

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2026-27

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 | 02362-297405 |
| 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/Equip/6868/2026-27 Date- 11/5/2026 |
| 7 | Quotation Item Category | Instruments and Equipment's |
| 7 | Description of Quotation Item | See Annex-2 for details of Items |
| 8 | Last Date, Time & place of Quotation Submission | 19/5/2026 before 10.30 AM Central Medical Store, District Hospital Sindhudurnagari |
| 9 | Quotation Annexure | Annex 1 to 4 |
| 10 | Date ,Time & Place of Quotation Opening procedure | 19/5/2026 at 11.00 am 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
 - PAN card
 - GST Registration Certificate
 - 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



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 B & 21 B Condition – Valid License GST Certificate PAN Card of Owner or his/her Firm Mfg.Co Authorization for Generic Drugs |
| 2 | Qualification for Non Drugs Item | PAN Card GST Certificate |
| 3 | Authority Letter from Original Mfg. Company OR SUPPLIER | 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. Preference to Free Supply of Glucometer for each 1000 strips pack with Technical support. |
| 5 | Transport | Inclusive |
| 6 | Delivery Period | 30 Days |
| 7 | Delivery Destination | As per Purchase order |
| 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, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg 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 | Validity of Quotation Rate | Three months from date of acceptance Letter. |



| | | |
|----|---------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 13 | Bill of Quantity | It may be Increase or decrease in Acceptance period. |
| 14 | Court Jurisdiction | Sindhudurg |
| 15 | 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 submission of required documents & document without self attested. (5) Non submission envelope in proper manner (6) NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state |
| 16 | Termination of Accepted Rate | Failure of Supply in stipulated period Sub Standard drugs, Mfg. company |
| 17 | Rights of Quotation | Civil Surgeon,Sindhudurg |

[Handwritten Signature]

Civil Surgeon, Sindhudurg



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE OF MEDICINE

| Sr. No. | Name of Items | Unit | Purchase Qty. | Market Rate With GST & Transport |
|---------|--------------------------------------------------------------------------------------------------------------|------|---------------|----------------------------------|
| 1 | Horizontal Autoclave High Pressure As per DHS Specification 20"x48" Chamber Size -150 to 250 Liters | 1 No | 1 No | 850000 |
| 2 | Autoclave Drum 9"x8" | 1 No | 4 Nos | 2566 |
| 3 | Autoclave Drum 11"x9" | 1 No | 4 Nos | 2743 |
| 4 | Autoclave Drum 14"x12" | 1 No | 4 Nos | 5310 |
| 5 | Local Electrical Work at site | 1 No | - | 40000 |
| 6 | Plumbing Work at Site | 1 No | - | 15000 |
| 7 | Old Autoclave removing and Shifting To condemnation place | 1 No | - | 80000 |
| | | | Total | 995619 |

- 1) Name of site where autoclave required – Sub Dist. Hospital Sawantwadi
Dist.Sindhudurg
- 2) Site Survey report on the business letterpad of supplier- -Required with Quot.
With countersigned by Med Suptd SDH Swantwadi
Points for site survey – 1) Space 2) Electric and water Supply 3) Plumbing etc
- 3) In electrical work proper earthing is required
- 4) Plumbing and Elec.material should be ISI mark



(Signature)
 Civil Surgeon, Sindhudurg

TECHNICAL SPECIFICATIONS "Autoclave Horizontal"

