

GOVERNMENT OF MAHARASHTRA

Office of the Civil Surgeon, District Hospital Jalna ,

In front of Collector Office,

Jalna Pin Code-431203.

Quotation Notice Year - 2025-26

Rates for NABL Testing of drugs & Consumables

Notice No.01/Med Store/2025-26/1337

Date - 28/01/2026

Civil Surgeon Jalna is inviting quotations from NABL Approved Laboratories for the testing of " **Drugs & Consumable, Laboratory Kits and Reagents (Finished product) - content uniformity strength as per standard by respective pharmacopeia** "

- ❖ **Last Date for Submission 09 / 02 /2026 , at 15.00hr (3.00pm)**
- ❖ **List of Drugs & Consumables for testing is at quotation format attached herewith.**
- ❖ **Interested eligible laboratories, please Submit sealed original quotation with required documents.**

- 1 Quotation - Rate Offer for testing of Drugs & Consumable, Laboratory Kits and Reagents (Finished product) .
List of Sampling Quantity required for testing drugs, required Testing period (days) and expected period to issue reports (format Given).
- 2 Valid NABL Certificate with List of scope of work.
- 3 FDA Registration Certificate
- 4 Valid Shop & establishment License or MSME/Udyog Aadhar.
- 5 GST registration Certificate & Latest GST Paid challan.
- 6 PAN Card
- 7 Details of Bank account.
- 8 निविदाकाराचे हमीपत्र (Format Given)

Terms Condition:-

- Rate - Inclusive of all taxes (GST, IT) & levies for *each Drugs*.
- After testing soft copy of report should be submit on email of this office immediately and hard copy should be submit through courier (no charges will paid by this office) must reach within 2 days to this office.
- The payment will be made by Civil Surgeon, District Hospital Jalna , after receiving the NABL test report and submission of three copy of invoice Bill.

Note: - There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.

The under signed authority has been reserved the right, to increase or decrease in the quantity to be tested and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.


(Dr. R.S. Patil)
Civil Surgeon
District Hospital Jalna

To be submitted on Original Letter head/pad

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भाग॥/उद्योग-४, दि. १ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	

Above information is correct as per our record.

Date:

Seal:

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Format For Quotation

(Bidder should Submit Sealed quotation on her/his own letter pad)

Date-

To,

Civil Surgeon,

District Hospital, Jalna .

Sub :- Submission of Quotations

(Rates for testing Drugs & Consumable, Laboratory Kits and Reagents
(Finished products)

Ref :- Notice No.01/Med Store/2025-26/ 1337

Date - 28/01/2026

Respected Sir,

As per above reference, I/we (NABL Approved Laboratory Name).....
..... are interested to testing the
drugs & consumables for following. Herewith submitting Information regarding testing
rates (Rs), quantity required for test, expected period required for test & to issue report.

No	Name & Description of Item	Testing Cost (Rs.)	Qty Required for Test	Expected Period for	
				Testing	To issue report
1	Tablets				
2	Capsules				
3	Oral Syrup Suspensions, Liquid, Drops, Elixir - Bottle				
4	Oral Powder.				
5	Injections – Ampoule/Vial (Liquid Form)				
6	Injection –Vial (Powder Form)				
7	Injectable Serum (Powder form)				
8	Injectable Serum (Liquid form)				
9	Injectable Vaccine (Liquid Form)				
10	Injectable Vaccine (Powder Form)				
11	Recombinant Factor VIII				
12	I. V. Fluids – 100ml, 500ml.				
13	Granules				
14	Mouth Gargle / Mouthwash				
15	Respiratory Solutions				
16	Mouth Paints				
17	External Applications - Creams				
18	External Applications – Paste				
19	External Applications - Gel				
20	External Applications - Ointments				
21	External Applications - Lotions				
22	External Applications – Solutions & Chemicals				

No	Name & Description of Item	Testing Cost (Rs.)	Qty Required for Test	Expected Period for	
				Testing	To issue report
23	External Applications - Dusting Powder				
24	External Applications - Eye, Ear Drops				
25	External Applications - Nasal Drops				
26	External Applications - Enema, Suppository				
27	External Applications- Metered Dose Inhalations				
28	Bandage Cloth 100cm x 20mtr (As per Schedule F-II of Drugs & Cosmetic Act 1940)				
29	Gauze Cloth 50cm x 18mtr (As per Schedule F-II of Drugs & Cosmetic Act 1940)				
30	Rolled Bandage 7.5cm,10cm, 15cm (As per Schedule F-II of Drugs & Cosmetic Act 1940)				
31	Absorbent Cotton				
32	Disposable Sterile Syringes with Needles (All types)				
33	Disposable Sterile I.V. Set, B.T. Set, Scalp Vein Set.				
34	Disposable Sterile Folly's Catheters, Urine Collection Bags, Umbilical Cord Clamp, Mucus Extractor. Ryle's Tubes, Suction Catheter, Endo Tracheal Tubes, Infant Feeding Tubes. Dialysis Tubing set, I.V. Cannula , Plastic Gloves , Mask , Lancet ,etc				
35	Surgical -Rubber Gloves Sterile ,Rubber Gloves Non Sterile , General Examination Gloves,				
36	Digital X-Ray Films				
37	Paper Adhesive Plaster				
38	Adhesive Plaster - Cotton				
39	Adhesive Plaster - Elastic				
40	Autoclave Indicator Tape				
41	Elastic Crape Bandage, Plaster of Paris Bandage.				
42	Pathological Diagnostic Kits				
43	Pathological Diagnostic Eliza Test Kits 4 th Generation				
44	Rapid Diagnostic Test Kit				
45	Diagnostic - Urine Strips, Ketone Strips, Strip Test				
46	Diagnostic - Hemoglobin Strips				
47	Sutures - Chromic Catgut				
48	Sutures - Absorbable Polyglycolic Acid, Absorbable Polyglactin Acid.				
49	Sutures - Non- Absorbable				
50	Micro Sutures - Non- Absorbable				
51	Sterile Surgical Blades,Lancet				
52	Biochemistry Analyzer Diagnostic Kit Semi, Fully Auto				
53	Cell Counter Diagnostic Reagents				
54	Blood Bag SAGM				
55	Blood Gluco Meter and Glucostrip				
56	Polysulfone Dialyser (Hemodilyser)				
57	Bicarbonate Powder Packet 500 gm Power				

No	Name & Description of Item	Testing Cost (Rs.)	Qty. Required for Test	Expected Period for	
				Testing	To issue report
58	Concentrated Haemodialysis Fluid B.P. 10 Ltr				
59	Gel Card (Cross Matching Blood Group)				
60	Blood Grouping Kits (Antisera ABD)				

Note :- Above quoted rates are inclusive of all Taxes & Levies.

Certificate

I under signed hereby certified that, above rates are required to perform the test required as per Pharmacopeia and as per SOP of NABL. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

I will submit all report immediately to Civil Surgeon, District Hospital Jalna (MS).

**Sign & Stamp Of Bidder
NABL Approved Laboratory**

“ Quotation Draft Approved”