

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
ZP AYU.DISPENSARY NERLE TAL-VAIBHAVWADI
QUOTATION NOTICE YEAR 2025-26

ZP Ayu. Dispensary Nerle 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)	ZP Ayu. Dispensary Nerle
2	Address of Purchasing Authority	ZP Ayu. Dispensary Nerle Tal-Vaibhavwadi, Dist-Sindhudurg
3	Telephone Number	9588675251 7744899628
4	e mail address	
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	No/ZP/AYU DISP. CAMP/ AYUSH/ /2025-26 Date- 10/03/2026
7	Quotation Item Category	Ayurvedic Medicine
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	18/03/2026 before 12.30 p.m Office of the ZP Ayu. Dispensary Nerle Tal-Vaibhavwadi, Dist-Sindhudurg

9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	18/03/2026 at 3.30 p.m Office of the ZP Ayu. Dispensary Nerle Tal-Vaibhavwadi, Dist-Sindhudurg
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	ZP Ayu. Dispensary Nerle

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जि.प दवाखाना
नेर्ले, ता. वैभववाडी

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- 1) No any relaxation for Supplier Qualification Criteria.
- 2) Submission of quotation before last date& attendance in time for opening of quotation is the responsibility of supplier. If supplier fails to attend, procedure will be completed by authority.
- 3) Procedure for fill up quotation
 - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. **Do not use item wise envelope**
 - **Fill up all items rate in Quotation Format**
 - 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 or 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.

- 4) Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- 5) Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)
- 7.1) Drugs, Consumables, Laboratory items
Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid License
GST Certificate PAN Card of Owner or his/her Firm
WHO GMP Mfg.Co Valid Drugs License Copy
- 7.2) Non Drugs items
- PAN Card
 - GST Registration Certificate
 - Mfg.Company authorization for medical equipment's & machines.
- 6) Annexure Details
- | | |
|----------|------------------------------------|
| Annex -1 | - General Terms & conditions |
| Annex- 2 | - Quotation Category Items Details |
| Annex -3 | - Format for filling of rate |
| Annex -4 | - Supplier Declaration |
- 7) Disqualification of quotation
- (1) Failure of required supplier Technical qualification
 - (2) Late receipt of quotation envelope
 - (3) Rate format submission not in proper format & multiple mfg.co. rate
 - (4) Non filling of all items rate in quotation
 - (5) Non submission of required documents & document without self attested.
 - (6) Non submission envelope in proper manner
 - (7) NSQ Drugs Company in this hospital past period. or blacklisted firm in Maharashtra state or other state

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ANNEXURE -1

GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

1	<p>Qualification for Drugs & Consumables, Laboratory item (Kits/Reagents/Chemicals/Sera)</p>	<p>Wholesale Drugs License from Food and Drugs Administration Form No.20 B & 21 B Condition – Valid License GST Certificate PAN Card of Owner or his/her Firm Who GMP Mfg. Company product Only</p>
2	<p>Qualification for Non Drugs Item</p>	<p>PAN Card GST Certificate Quality Certificate Mfg.Co Authorization</p>
3	<p>Authority Letter from Original Mfg. Company</p>	<p>In case of Medical Equipment's & Machine</p>
4	<p>Rate & Quantity</p>	<p>Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period. Preference to Free Supply of Glucometer for each 1000 strips pack with Technical support.</p>
5	<p>Transport</p>	<p>Inclusive</p>
6	<p>Delivery Period</p>	<p>Urgent on Dt 20/03/2026</p>
7	<p>Delivery Destination</p>	<p>ZP Ayu. Dispensary Nerle Tal-Vaibhavwadi, Dist-Sindhudurg Maharashtra Konkan</p>
8	<p>Expiry date</p>	<p>Not less than One year from date of</p>