| GMDN name | | Autoclave High Pressure Horizontal |
|-----------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | Clinical purpose | An airtight vessel for heating and sometimes agitating its contents under high steam pressure; used for sterilizing, with moist or dry heat at high temperatures. |
| 2 | Used by clinical department/ward | CSSD & All wards |
| 3 | Technical characteristics (specific to this type of device) | |
| | 1) High Grade strong stainless steel, Triple walled construction. 2) Positive radial self-locking safety doors. 3) Hydrostatically tested to withstand 2.5 times the working pressure. 4) Sealed with Neoprene/Silicon long-lasting and durable gasket. 5) Digital display for Jacket and Chamber pressure and temperature. 6) Outer jacket insulated to prevent heat loss with a high grade insulation material 7) Mounted on 304 stainless steel frame with ground leveling flanges. 8) Temperature and pressure cut-off device. 9) Auto cut-off at low water level 10) Rust-proof 304 grade stainless steel. 11) Cylindrical construction for four (12"x15") drums 12) Equipment should have separate steam release valve and drainage system. 13) Minimum of two safety valves with auto-release at 16 and 20. 14) Operating temperature 121 ^o C to 134 ^o C 15) Operating pressure 1.2 to 2.1 Kg / cm ² , 10-20 psi | |
| 4 | User's interface | Manual |
| 5 | Dimensions (metric) | 20" x 48" Chamber Size 150Ltr to 250Ltr |
| 6 | Heat dissipation | Heat Dissipation: Should maintain nominal Temp and the heat should be disbursed through a cooling mechanism |
| 7 | Mobility, portability | Portable |
| 8 | Power Requirements | Recharging unit: Input voltage - 440V AC, 50Hz ,3 - Phase |
| 9 | Protection | Should have over-charging cut-off with visual symbol. |
| 10 | Power consumption | Up to 18kW |
| 11 | Accessories (mandatory) Spare parts | |
| | 1) Automatic Pressure Control Switch - 2 No. 2) Automatic Water Cut-off Device - 2 No. 3) Micro Processor PID Controller with Timer & Auto Stop Facility 4) Digital Pressure Indicator- 2 No 5) Perforate basket(rust-free stainless steel) 6) Cord-plug- 4 No. 7) Biological and chemical indicators-1 set | |

(Signature)
 (Mr. Manish Magre)
 Bio Medical Engineer
 H.E.M.R.O/o DDHS
 Aurangabad

(Mr. Madhav Katre)
 Bio Medical Engineer
 Regional Referral
 Hospital Nashik

(Signature)
 (Dr. Dayanand Motipavale)
SURGEON
 Medical Supdt
 Rural Hospital Bhokardan,
 Dist Jalna

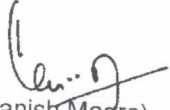
(Signature)
 (Dr. Govardhan Gaikwad)
SURGEON
 Civil Surgeon
 District Hospital
 Aurangabad

(Signature)
 DEPARTMENT OF GENERAL SURGERY
 DR. R. N. COOPER HOSPITAL &
 H. B. T. MEDICAL COLLEGE
 MUMBAI-400 056.

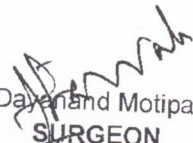
(Signature)
 ASSOCIATE PROFESSOR
 Department of General Surgery
 Seth. G. S. Medical College &
 K.E.M. Hospital, Parel,
 Mumbai - 400 012.


TECHNICAL SPECIFICATIONS "Autoclave Horizontal"


| GMDN name | | Autoclave High Pressure Horizontal |
|-----------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 12 | Atmosphere / Ambiance (air conditioning, humidity, dust ...) | 1) Operating condition: Capable of operating continuously in ambient temperature of 10 to 50° C and relative humidity of 15 to 90% in ideal circumstances. 2) Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50° C and relative humidity of 15 to 90%. |
| 13 | User's care, Cleaning, Disinfection & Sterility issues | 1) Disinfection: Parts of the Device that are designed to come into contact with the patient or the operator should either be capable of easy disinfection or be by a single use/disposable cover. 2) Sterilization not required. |
| 14 | Certificates | |
| | 1) Should be FDA/CE/BIS approved product. 2) Manufacturer and Supplier should have ISO certification for quality standards. 3) Electrical safety conforms to the standards for electrical safety IEC 60601-General requirements (or equivalent BIS Standard) 4) Shall meet internationally recognized for Electromagnetic Compatibility (EMC) for electro medical equipment: 61326-1. 5) Certified to be compliant with IEC 61010-1, IEC 61010-2-40 for safety. 6) Vessel pressure testing | |
| 15 | Local and/or international | Manufacturer / supplier should have ISO certificate for quality standard. |
| 16 | Pre-installation requirements: nature, values, quality, tolerance | 1) Required Availability of socket 15 amps should be specified by Manufacturer. 2) Safety and operation check before handover. |
| 17 | Requirements for sign-off | Certificate of calibration and inspection from the manufacturer |
| 18 | Training of staff (medical, paramedical, technicians) | 1) Training of users on operation and basic maintenance. 2) Advanced maintenance tasks required shall be documented |
| 19 | Warranty | Three year on site with free servicing (min.03/year) during warranty & provide technical support and required spares and consumable for 7 yrs after warranty period. |
| 20 | Maintenance tasks | 1) Maintenance manual detailing. 2) Complete maintenance schedule. |
| 21 | Service contract clauses, including prices | The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee / warranty period should be attached; |

