालय वर्धा यांचे ई-कोटेशन सूचना पत्र क्र.

.....

च्या अनूषंगाने या हमीपत्राद्वारे लिहून देण्यात येते कि, खरेदी प्राधिका-या सोबत कोणत्याही प्रकारे हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिका-या कडे सादर करण्यात आलेले दरपत्रक हे एकल असून दूस-या कोणाशीही संयुक्तरित्या अथवा संगनमताने साखळी करून दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक:

ठिकाण

दरपत्रक धारकाची स्वाक्षरी

संपूर्ण नाव व शिक्का

**On Non Judicial Stamp paper**

**Annexure -2**

**Certificate**

The rates quoted to Civil Hospital Wardha against their E-Quotation enquiry letter No. -----  
-----

----- Date----- are not higher than rates quoted to other  
Govt/ Semi Govt. Institutions. Or any prevailing rate contract.

Date:

Signature

Place:

Full Name & Stamp of vendor

---

**On Non Judicial Stamp paper**

**Annexure-3**

**Certificate**

I the undersigned certify that our Firm -----

Has not been found guilty of malpractice, misconduct, punished or blacklisted /debarred either  
by public health department, Govt. of Maharashtra or by any local authority and other state  
Government/ Central Government department in the last five years.

Date:

Signature

Place:

Full Name & Stamp of Vendor