

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLI TAL.KANKAVLI DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2026-2027

Medical Suptd. S.D.H. KANKAVLI is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexure and fill up quotation

1	Quotation call by Designation of Purchasing Authority	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL , KANKAVLI DIST .SINDHUDURG
2	Address of Purchasing Authority	Govt . Sub district Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602
3	Telephone Number	02367-231058,233959
4	e mail address	ms_sdhkankavali@yahoo.co.in
5	Working Hours	9.30 am to 5.45 p.m Each Saturday,Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	SDHK/MS/LP/1469/2026-2027 Date 07/07/2026
7	Quotation Item Category	Orthopedic Implant
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	14/07/2026before 5.45 p.m Sub District Hospital Kankavli
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	15/07/2026 at 11.00 a.m Office of the Medical Suptd.SDHKankavli
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG




**Medical Superintendent CI-I
Sub-Dist.Hospital
Kankavli, Dist.Sindhudurg**

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

1) No any relaxation for Supplier Qualification Criteria

2) Submission of quotation before last date is responsibility of supplier.

3) Procedure for fill up quotation

- Submission of Envelope Is required in Prescribed manner. Use One Envelope for One quotation. **Do not use item wise envelope**
- 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 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.
- 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)
Orthopedic Implant

- PAN Card
- GST Reg. certificate – if applicable or Supplier declaration
- **Annexure Details**
 - Annex -1 - General Terms & conditions
 - Annex- 2 - Quotation Category Items Details
 - Annex -3 - Format for filling of rate
 - Annex -4 - Supplier Declaration
- **Disqualification of quotation**
 - 1 Failure of required supplier qualification
 - 2 Late receipt of quotation envelope
 - Rate format submission not in proper manner
 - Non submission of required documents.
 - 5 Non submission envelope in proper manner



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 & 20 B Condition – Valid License GST Certificate 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	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.
5	Transport	Inclusive
6	Delivery	Drugs –3 days Non Drugs – 3 days
7	Delivery Destination	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
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, MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Court Jurisdiction	Sindhudurg
13	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company other than accepted
14	Rights of Quotation	Medical Suptd.SDHKankavli



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

sr. no.	Name of Item	Technical Specification	Unit	Approximate Quantity For Purchase
1	IT Nail Set (Short)	S.S. Medical Grade	1 Set	500 Nos
2	Interlock Humerus Nail set	S.S Medical Grade (All Size)	1 Set	500 Nos
3	Int. Tibia Nail Set	S.S Medical Grade (All Size)	1 Set	500 Nos
4	Long I.T Nail set (L) (R)	S.S Medical Grade (All Size)	1 Set	500 Nos
5	Int. Femur Nail	S.S Medical Grade (All Size)	1 Set	500 Nos
6	TENS Nail (All Size)	All Size	1 Set	500 Nos
7	Int. supracondylar nail femur	Int. supracondylar nail with bolt	1 Set	500 Nos
8	K nail (All Size)	All Size	1 Set	500 Nos
9	Rush nail	All Size	1 Set	500 Nos
10	Enders nail	All Size	1 Set	500 Nos
11	Square nail	All Size	1 Set	500 Nos
12	LCP Distal Humerus Set	S.S Medical Grade (All Size)	1 Set	500 Nos
13	LCP Volar Plate 100mm distal radius set	S.S Medical Grade (All Size)	1 Set	500 Nos
14	LCP Plate 3.5 set	S.S Medical Grade (All Size)	1 Set	500 Nos
15	LCP Olecranon plate set	S.S Medical Grade (All Size)	1 Set	500 Nos
16	LCP distal Tibia Plate set	S.S Medical Grade (All Size)	1 Set	500 Nos
17	AMP with Set	S.S Medical Grade (All Size)	1 Set	500 Nos
18	DCP 3.5 & 4.5 Plate set	S.S Medical Grade Hole with Screw and Bolt (All Size)	1 Set	500 Nos
19	LCP Distal Fibula Plate	S.S Medical Grade 3 Hole with Screw	1 Set	500 Nos
20	LCP RAFT Proximal Tibia Plate	S.S Medical Grade (All Size)	1 Set	500 Nos
21	LCP Philo's Plate set	S.S Medical Grade (All Size) with Screw	1 Set	500 Nos

22	DHS Plate & Screw set	S.S Medical Grade (All Size) Hole with Screw	1 Set	500 Nos
23	LCP Lateral Plate (Hockey) Proximal Tibia set	S.S Medical Grade (All Size) with screw Left and Right	1 Set	500 Nos
24	LCP T/L Proximal tibia Butters Plate set	S.S Medical Grade (All Size) with screw	1 Set	500 Nos
25	1/3 rd Semi tubular plate	S.S Medical Grade (All Size) with screw	1 Set	500 Nos
26	LCP calcanium plate set	calcanium plate Y shaped with screw	1 set	500 Nos
27	LCP calvical plate set	LCP calvical plate L and R with screw(all size)	1 Set	500 Nos
28	Proximal Femur Locking Plate (All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
29	Recon Plate (All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
30	Proximal Radius Plate set	S.S Medical Grade (All Size)	1 Set	500 Nos
31	Distal Radius Plate set	S.S Medical Grade (All Size)	1 Set	500 Nos
32	Mini Plate & Screw set (Phalanx & Metacarpal)	Plate with screw	1 Set	500 Nos
33	LCP anterolateral Distal tibia plate set	LCP anterolateral tibia plate (L and R with screw)	1 Set	500 Nos
34	LCP proximal femur hook plate set	LCP proximal femur hook plate with screw	1 Set	500 Nos
35	Broad DCP plate 4.5	DCP broad plate and screw set	1 Set	500 Nos
36	Broad LCP plate 4.5	Broad LCP plate and screw set	1 Set	500 Nos
37	LCP posterior Proximal Tibia plate	LCP posterior plate 3H to 10H with screw set	1 Set	500 Nos
38	Distal Radius ellis plate	S.S Medical Grade (All Size)	1 Set	500 Nos
39	C.C Screw(All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
40	Herbert Screw	All size	1 Set	500 Nos
41	Titanium interference screw (Acl/Pcl/Ligament)	All size	1 Set	500 Nos
42	SS Wire (All Size)	All size	1 Set	500 Nos