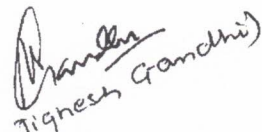

 (Mr. Manish Magre)
 Bio Medical Engineer
 H.E.M.R.O/o DDHS
 Aurangabad

(Mr. Madhav Katre)
 Bio Medical Engineer
 Regional Referral
 Hospital Nashik

(Dr. Dayanand Motipavale)

SURGEON
 Medical Supdt
 Rural Hospital Bhokardan,
 Dist Jalna

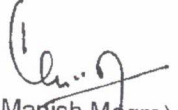
(Dr. Govardhan Gaikwad)

SURGEON
 Civil Surgeon
 District Hospital
 Aurangabad


 DEPARTMENT OF GENERAL SURGERY
 DR. R. N. COOPER HOSPITAL &
 H. B. T. MEDICAL COLLEGE
 MUMBAI-400 058.


(Dr. Jignesh Gandhi)

 ASSOCIATE PROFESSOR
 Department of General Surgery
 Seth. G. S. Medical College &
 K.E.M. Hospital, Parel,
 Mumbai - 400 012.

TECHNICAL SPECIFICATIONS "Autoclave Horizontal"

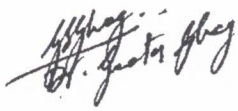
| GMDN name | | Autoclave High Pressure Horizontal |
|------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------|
| 22 | Operating manuals, service manuals, other manuals > Should provide 2 sets(hardcopy and soft-copy) of :- 1) User, technical and maintenance manuals to be supplied in English/Marathi Hindi language along with machine diagrams; 2) List of equipment and procedures required for local calibration and routine maintenance; 3) Service and operation manuals (original and copy) to be provided; 4) Advanced maintenance tasks documentation; Certificate of calibration and inspection | |
| 23 | Other accompanying documents | List of important spares and accessories, with their part numbers and cost; |
| 24 | Service Support Contact details (Hierarchy Wise; including a toll free/landline number) | Contact details of manufacturer, supplier and local service agent to be provided Any Contract (AMC/CMC/add-hoc) to be declared by the manufacturer; |
| 25 | Recommendations or warnings | Any warning signs would be adequately displayed |
| Specification Done by : | | Technical Specification Committee established, as per Govt of Maharashtra, Public Health Department G.R. Dated 11 March 2016 |
| End user Specialist Meeting Date : | | 07/09/2017 |
| Panel Specialist Meeting Date : | | /09/2017 |



 (Mr. Manish Magre)
 Bio Medical Engineer
 H.E.M.R.O/o DDHS
 Aurangabad

(Mr. Madhav Katre)
 Bio Medical Engineer
 Regional Referral
 Hospital Nashik


 (Dr. Dayanand Motipavale)
SURGEON
 Medical Supdt
 Rural Hospital Bhokardan,
 Dist Jalna


 (Dr. Govardhan. Gaikawad)
SURGEON
 Civil Surgeon
 District Hospital
 Aurangabad


 DEPARTMENT OF GENERAL SURGERY
 DR. R. N. COOPER HOSPITAL &
 H. B. T. MEDICAL COLLEGE
 MUMBAI-400 056.


 (Dr. Jignesh Gomathi)
ASSOCIATE PROFESSOR
 Department of General Surgery
 Seth. G. S. Medical College &
 K.E.M. Hospital, Parel,
 Mumbai - 400 012,

ANNEXURE -3
QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudurg nagari 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 Tech.Spec. | Unit | Unit Cost Including GST Transport Handling etc | Name of Mfg. Company. |
|-------|------------------------------|------|---------------------------------------------------------|--------------------------|
| | | | | |

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Declaration in format

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

