

Office of the Civil Surgeon, District Hospital Chikalhana,
Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar 431 007

Quotation Notice Year - 2025-26

10 MAR 2026

Notice No.08/Med Store/2025-26/ 4445 Date - 10/03/2026

Civil Surgeon Chhatrapati Sambhajanagar is inviting quotations from eligible suppliers, for the purchase of following Sutures & Surgical required for District Hospital Chhatrapati Sambhajanagar.

- ❖ **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.
Demand Draft of Rs. 1,000/- (Non-Refundable) drawn from Nationalized or Schedule Bank in the name of Administrative Officer, District Hospital Chikalhana, Chhatrapati Sambhajanagar.
- 2 Valid Shop & establishment License or MSME/Udyog Aadhar.
- 3 Valid Drug Manufacturing or sale Registration Certificate.
- 4 GST registration Certificate.
- 5 PAN Card
- 6 Authorization Certificate, CE Certificate from manufacturer
- 7 Details of Bank account.(Format Given)
- 8 निविदाकाराचे हमीपत्र (Format Given)
- 9 Quotation – Rate Offer in given format

List of Items for Procurement :-

No	Name & Description of Item	Qty
1	Nylon Monofilament nonabsorbable polymers, Size 2-0 Lenth 76 cm, Needle 1/2 circle, Reverse Cutting 50mm. (ETHILON) Rate should be quote for Box of 12 Foils	150 Box
2	Nylon Monofilament nonabsorbable polymers, Size 3-0 Lenth 76 cm, Needle 3/8 Circle Cutting 30mm. (ETHILON) Rate should be quote for Box of 12 Foils	150 Box
3	Triple Layer Face Mask with Nose Clip -Tie on Mask of Non-woven, Hypoallergenic 3 ply construction with Elastic and filter in between offering >99 % standard with 4 tie strings	2,00,000 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 Chikalhana, Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar.

- 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. 08 – Purchase Of Sutures & Surgical ”**

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. Kamlakar 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 ०९ 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 Sambhajinagar.

Sub :- Submission of Quotations No. 08 Purchase Sutures & Surgicals

Ref :- Your Office Quotation Notice No. 08, 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	Nylon Monofilament nonabsorbable polymers, Size 2-0 Lenth 76 cm, Needle 1/2 circle, Reverse Cutting 50mm. (ETHILON) Rate quoted for Box of 12 Foils	
2	Nylon Monofilament nonabsorbable polymers, Size 3-0 Lenth 76 cm, Needle 3/8 Circle Cutting 30mm. (ETHILON) Rate quoted for Box of 12 Foils	
3	Triple Layer Face Mask with Nose Clip -Tie on Mask of Non-woven, Hypoallergenic 3 ply construction with Elastic and filter in between offering >99 % standard with 4 tie strings	


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. Kamalakar Mudkhedkar)
Civil Surgeon
Chhatrapati Sambhajinagar