43	K-Wire and L wire	S.S Medical Grade (All Size)	1 Set	500 Nos
44	Radial head prosthesis	S.S Medical Grade (All Size)	1 Set	500 Nos
45	Loop endobutton Acl/Pcl	All size	1 Set	500 Nos
46	Fiber wire (All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
47	External Fixator (All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
48	JESS Fixator (All Size)	S.S Medical Grade (All Size)	1 Set	500 Nos
49	LCDCP SET 3.5	S.S Medical Grade (All Size) Hole with Screw Left and Right	1 Set	500 Nos
50	LCDCP SET 4.5	S.S Medical Grade (All Size) Hole with Screw Left and Right	1 Set	500 Nos
51	Locking DCP set 3.5	S.S Medical Grade (All Size)	1 Set	500 Nos
52	Locking DCP set 4.5	S.S Medical Grade (All Size)	1 Set	500 Nos
53	Suture anchor (All Size)	All size	1 Set	500 Nos
54	External fixator Radius & Ulna	All size	1 Set	500 Nos
55	Ilizarov ring Fixator set	All size	1 Set	500 Nos
56	Bipolar Prosthesis Cemented	All size	1 Set	500 Nos
57	Bipolar Prosthesis Unemented	All size	1 Set	500 Nos
58	Cervical Spine Plate & Screws	All size	1 Set	500 Nos
59	Cervical Spine Mesh	All size	1 Set	500 Nos
60	Cervical Spine Lateral mass screws	All size	1 Set	500 Nos
61	Stand alone cage titanium	All size	1 Set	500 Nos
62	TLIF cage	All size	1 Set	500 Nos
63	Mesh Cage	All size	1 Set	500 Nos
64	INNIE	All size	1 Set	500 Nos

65	ROD	All size	1 Set	500 Nos
66	Pedicle Screws (All Size)	All size	1 Set	500 Nos
67	Connector set	All size	1set	500 Nos
68	Cross Connector	All size	1set	500 Nos
69	Domino Connector	All size	1set	500 Nos
70	Lumbar Cages (Bullet)	All size	1set	500 Nos
71	ACL ENDOBUTTON WITH LOOP	All size	1set	500 Nos
72	FIBER WIRE	All size	1set	500 Nos
73	ETHIBOND NO.2	All size	1set	500 Nos
74	ETHIBOND NO.5	All size	1set	500 Nos
75	SHAVER BLADE	All size	1set	500 Nos
76	ALL INSIDE MENISCUS SUTURE DEVICE	All size	1set	500 Nos
77	BONE CEMENT	All size	1set	500 Nos
78	CALCIUM SULPHATE BONE CEMENT	All size	1set	500 Nos
79	INTERFERERANCE SCREW	All size	1set	500 Nos
80	EIGHT PLATE	All size	1set	500 Nos
81	Modular Bipolar Prosthesis Cemented	All size	1 Set	500 Nos
82	Modular Bipolar Prosthesis Unemented	All size	1 Set	500 Nos

sr. no.	Name of Item with technical specification	Unit	Approximate Quantity For Purchase
1	Total Knee Replacement Prosthesis (Simple Primary)	01 No	100No
2	Total Hip Replacement Prosthesis (Uncemented)	01 No	100No
3	Total Hip Replacement Prosthesis (Cemented)	01 No	100No
4.A	Total hip Replacement – Acetabular Cemented & Femur uncemented	01 No	100No
4.B	Total hip Replacement – Femur Cemented & Acetabular uncemented	01 No	100No



Medical Superintendent CI-I
Sub-Dist. Hospital
Kankavil, Dist. Sindhudurg

ANEXURE -3
FILLING OF RATE FORMAT

Date

To,

MEDICAL SUPERINTENDENT

SUB DISTRICT HOSPITAL, KANKAVLI

DIST .SINDHUIDURG

Pin code 416602

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 Drug with technical specification	Unit	Manufacturer name	Rate

Name & Sign of Supplier
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 employee are not related with S.D.H.Kankavli,Sindhudurg or their organizational person.

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 ही काळ्या यादीतील नाही .मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा उपजिल्हा रुग्णालय कणकवली या मध्ये कोणतेही नाते वा हितसंबंध नाहीत .

Place -

Date

Name, Signature of Supplier

Rubber Stamp