		Mfg. date
9	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, ZP Ayu. Dispensary Nerle Tal- Vaibhavwadi, Dist-Sindhudurg Maharashtra Konkan
11	After use of drugs, complaints from Dept/Patients/Sub Standard drugs	Replacement of Complaint batch Without cost or FDA Sampling Batch.
12	Return of drugs	Slow moving before expiry date 3 to 6 months without cost. After supply any circumstance due to patient use issue i.e not required for treatment
13	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
14	Validity of Quotation Rate	Six month from date of acceptance Letter .
15	Bill of Quantity	It may be Increase or decrease in Acceptance period.
16	Disqualification and rejection of Quotation	1.Failure of required supplier Technical qualification 2.Late receipt of quotation envelope

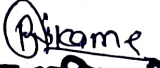
		<p>3. Rate format submission not in proper format & multiple mfg.co. rate</p> <p>4. Non submission of required documents as mentioned in point No. 1 & document without self attested with rubber stamp.</p> <p>5. Non submission envelope in proper manner</p> <p>6. NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state</p> <p>7. Non filling of all items rate</p>
17	Court Jurisdiction	District Court Sindhudurg
18	Termination of Accepted Rate	<p>Failure of Supply in stipulated period</p> <p>Sub Standard drugs, Mfg. company or any Related official and Tech.cause.</p>
19	Drugs Analysis by NABL Approved Laboratory after supply of drugs	<p>As per following govt. letter/GR this office Will be send supplied drugs each batch for Analysis of drugs at NABL Approved lab. Expenditure of NABL analysis to be paid from concerned supplier without any terms</p> <p>1) Letter from Hon'ble Commissioner of Health Services & Mission Director Mumbai No/4829-4914/2024 Dt.2/8/2024</p> <p>2) Govt. Resolution No खरेदी-२०१८/प्र.क्र ९४/आरोग्य-८ दि. १६/८/२४ सार्वजनिक आरोग्य विभाग मंत्रालय मुंबई</p>
20	Cancellation of Quot. Procedure	In any stage without any notice.
21	Rights of Quotation	ZP Ayu. Dispensary Nerle

ZP Ayu. Dispensary Nerle

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ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE OF AYURVEDIC MEDICINE

Sr. No.	Name of Items	Unit	Unit Rate	Purchase Qty.
1	Arogyavardhini Vati	250 gm	1950.00	750 gm
2	Sinhanad Guggul	250 gm	1100.00	250 gm
3	Kaishor Guggul	250 gm	1450.00	250 gm
4	Yograj Guggul	250 gm	1180.00	1 kg
5	Trayodashang Guggul	250 gm	1100.00	250 gm
6	Shankh Vati	250 gm	1250.00	250 gm
7	Gokshuradi Guggul	250 gm	1100.00	100 gm
8	Sanshamani Vati	250 gm	1600.00	250 gm
9	Shwaskuthar Ras	250 gm	1725.00	250 gm
10	Kanchnaar Guggul	250 gm	1090.00	250 gm
11	Laxmivilas Ras	250 gm	1100.00	250 gm
12	Sitopaladi Churna	250 gm	580.00	400 gm
13	Triphala Churna	250 gm	90.00	275 gm
14	Gandhak Rasayan	250 gm	1175.00	250 gm
15	Aswagandha Powder	250 gm	275.00	250 gm
16	Kutaj ghan vati	250 gm	850.00	200 gm
17	Ampachak Vati	250 gm	965.00	250 gm
18	Murivenna oil	1 ltr	1740.00	1 ltr


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ANNEXURE -3
QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

To,

ZP Ayu. Dispensary Nerle
Sindhudurg Maharashtra Konkan

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 Item with Tech.Spec.	Unit	Unit Cost Including GST Transport Handling etc	Name of Mfg. Company. Only WHO GMP

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Drugs wholesale licence
- 4) Declaration

Prop.Name, Signature of Supplier
Seal & 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 employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Place –

Date-

Prop.Name,Signature of Supplier

Seal & Rubber Stamp