

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/9444/2026-27 Date- 17/6/2026
7	Quotation Item Category	Medical Equip, Machinery & Instrument
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	19/6/2026 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	25/6/2026 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**

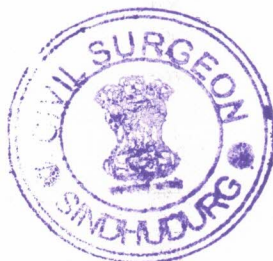
Annex -1	- General Terms & conditions
Annex- 2	- Quotation Category Items Details
Annex -3	- Format for filling of rate
Annex -4	- Supplier Declaration
- 7) **Disqualification of quotation**
 - (1) Failure of required supplier Technical qualification
 - (2) Late receipt of quotation envelope
 - (3) Rate 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.
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 SindhudragnagariTal.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	(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


 Civil Surgeon, Sindhudurg



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE OF MEDICINE

Sr. No.	Name of Items	Unit	Approximate Purchase Qty.
1	Haemodialysis Machine for Kidney Dialysis Machine for Sub District Hospital Sawantwadi Dist.Sindhudurg under MLA Program. Ref- Enclosed DHS Tech. Specification or Equivalent and currently use in Hospitals Standard – CE Certification/US FDA	1 No	2 No


Civil Surgeon, Sindhudurg



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Technical Specifications for Dialysis Machine

Sr. No.	Technical Specification
1)	The structure of the machine should be of modular design.
2)	It should have Control & Monitoring Screen with minimum 10" coloured TFT / LCD Display (Screen). Display should have screen with high clarity & easily readable.
3)	It should have Acetate & Bicarbonate dialysis facility.
4)	It should have Sequential Ultra filtration facility. It should have Arterial Venous & Transmembrane pressure monitoring facility.
5)	Blood pump flow rate should be from 15 ml/min. to 600 ml/min. Blood tubing pump segment should be operator changeable for use of pediatric or Adult size blood tubing sets.
6)	It should have Single Needle dialysis facility.
7)	It should have Volumetric Ultrafiltration System.
8)	In-line Bicarbonate mixing and solution preparation facility during dialysis.
9)	It should have Air bubble detector with Optical Sensor (to check the presence of blood in extracorporeal blood circuit) at Venous clamp.
10)	It should have Heparin Infusion Pump with rate 1 to 10 ml/min. and Bolus Infusion upto 5 ml/min.
11)	It should have Blood leak Sensor which can differentiate between impurities and real blood.
12)	Should accept different concentrate formulation, different Dialyzers and blood tubing sets.
13)	It should have Dialysate flow rate range from 300ml /min to 700ml/min. It should have self-test facility during treatment.
14)	Ultra filtration rate should be from 0 to 4.00 L/Hr.
15)	In house potable water supply is available & minimum 10micron size water filter assembly with cartridge shall be supplied with necessary attachments to make a functional unit.
16)	Auto priming and rinsing of dialyzer and blood lines.
17)	It should have Hot Rinsing and Hot Chemical Disinfection facility (Temp. upto 80 deg. Celsius) with recirculation system. Also it should have various chemo Thermal cleansing and disinfection programs. Disinfection shall be possible with any disinfectant universally used in such cases i.e. the system shall be open system.
18)	Facility for disinfection History/Log.
19)	It should have Ultrafiltration and Sodium Profiling facility.
20)	It should have in- built Battery back up of 15 to 20 minutes for complete Extracorporeal blood system during power failure.
21)	Non-Invasive patient blood pressure monitoring.
22)	Must have the facility to up gradating to latest technology in future.
23)	Power supply - 220 v AC $\pm$ 15%, 50 Hz.
24)	Should work on AC mains without batteries.
25)	Operating & service manual with detail circuit diagram, should be provided.
26)	On line clearance monitoring & Kt/V to assess adequacy of dialysis.
27)	Should provide Training to End Users.
28)	Two years comprehensive warranty and should provide Technical support and also required support for spares and consumable for 5 years after warranty period is over.
29)	Bidder should quoted CMC charges separately for the next five years, after warranty period is over.
30)	Cost of Consumables should be quoted separately in accessory section.
31)	Demonstration compulsory.
32)	Tropicalization:
	Operating room Temp. upto 40°C
	Strong room temp upto 60°C
	Relative humidity upto 90% non condensary
33)	Should provide UPS - one hour battery backup along with machine.
34)	It should be US FDA approved or CE certified (CE certificate should be from Notified Body).

20/11/2014
Dr. Hase N. K.
Prof & Head
Nephrology
K. A. S. Hospital



Dr. Ajay Naxane
Assistant Professor
Nephrology
K. A. S. Hospital
20.11.14

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. Imported Indian

Enclosed Documents –

- 1) PAN Card
- 2) GST Reg. Certificate
- 3) Declaration in format
- 4) Dialysis Machine Photograph and Tech. Specification document

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

