GOVT.OF MAHARASHTRA

PUBLIC HEALTH DEPARTMENT

OFFICE OF THE CIVIL SURGEON, SINDHUDURG

QUOTATION NOTICE YEAR 2026-26

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 SindhudrgnagariTal.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.oo p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/DHS/CMS/NCD/ 10278 /2026-27 Date- 7/7/2026
7	Quotation Item Category	NCD Program Diagnostics Services
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	15/7/2026 before 2.00 pm Office of the Civil Surgeon, District Hospital Sindhudurgnagari
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	15/7/2026 at 3.30 pm 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

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
2	Qualification for Non Drugs Item	PAN Card GST Certificate 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. Preference to Free Supply of Glucometer for each 1000 strips pack with Technical support.
5	Transport	Inclusive
6	Delivery Period	3 Days
7	Delivery Destination	District Warehouse Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg 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	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	One Year 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

Civil Surgeon, Sindhudurg

ANNEXURE -2

QUOTATION ITEMS FOR PURCHASE OF NCD PROGRAM DIAGNOSTIC

Sr,No	Name of Item	Technical Specification	Unit	Approx Qty.
1	Glucose Strips for blood sugar test By finger tip blood	Inside Battery operated Digital Figures Instant report in mg/dl Free Glucometer with 1000 Glucose strop.	1 Strip	50000 Strips
2	Button Lancet plastic	One touch with sterile Needle size 21 1 step button push	1 No	50000 Nos
3	Antisera A/B/D 10 ml 1 Set of 3 type antisera	Monoclonal 10 ml Fee from Turbidity	1 Set	50 Nos
4	N/10 HCL Solution 500 ml	N/10 Hydrochloric Acid	1 Bott	10 Bott
5	EDTA Solution 500 ml	EDTA Solution	1 Bott	10 Bott
6	Malaria Kit Malaria Antigen PV & PF	Detection of Malaria parasite By Rapid Method	1 Test	2000 Tests
7	Widal Kit 4 x5 ml	Widal Antigen for slide & tube Test	1 Kit	100 Kits
8	VDRL - RPR Rapid Test kit	Rapid RPR Test	1 Test	2000 Test
9	HbSAg Rapid Test Kit	Detection of Hepatitis B	1 Test	3000 Test
10	HCV Rapid Test Kit	Detection of Hepatitis C	1 Test	5000 Test
11	HIV Rapid Test Kit	Detection of HIV Virus	1 Test	6000 Test
12	Dengue Spot Test Kit	Detection of Dengue	1 Test	2000 Test
13	Leptospirosis Spot Test Kit	Detection of Leptospirosis	1 Test	3000 Test
14	Urine Strip for Albumin & Glucose 100 Strips	Uristick for Albumin & Sugar	1 Bott	100 Bott
15	Urine Strips for sugar Albumin, PH, KETONE &Blood reagent covered/ protected with Nylon Mesh 100 Strips	Uristick for alb/glu/ketone	1 Bott	20 Bott
16	Distilled Water 5 Litr	Deionized Water	1 Jar	50 Jars
19	Microtips- Yellow	Small Microtips	1 No	50000 Tips
20	Microtips- Blue	Large Microtips	1 No	25000 Tips
21	Microscopic Slide 50 nos	Glass Slide	50x 1 Pkt	10000 Slides

Sr,No	Name of Item	Technical Specification	Unit	Approx Qty.
	Biochemistry Kit	Supplier should run kit at hospital mention in po with free installation and demo		
1	Glucose	Glucose GOD-PAP	4x250ml	10 Kit
2	Urea G.L.D.H	Urea G.L.D.H,UV,KINETIC	3X50 ml	10 Kit
3	Creatinine Manual	Creatinine Manual	4x25ml	50 Kit
4	Uric Acid	Uric Acid –Uricase PAP	5x 10 ml	5 Kit
5	HDL Cholesterol	Cholesterol PPT Reagents PPA	5x10 ml	5 Kit
6	Total Cholesterol	As above	10x10ml	10 Kits
6	Triglycerides	Triglycerides GPO-PAP	4x25ml	10 Kit
7	Calcium	Arsenazo III	4x25 ml	10 Kit
8	Cholesterol	CHOD PAP	4x50ml	5 Kit
9	Albumin	BCG	4x25ml	5 Kits
10	Total Protein	Biuret	4x25ml	5 Kit
11	Serum Bilirubin (T& D)	Bilirubin	4x25ml	50 Kit
12	Alkaline Phosphate	Amp Buffer	2x50ml	5 Kit
13	SGOT	AST	3x50ml	10 Kit
14	SGPT	ALT	3x50ml	10 Kit
15	3 Part Automatic Cell Counter Reagents	Free installation 3 part Automatic Blood Cell Counter	-	Each 3000 test Per month
	3 Part Automatic Cell Counter Reagent Name	Name		
16	Hand Disinfectant Solution	Alcohol base with Auto Dispenser	500 ml	200 Bott
17	General Examination Rubber Gloves Blue or Green colour	Rubber Non sterile Powder free	1 Pair	25000 Pairs

CIVIL SURGEON SINDHUDURG

Civil Surgeon, Sindhudurg

ANNEXURE -3
QUOTATION RATE FORMAT – ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital,Sindhudurg
SindhudrgnagariTal.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) Drugs wholesale license
4) Declaration

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