

**GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2026-2027**

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 <u>Surgeon</u> , Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg Sindhudurnagari Tal-Kudal Dist.-Sindhudurg, Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-228900
4	e-mail address	npcb.sindhudurg@gmail.com
5	Working Hours	9.45 am to 6.15 p.m Each Saturday – 9.30 a.m to 2.00 p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/DHS/CMS/NPCB&VI/ ~~812~~ /2026 Date- 2 / 6 /2026
7	Quotation Item Category	Essential Drugs for NPCB Program
8	Description of Quotation Item	See Annex-2 for details of Items
9	Last Date, Time & place of Quotation Submission	8 / 6 /2026 before 6.00p.m Central Medical Store, District Hospital Sindhudurnagari
10	Quotation Annexure	Annex 1 to 4
11	Date ,Time & Place of Quotation Opening procedure	9/6/2026 at 11.00 am- Office of the Civil Surgeon,Sindhudurg
12	Validity of Quotation Rate	One year from Date of Acceptance
13	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

Place – Sindhudurnagari

Date- 2 / 6 /2026

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 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 Drugs Sale License GST Certificate, Mfg.Co Authorization 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	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
4	Transport	Inclusive
5	Delivery	Drugs – 15 days Non Drugs – 21 Days
6	Delivery Destination	District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
7	Warranty for Electronic Equipment's & Machine	One year from Date of Installation
8	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
9	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
10	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
11	Bill of Quantity	It may be Increase or decrease in Acceptance period.
12	Court Jurisdiction	Sindhudurg
13	Disqualification and rejection 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 NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
14		(7) Failure of required supplier Technical qualification (8) Late receipt of quotation envelope (9) Rate format submission not in proper format & multiple mfg.co. rate (10) Non filling of all items rate in quotation (11) Non submission of required documents & document without self attested. (12) Non submission envelope in proper manner NSQ Drugs Company for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
15	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
16	Rights of Quotation	Civil Surgeon,Sindhudurg

-ANNEXURE -2 -

QUOTATION ITEMS FOR PURCHASE

Sr.No.	Name of Item	Unit	Approximate Quantity for Purchase
1	Foldable Intra Ocular Lens	1 Unit	150
2	Inj. Sensorcaine 0.5%	1 vial	100
3	Inj. Hydroxy Propyl Methyl Cellulose USP 2 % In Sterile Isonic Base PFS 2 ml PFS	1 Amp	400
4	Eye drop moxiflacin 0.5, 5ml	1 Unit	300
5	Tropicamide + Phenylephrine CL Eye drops 5ml	1 Unit	200
6	Chloramphenicol Eye applicap	1 Unit	2000
7	Tab. Acetazolamide (Dimox) 250 mg	1 Unit	2000
8	Tunnel Blade	1 Unit	500
	a) Side port 74*225 mm	1 Unit	500
9	b) Creccent 74*225 mm	1 Unit	500
10	c) Keratome 74*225 mm	1 Unit	500
11	Eye Drape with Drain Pouch 7*9cms, Drape size 60*60 Cm, SMMS White Fabric	1 Unit	2
12	10.0 Ethylon non absobable suture	1 Box	2
13	8.0 Vicryl Absobable suture	1 Box	20
14	Autoclave Tape (18mm *50 Mtr)	1 Unit	100
15	Eye/Ear buds	1 Packet	500
16	Post Operative black goggles	1 Unit	15
17	Surgical Spirit 1000 ml	1 Unit	15
18	Betadine Solution 5%	1 Unit	15
19	Betadine Surub 7.5%	1 Unit	15

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Civil Surgeon
Sindhudurg

ANNEXURE -3
QUOTATION RATE FORMAT -ON BUSINESS LETTER PAD

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	Technical Specification	Unit	MRP or Market Price	Unit Rate for Quotation	Mfg.by Full Name of Company

Prop.Name, Signature of Supplier
Seal & Rubber Stamp

ANNEXURE -4

व्यवसायाचे लेटरपॅडवर खालील नमुन्यात जाहिरनामा तयार करावा.

स्वधोश्रणापत्र

- (१) 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 किंवा माझा व्यवसाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा ह्याल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.
- (२) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे जीएसटी - वस्तु व सेवा कर याची नोंदणी झालेली असुन वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा अधिक असलेने जीएसटी - वस्तु व सेवा कर परतावा नियमित भरणेत येतो.
- (३) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा कमी असलेने जीएसटी - वस्तु व सेवा कर या बाबतची नोंदणी केलेली नाही.

(२) व (३) पैकी जे आवश्यक आहे हे ठेवुन इतर खोडावे.

स्थळ -

दिनांक -

नांव,सही,रबरी शिक्का