

Govt. of Maharashtra
Public Health Department
Office of The Civil Surgeon ,
Year 2025-2026

Web Site Quotation Notice No. ¹⁸³⁰³ /2025

Date:- ~~10/09/2025~~

18/12/25

Open Notice

Civil Surgeon, Nandurbar is Invited Quotations (2 Envelop System) to purchase of the following Items From Eligible Supplier. The Supplier who is interested please see terms & conditions & submit the Quotation In priscibe

d Manner. Use Separate involopes for See Technical Bid & Price Bid.

Sr.No	Name & Description Of Medicine	Unit
1	Albumin	1
2	Alkaline Phosphate	1
3	Bilirubin Direct	1
4	Bilirubin Total	1
5	Calcium (A)	1
6	Cholesterol	1
7	Creatinine	1
8	SGOT-EL	1
9	SGPT-El	1
10	Total Protein	1
11	Triglyceride	1
12	Urea	1
13	Uric Acid	1
14	XL Hbalc	1
15	Liq. Uric Acid	1
16	Liq. Bilirubin Kit (Semi Auto analyser)	1
17	Liq. creatinine kit (Semi Auto analyser)	1
18	SGOT-R (Semi Auto naalyser)	1
19	SGPT-R (Semi Auto naalyser)	1
20	Liq. Urea Kit	1
21	Glucose Kit (Semi Auto naalyser)	1

Submission:-

1	Submission of Quotation by hand Delivery or her/his Own Risk by post or courier before last date	Last Date :- 26 / 12 / 2025 Time Before- 4:00 PM
2	Opening of Quotation	Date :- 24 / 12 / 2025 Time :- 05 To 6 PM Place- Civil Surgeon Office District Hospital Nandurbar

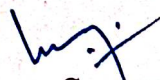
Term & Condition :-

Rate	Including All Taxes
Delivery	Medical Store ,Civil Hospital Nandurbar
Acceptance Of Rates	Minimum 3 Quotation are Required for comparative Rate .t Rate are Accepted.
Delivery	10 Days From the date supply order If Unablto Supply within stipulated period penalty should be deduct as per Govt.Rule.
Payment	CMP/NEFT/Cheque
Self Attested Document (Technical Bid)	Supplier Should Submit 1.Shp Act Licience 2.GST registration Certificate 3.PAN card Copy 4.Annexure 1,2 on non judicial Stamp of Rs. 100/- 5.
Rate Format (Price Bid)	To be Prepare on Letter Pad only Duly signed by supplier in handwriting or overtyping or use of whitener & Use Separate Envelope For Price Bid.

Disqualification Of Quotatation:-

1. Failure of Required Supplier Technical qualification.
2. Late Receipt of quotation Envelope.
3. Rate Format Submission not in Proper Format.
4. If Quotation Received only In One envelope then they should be disqualify.

(Use 2 Seperate Envelopes for the Technical Documents& Price Bid & Price Mention it on envelopes)


Dr. Vinay Sonwane ,
Civil Surgeon,Nandurbar

Annuxere -1

DECLARATION SUPPLIER

I/We herewith declared that, I/We have not quoted rate in this quotation greter than RP or market rate. I/We have quoted blacklisted Company in this quotation .I/We or our firm iployee are not related with Civil Surgeon,Nandurbar or their organizational person.

आम्ही असे जाहीर करतो की या दरपत्रकामध्ये किमान मूल्यापेक्षा अधिक दर नमुद केलेले नाहीत अथवा नारभाव पेक्षा अधिक दर नमुद केलेले नाहीत. या दरपत्रकात नमुद करणेत आलेली उत्पादक कंपनी ही काळ्या रीतील नाही .मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्यचिकित्सक , नंदुरबार किंवा त्यांचे धिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.

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Name ,Signature of Supplier

Seal & Rubber Stamp

On Non Judicial Stamp Paper Of Rs. 100/- (Use Separate Stamp for Each Annexure)

Annuxere -2

निविदारकाचे हमीपत्र

मी/आम्ही मे . या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर कोणत्याही प्रकारचे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तीत्या किंवा संगनमताने साखळी करून दरपत्रक भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीस पात्र राहील.

दिनांक :-

ठिकाण :-

दरपत्रक सादर कर्त्याची स्वाक्षरी ओ शिक्का

RATE FORMAT

To, Civil Surgeon,

District Civil Hospital, Nandurbar

Sub.- Submission Of Quotation

Ref.- Your Office Quotation Notice No. जा.क्र.जिरून/औ.भांडार/दरपत्रके / /२०२५

दि. /१२ /२०२५

Respected Sir/ Madam,

With Ref. to above subject I/we are hereby submitting quotation for Govt. Hospital Purchase

Sr.No	Name & Description Of Medicine	Unit	Unit Rate	Mfg.By
1	Albumin	No		
2	Alkaline Phosphate	No		
3	Bilirubin Direct	No		
4	Bilirubin Total	No		
5	Calcium (A)	No		
6	Cholesterol	No		
7	Creatinine	No		
8	SGOT-EL	No		
9	SGPT-EL	No		
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16	Liq. Bilirubin Kit (Semi Auto analyser).	No		
17	Liq. creatinine kit(Semi Auto analyser)	No		
18	SGOT-R (Semi Auto naalyser)	No		
19	SGPT-R(Semi Auto naalyser)	No		
20	Liq.Urea Kit	No		
21	Glucose Kit (Semi Auto naalyser)	No		

1. Rate with Inclusive all taxes.

2. For Destination

3. Delivery 10 Days.

4. Payment 100 % After Supply of Item.

Name, Signature of Supplier

Seal & Rubber Stamp