

**GOVT.OF MAHARASHTRA**  
**PUBLIC HEALTH DEPARTMENT**  
**OFFICE OF THE MEDICAL SUPERINTENDENT**  
**DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST.SINDHUDURG**

**QUOTATION NOTICE YEAR 2025-26**

Medical Suptd. DISTRICT WOMEN CHILD HOSPITAL KUDAL 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	<b>MEDICAL SUPERINTENDENT</b> <b>DISTRICT WOMEN CHILD HOSPITAL KUDAL</b> <b>DIST .SINDHUIDURG</b>
2	Address of Purchasing Authority	District Women Child Hospital Kudal, Dist.Sindhudurg Maharashtra Konkan Pin Code 416520
3	Telephone Number	02362-299434
4	e mail address	dwchsindhudurag@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	DWCH/NHM/SNCU/LP/308 /2025-2026 Date 04/2/2026
7	Quotation Item Category	SNCU Material
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	12/2/2026 before 4.30 p.m District Women Child Hospital Kudal
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	13/2/2026 at Office of the Medical suptd.District Women Child Hospital Kudal
11	Validity of Quotation Rate	Six month from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	<b>MEDICAL SUPERINTENDENT</b> <b>DISTRICT WOMEN CHILD HOSPITAL KUDAL</b> <b>DIST .SINDHUIDURG</b>

Place – Kudal

date- 04/2/2026



  
**Medical Superintendent**  
 District Women & Child Hospital  
 District Women Child Hospital Kudal

## GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- No any relaxation for Supplier Qualification Criteria
- Submission of quotation before last date is responsibility of supplier.
- Procedure for fill up quotation
  - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. Don not use item wise envelope
  - 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 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.
- Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- Required self attested with supplier rubber stamp documents as per Category of quotation.( Xerox Copies)

### 7.1) Drugs, Consumables, Laboratory items

- Wholesale Drugs license
- PAN card
- GST Registration Certificate

### 7.2) Non Drugs items

- PAN Card
- GST Reg. certificate – if applicable or Supplier declaration
- Mfg.Company authorization for medical equipment's & machines.

### • Annexure Details

Annex -1	- General Terms & conditions
Annex- 2	- Quotation Category Items Details
Annex -3	- Format for filling of rate
Annex -4	- Supplier Declaration

### • Disqualification of quotation

- Failure of required supplier qualification
- Late receipt of quotation envelope
- Rate format submission not in proper manner
- Non submission of required documents.
- Non submission envelope in proper manner

**ANNEXURE -1**  
**GENERAL TERMS & 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 & 20 B Condition – Valid License GST Certificate PAN Card of Owner or his/her Firm
2	Qualification for Non Drugs Item	PAN Card, GST Certificate if applicable as per financial turn over. 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.
5	Transport	Inclusive
6	Delivery	Drugs – 7 days Non Drugs – 15 to 30 days
7	Delivery Destination	MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUIDURG Pin code416520
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 unacceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUIDURG Pin code416520
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Court Jurisdiction	Sindhudurg
13	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company other than accepted
14	Rights of Quotation	Medical Suptd. DISTRICT WOMEN CHILD HOSPITAL KUDAL

  
**Medical Superintendent Cr**  
 District Women & Child Hospital  
 Sindhudurg - Kudal

**ANNEXURE -2**  
**QUOTATION ITEMS FOR PURCHASE**

Sr.No	Name of Item	Specification and Size	Unit	Qty To Purchase
1	Neonatal stethoscope	Prosteth elite	15	
2	Hand Dryer	JPS Automatic dryer	1	
3	Gas shegdi with lighter		1	
4	Stainless Steel drum Big	10 x 10 CM	5	
5	Stainless Steel drum Medium	10 x 8 CM	5	
6	Stainless Steel drum Small	8 x 6 CM	5	
7	Stainless Steel tray Big	12 x 8 CM	2	
8	Stainless Steel tray Medium	8 x 8 CM	2	
9	Stainless Steel tray Small	8 x 6 CM	2	
10	Pie Dish tray		5	
11	Room temperature thermometer	BOS	3	
12	Digital wall clock	( Room temperature plus time)	1	
13	Foot operated suction machine		1	
14	Vein finder	Otica	2	
15	O2 stand ward type		1	
16	O2 key		1	
17	Popat pana		1	
18	O2 flow meter	Meditech BPC	5	
19	Stabiliser For Neonatal warmer		13	



  
**Medical Superintendent C**  
**District Women & Child Hospital**

**ANEXURE -3**  
**FILLING OF RATE FORMAT**

Date

To,

MEDICAL SUPERINTENDENT

DISTRICT WOMEN CHILD HOSPITAL KUDAL

DIST .SINDHUIDURG

Pin code416520

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 Drug with technical specification	Unit	Rate

Name & Sign of Supplier

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 employee are not related with District Women Hospital Kudal,Sindhudurg or their organizational person.

मी/आम्ही असे जाहिर करतो कि,या दरपत्रकामध्ये किमान मुल्यापेक्षा अधिक दर नमुद केलेले नाहीत अथवा बाजारभावापेक्षा अधिक दर नमुद केलेले नाहीत.या दरपत्रकात नमुद करणेत आलेली उत्पादक कंपनीही काळया यादीतील नाही.मी किंवा माझे व्यवसायातील नोकरवर्ग यांचा जिल्हा महिला व बाल रुग्णालय कुडाळ किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.

Place – Kudal

Date- /2/2026

Name,Signature of Supplier

Rubber Stamp