

**Office of the Civil Surgeon, District Hospital Chikalthana,
Opposite Airport, Jalna Road, Chhatrapati Sambhajnagar 431 007**

Quotation Notice Year - 2025-26

10 MAR 2026

Notice No.10/Med Store/2025-26/ 4447

Date - 10/03/2026

Civil Surgeon Chhatrapati Sambhajnagar is inviting quotations from eligible suppliers, for the **Purchase Of Medicine Shifting Cart & S.S. Rack for Walk-In-Cooler** required for Medical Store District Hospital Chhatrapati Sambhajnagar.

❖ **Last Date for Submission 16/03/2026, at 15.00hr (3.00pm)**

❖ **Interested eligible bidders, please Submit sealed original quotation with following required documents :-**

- 1 Acceptance of terms & Condition for this quotation.
- 2 Valid Shop & establishment License or MSME/Udyog Aadhar.
- 3 GST registration Certificate.
- 4 PAN Card
- 5 Details of Bank account.(Format Given)
- 6 निविदाकाराचे हमीपत्र (Format Given)
- 7 Quotation – Rate Offer in given format

Note :- Interested eligible bidders, please visit to Medical Store & Finalize the design & sizes of proposed items. Without visit submitted quotation will not accepted.

List of Items for Procurement :-

No	Name & Description of Item	Qty
1	Medicine Shifting Trolley S.S.(Super Market Type)	10 No
2	Medicine Shifting Trolley S.S. (Heavy Load) Manual & Hydraulic	04 No
3	Stainless Steel Rack 6Ft (L) x 3Ft(W) x 2Ft(D) for Walk-In-Cooler	14 No


Terms Condition:-

- 1) Rate - Inclusive of all taxes (GST) & levies with store delivery basis. *Not Exceeding than M.R.P. Rate should be quote for each Unit.*
- 2) Delivery at :- Medical Store, Ground Floor, District Hospital Chikalthana, Opposite Airport, Jalna Road, Chhatrapati Sambhajnagar.
- 3) Delivery Period :- **10 Days**
- 4) Test Report of each & every batch , Lot No. & e-Way bill should be submit with Invoice.
- 5) Each supplied drugs & Consumables have $\frac{3}{4}$ shelf life. Less shelf life drugs will not accepted.

Note: -

- A)** 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.*
- B)** On Envelop should be mention as- **“Quotation No. 10 – Purchase Of Medicine Shifting Cart & S.S. Rack for Walk-In-Cooler ”**

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase 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. Kamalakar Mudkhedkar)
Civil Surgeon
Chhatrapati Sambhajnagar

To be submitted on Original Letter head/pad

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासन निर्णय क्र. भांखस-२०१४/प्र.क्र.८२/भाग III/उद्योग-४, दिनांक ०१ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे 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 there own Letter Head)

Date- /03/2026

To,

Civil Surgeon,

District Hospital, Chhatrapati Sambhajnagar.

**Sub :- Submission of Quotations No.10. Purchase of Medicine Shifting Cart
& S.S. Rack for Walk-In-Cooler.**

Ref :- Your Office Quotation Notice No. 10, Dated 10/03/2026.

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith submitting quotation.

No	Name & Description of Item	Rate/Unit
1	Medicine Shifting Trolley (Super Market Type)	10 No
2	Medicine Shifting Trolley (Heavy Load) Manual & Hydraulic	04 No
3	Stainless Steel Rack 6Ft (L) x 3Ft(W) x 2Ft(D) for Walk-In-Cooler	14 No


Note :- Above quoted rates are inclusive of all Taxes, Store delivery basis.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. 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.

Sign & Stamp Of Bidder

“ Quotation Draft Approved”


(Dr. Kamlakar Mudkhedkar)
Civil Surgeon
Chhatrapati Sambhajnagar