सार्वजनिक आरोग्य विभाग
महाराष्ट्र शासन

NATIONAL HEALTH MISSION
राष्ट्रीय स्वास्थ्य मिशन

महाराष्ट्र शासन
सार्वजनिक आरोग्य विभाग
जिल्हा महिला व बाल रुग्णालय, कुडाळ
कुडाळ तहशिलदार कार्यालय समोर, तालुका कुडाळ,
जिल्हा सिंधुदुर्ग, पिन कोड नं. ४१६ ५२०

सत्यमेव जयते
Government of Gujarat

दूरध्वनी क्रमांक (०२३६२)-२९९४३४
Email Address :- dwchsindhudurg@gmail.com

बेटी बचाव, बेटी पढाव
कागद वाचवा, वृक्ष वाचवा

जा.क्रं./जिमबालरुकु/भांडार/क्ष-किरण फिल्म खरेदी/ ९७१ /२०२६
दिनांक :- ०६/०७/२०२६

E-Quotation Second Notice

To,
Whom so ever it may concern,

Subject - Invitation of E-Quotation

Date of Publication - ०६/०७/२०२६

As per the subject cited above, this office hereby invites E-Quotation for supply of following items.

Sr. No.	Name of Item	Specification	Unit	Approx. Quantity	Remarks
१	Digital X-Ray Film Size १०"x१२" DI-HL for Fuji make Digital X-Ray Machine	Packet of १५० Films	०१ Pkt	०५	
२	Digital X-Ray Film Size ८"x१०" DI-HL for Fuji make Digital X-Ray Machine	Packet of १५० Films	०१ Pkt	०५	
३	Films Filing Envelopes for film size ८"x१०"	Yellow Colour - Packet of ५०० Envelopes	०१ Pkt	०३	
४	Films Filing Envelopes for film size १०"x१२"	Yellow Colour - Packet of ५०० Envelopes	०१ Pkt	०३	
५	Fuji Films CR System X-Ray Cassette Size - ८"x१०"	Size - ८"x१०" Brand - Fujifilms Model - CR System	०१	०१	
६	Fuji Films CR System X-Ray Cassette Size - १०"x१२"	Size - १०"x१२" Brand - Fujifilms Model - CR System	०१	०१	

Your quotations (Sealed envelope) must reach this office on or before १४/०७/२०२६ upto ४.०० PM. Envelope should be marked as "QUOTATION FOR DIGITIAL X-RAY FILMS" in block letter on the top. Quotations will be open on १५/०७/२०२६ at ११.०० AM. Bidder may remain present at the time of opening. In case of any official reason, date & time of opening may be changed.

Terms & Conditions -

१. Goods should be delivered on Door Delivery basis, with uploading and proper arranging in destination store / department.
२. Rate should be inclusive of all taxes. Transportation, loading & unloading, installation & all other charges. Please note No Extra charge will be paid for any reason.
३. Supply should be done within १५ days from receipt of order.
४. Conditional quotations will be summarily rejected.
५. Quantity of purchase may be increased or decreased as per requirement.
६. Sample of each item (Quantity Each २) must be submitted along with quotations.
७. Payment will be made as per availability of budget grants under various programs. However any interest will not be paid if payment is delayed due to any technical reason.
८. Please enclose following documents -
   a. Annexure A (on Firm's Letter Head)
   b. Annexure १, २ & ३ on (on Firm's Letter Head)
   c. GST Registration certificate
   d. GSTR ३B Clearance upto March-२६
   e. Shop Act License
   f. Drug License (२०B, २१B) obtained by FDA
   g. Copy of PAN Card
९. Acceptance of rates will be subject to approval of sample by the purchase committee, Purchase committee's decision about approval or rejection of samples will be final & binding to the supplier.
१०. Medical Superintendent, District Women & Child Hospital, Kudal reserves all rights to accept or reject any or all quotations or complete quotation process without assigning any reason.

Dist. Women & Child Hospital * Sindhudurg - Kudal. * सत्यमेव जयते

वैद्यकिय अधिक्षक, व...
जिल्हा महिला व बाल रुग्णाल...
सिंधुदुर्ग - कुडाळ

Annexure A (On Firm's Letterhead)

(In case of incomplete information, Quotation will be summarily rejected)

१. Name and address of the Firm -

२. Registered Head Office Postal Address -

३. Telephone No., FAX & E-mail -

४. In case of Proprietorship / Partnership firms, Name of Proprietors / Partners / Directors with address and percentage of share -

५. Ownership Status of the Firm -
(Maharashtra Govt./ Central Govt./ Jt. Sector / Co-operative / SSI / Private)

६. Whether tendering as a manufacturer / Importer -

७. Name of the person & Phone No. who should be contacted by this office in case of any required communication -

८. Full Address with Email ID, Phone Number and Location of Origin manufacturing work / Factory -

I / We hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, my / our tender shall be rejected and I / we are liable for penal action as per terms specified in the "terms and conditions of tender".

Date -

Full Signature of the Tenderer
with official seal and address

(On Firm's Letterhead)

Annexure – 1

हमीपत्र

मा. वैद्यकीय अधिक्षक, जिल्हा महिला व बाल रुग्णालय, कुडाळ जिल्हा - सिंधुदुर्ग यांचे ई-कोटेशन सूचना पत्र क्रं. _____
च्या अनुषंगाने या हमीपत्राद्वारे लिहून देण्यात येत आहे की, खरेदी प्राधिकाऱ्यासोबत कोणत्याही प्रकारे हितसंबंधाबाबत संघर्ष नाही. तसेच खरेदी प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणाशीही संयूक्तरित्या अथवा संगनमताने साखळी करुन दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक -
ठिकाण -

दरपत्रक धारकाची स्वाक्षरी
संपूर्ण नाव व शिक्का

(On Firm's Letterhead)

Annexure - २

Certificate

The rates quoted to District Women and Child Hospital, Kudal against their E-Quotation enquiry letter No. _____ Date _____ are not higher than rates quoted to other Govt./ Semi Govt. Institutions or any prevailing rate contract.

Date -

Signature

Place -

Full Name & Stamp of Vendor

(On Firm's Letterhead)

Annexure - ३

Certificate

I the undersigned certify that our Firm _____ has not been found guilty of malpractice, misconduct, punished or blacklisted / debarred either by public health department, Govt. of Maharashtra or by any local authority and other state Government / Central Government department in the last five years.

Date -

Signature

Place -

Full Name & Stamp of Vendor