

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2024-27

Civil Surgeon,Sindhudurg 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)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-228900
4	e mail address	cssindhudurg@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	No/CSSND/DWH/SDL&SCL/6253/ 2026-27 Date- 28/4/2026
7	Quotation Item Category	Essential Drugs and Consumables
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	Date -8/5/2026 before 10.30 A.M District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	Date 8/5/2026 at 11.00 A.M Office of the Civil Surgeon,Sindhudurg
11	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg



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
 - Valid Date Wholesale Drugs license, Mfg.Co Authorization
 - 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.
- 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



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 B & 21 B Condition – Valid Drugs Sale 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 subject to Quotation notice or CS Sindhurg office
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 –10 days Non Drugs – 15 days
7	Delivery Destination	District Warehouse, Sindhurg Office of the Civil Surgeon Sindhurg SindhurnagariTal.Kudal Dist. Sindhurg Maharashtra Konkan Pin Code 416812
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% plus & 20% minus price band will be applicable.
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhurg District Hospital, Sindhurg SindhurnagariTal.Kudal Dist. Sindhurg Maharashtra Konkan Pin Code 416812
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Bill of Quantity	It may be Increase or decrease in Acceptance period.
13	Court Jurisdiction	Sindhurg



14	Disqualification and rejection of Quotation	<ul style="list-style-type: none"> (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 for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
15	Supplier Attendance in Quot. Opening procedure in time.	Supplier in person should attend, if he/she is unable to attend he/she appoint authorize person with letter and appropriate ID Proof. If supplier not attend for procedure, procedure will be continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Civil Surgeon, Sindhudurg
18	NABL Analysis and testing Fees	By purchasing authority Testing fees to be paid by Supplier
19	Short Expiry	In case of slow moving, before three months supplier should note "This PO serves as a formal request to process the return of near-expiry drugs (within 3 months) for free replacement."
20	Short Expiry	In case of slow moving, before three months supplier should note "This PO serves as a formal request to process the return of near-expiry drugs (within 3 months) for free replacement."
21	Sub Standard Drugs Complaint's drugs	To be replace quantity without any charges as per balance stock.
22	Expired drugs discard Procedure by supplier	Expired drugs will be return to supplier for BMW Rules for discard Procedure at MPCB appointed agency in supplier/hospital. jurisdiction



22	Penalty Clause To be read carefully As per Mah. Govt. Purchase Rules dated 1/12/2026 6.4 Annex 4(A)	<p>(a) To recover from you as liquidated damages, a sum equivalent to half percent of the price of the undelivered stores at the stipulated rate for each week or part thereof during which the delivery of such stores may be delayed, as under:-</p> <ul style="list-style-type: none">• Category of stores - The case of an order not exceeding Rs. 2.00 Lakh in value Penalty Amount - the rate of ½ % per week subject to maximum limit of 10%• Category of stores - In case of an order of Rs.2.00 Lakh and above at the rate of ½ % per week subject to maximum limit of 5% <p>(b) To purchase elsewhere, on your account and at your risk the stores so undelivered or others of similar description where others exactly complying with the particulars are, in the opinion, of the Purchasing Officer, which shall be final, not readily procurable without cancelling the contract in respect of consignment not yet due for delivery.</p>
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Civil Surgeon, Sindhudurg



-ANNEXURE -2 -

QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item	Unit	Approx. Unit Cost with transport	Required Quantity	Mfg.Co Standard	Packing Size Required
1	Tab.Metformin 500 mg	10 Tab	8.40	2000000 Tabs	World GPM	10 Tab Strip Box 10x10
2	Tab.Metronidazole 400 mg	10 Tab	15.75	100000 Tabs	World GPM	10 Tab Strip Box 10x10
3	Tab.Amlodepine 5 mg	10 Tab	3.675	2000000 Tabs	World GPM	10 Tab Strip Box 10x10
4	Low molecular weight heparin 0.6 IU (Enoxaparin) [204.1]	1 PFS	207.00	2000 PFS	World GPM	1 PFS
5	Low molecular weight heparin 0.4 IU (Enoxaparin) [204.2]	1 PFS	185.00	2000 PFS	World GPM	1 PFS
6	Inj.Multivitamin NFI For I.V Use	10 ml	18.90	5000 Amps	World GPM	50 Amp
7	Inj.Ceftriaxone 1 gm	1 Vial	29.40	5000	World GPM	100 Vial
8	Inj.Meropenem 1 gm	1 Vial	157.50	1000 Vial	World GPM	25 vial
9	Inj.Piparcellin plus Tazobactum Sodium 4.5 gm	1 Vial	126.00	2000 Vial	World GPM	25 Vial
10	Inj.Amikacin 100 mg	1 Vial	29.40	1000 Vial	World GPM	50 Vial
11	Infusion Admin.Set IV Set ISI Mark Sterile	1 Set	16.80	5000 Sets	ISI Mark	100 Set




