


GOVERNMENT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON, SINDHUDURG
QUOTATION NOTICE YEAR 2025-2026

Medical Superintendent, Rural 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	Medical Superintendent, Rural Hospital, Kudal
2	Address of Purchasing Authority	Rural Hospital, Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416520
3	Telephone Number	02362-295697
4	E - mail address	ms_rhkudal@yahoo.co.in
5	Working Hours	9.30 a.m. to 5.45 p.m. Each Saturday – 9.30 a.m. to 1.00 p.m. Sunday & Public Holiday Closed
6	Quotation Notice No. & Date	No/RHK/MS/LP/ /2025-26 Dt 17/03/2026
7	Quotation Item Category	Medicine and Laboratory consumable
7	Description of Quotation Item	Medicine and Laboratory consumable
8	Last Date, Time & place of Quotation Submission	23/03/2026 before 5.45 p.m. Medical store, Rural Hospital, Kudal Dist. Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date, Time & Place of Quotation Opening procedure	24/03/2026 at 11.00 a.m. Rural Hospital, Kudal Dist. Sindhudurg
11	Validity of Quotation Rate	Six month from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	Rural Hospital, Kudal Dist. Sindhudurg

Place – Kudal

Date - 17/03/2026


Dr. S.A. Walake

Medical Superintendent
Rural Hospital, Kudal Dist. Sindhudurg
Medical Superintendent C1
Rural Hospital, Kudal



GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

1) No any relaxation for Supplier Qualification Criteria

2) Submission of quotation before last date is responsibility of supplier.

3) Procedure for fill up quotation

- Submission of Envelope Is required in Prescribed manner. Use One Envelope 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.

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)

5.1) Drugs, Consumables, Laboratory items

- Wholesale Drugs license
- PAN card
- GST Registration Certificate

5.2) Non Drugs items

- PAN Card
- GST Reg. certificate – if applicable or Supplier declaration
- Mfg. company authorization for medical equipment's, machine, Solution, Reagents

- **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**

- 1) Failure of required supplier qualification
- 2) Late receipt of quotation envelope

- Rate format submission not in proper manner
- Non submission of required documents.

5.3) Non submission envelope in proper manner

ANNEXURE -1
GENERAL TRERMS & 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 – 7 days
7	Delivery Destination	Medical Suprintendent ,Rural Hospital,Kudal Dist.Sindhudurg Pincode 416520
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 acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date- Category- To, Medical Suprintendent Rural Hospital,Kudal Dist.Sindhudurg Pincode 416520
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 Suprintendent Rural Hospital,Kudal Dist.Sindhudurg Pincode 416520

ANNEXURE -3
FILLING OF RATE FORMAT

Date

To,
Medical Superintendent
Rural Hospital, Kudal Dist. Sindhudurg

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	Technical Specification as	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 Civil Surgeon, 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 कंपनी ही काळ्या यादीतील नाही.मी किंवा माझे व्यवसायातील नोकरवर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्या खालील संस्था या मध्ये कोणतेही नाते वा हित संबध नाहीत .

Place – Date

Name,Signature of Supplier
Rubber Stamp

ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item	Unit	Pack size	Approximate Quantity for Purchase	Approximate Price
1	Tab.Telmisartan 40mg	1tab	10x10	20000tab	10/-
2	Tab.Labetalol 100 mg	100mg	Tab	100	125/-
3	Tab.Bisacodyl 5mg	1tab	10x10	1000tab	1.5/-
4	Cough Expectorant Diphenhydramine hydrochloride 15 mg (IP) + AmmoniumChloride 150 mg (IP) + Sodium Citrate IP - 60 mg + Menthol -1 mg (IP 30mg)	100ml	1bott	500	20/-
5	Syp. Dihydrogen Sodium Citrate	100ml	1BOTT	200	106/-
6	Lactulose Syrup 667 mg/ml 100 ml	100ml	1BOTT	200	135/-
7	Disposable Syringes with needle 1ml	1nos	100nos	2000	6/-
8	General Examination Gloves medium,Lrge	1nos	100nos	1000nos	3.74/-
9	Dispo.Scalp Vein Set no.	1nos	100nos	2000nos	6/-
10	Silver nitrate0.01%W/v hydrogen peroxide 10% W/v Silvicide	15lit	jar	2	900/-
11	Test Tube without cap	1nos	100nos	3000nos	600/-
12	Tab. Betahistine 16mg	1tab	10x10	2000tab	50/-
13	Glucose test kit GOD POD	1 KIT	1000ml	2kit	900/-
14	Widal Test Kit	1kit	1kit	2kit	250/-
15	SGPT Test kit	1kit	1kit	2kit	1200/-
16	Creatinine Test Kit	1kit	1kit	2kit	1000/-


Medical Superintendent Ci
Rural Hospital. Kudal