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OTHER DISPOSABLE ITEM AND SUTURE MATERIAL

Sr. No.	Name of Items	Unit	Unit Rate	Purchase Qty.
1	Triple Layer Face Mask	1 No	4.50	100000
2	Dispo Plastic Apron	1 No	6	100000
3	Vicryl No. 1-0 (VP2347) Absorbable Surgical suture Synthetic Polyglactin Size 1/0 , Length90 cm	12 Foil	1600	100
4	Vicryl No. 2-0 (VP 2317) Absorbable Surgical suture Synthetic Polyglactin Size 2/0 , Length90 cm	12 Foil	1600	125
5	Vicryl No. 3-0 (VP 2437) Absorbable Surgical suture Synthetic Polyglactin Size 3/0 , Length90 cm	12 Foil	1600	100
6	Vicryl No. 4-0 (VP2304) Absorbable Surgical suture Synthetic Polyglactin Size 4/0 , Length90 cm	12 Foil	1600	15
7	Vicryl No. 1 (MITSU12347 DOUNLE NEEDLE) Absorbable Surgical suture Synthetic Polyglactin Size 1/0 , Length180 cm	12 Foil	1600	50
8	Ethilon No.1 (NW 3338) Non Absorbable Surgical Suture Monofilament Polyamide Sterilized surgical needled suture 45mm 1/2 circle reverse cutting suture (100cm)	12 Foil	620	50
9	Ehilon 2-0 (NW 3336) Non Absorbable Surgical Suture polyamide black 45 mm 3/8circle reverse cutting 70 cm	12 Foil	620	225
10	Ehilon 3-0 (NW 3328) Non Absorbable Surgical Suture polyamide black 26 mm 3/8circle reverse cutting 70 cm	12 Foil	620	125
11	Ehilon 1 LOOP1.5(NW3348) Non Absorbable Surgical Suture polyamide Round Body Heavy	12 Foil	1000	2
12	Chromic Catgut 1 (NW 4259) Absorbable Surgical Suture Sterilized surgical needled suture 40 mm Heavy 1/2 circle Round Body suture (76 cm)	12 Foil	650	170
13	Chromic Catgut 0 (NW 4242) Absorbable Surgical Suture Sterilized surgical needled suture 30 mm Heavy 1/2 circle Round Body suture (76 cm)	12 Foil	650	150
14	Chromic Catgut 2-0 (NW 4241) Absorbable Surgical Suture Sterilized surgical needled suture 30 mm 1/2 circle Round Body suture (76 cm)	12 Foil	650	60



Sr. No.	Name of Items	Unit	Unit Rate	Purchase Qty.
15	Chromic Catgut 3-0 (NW4237) Absorbable Surgical Suture Sterilized surgical needled suture 20 mm 1/2 circle Round Body suture (76 cm)	12 Foil	650	50
16	Chromic Catgut 4-0 (NW4048) Absorbable Surgical Suture Sterilized surgical needled suture 20 mm 1/2 circle Round Body suture (76 cm)	12 Foil	650	2
17	Prolene No.1 (OS 843) Monofilament Polypropylene Non Absorbable Surgical Suture Sterilized surgical needled suture 40mm 1/2 circle Round Body suture (100 cm)	12 Foil	750	15
18	Prolene No.2-0 (OS 807) Monofilament Polypropylene Non Absorbable Surgical Suture Sterilized surgical needled suture 26 mm 1/2 circle Taper cutting suture (70 cm)	12 Foil	750	35
19	Prolene No.3-0 (OS 018) Monofilament Polypropylene Non Absorbable Surgical Suture Sterilized surgical needled suture 22 mm 3/8 circle Round Body suture (80 cm)	12 Foil	750	15
20	Black Braided silk No 1 (K845H) Non absorbable suture MH36 mm 1/2c Taperpoint 30" 75cm	12 Foil	570	5
21	Mersilk 1-0 (NP 5062P) Back braided Silk Non Absorbable Surgical Suture 60mm 3/8 circle conventional cutting 76 cm	12 Foil	570	2
22	Prolene Mesh 7.5 cm x 15 cm	1 No	220	80

Asst

Civil Surgeon Sindhudurg



ANNEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudurg Tal. Kudal Dist.
Sindhudurg Maharashtra Konkan Pin Code 416812

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 Technical Specification	Unit	Unit Rate for Quotation	Mfg. by Full Name of Company Consumables

Prop. Name, Signature of Supplier
Seal & Rubber Stamp



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

