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)	**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/ 1511/2026-2027 Date 09/07/2026
7	Quotation Item Category	Drugs and Consumables
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	15/07/2026 before 5.45 p.m Sub District Hospital Kankavli
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	16/07/2026 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**

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Medical Suprintendent Cl- 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 & 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 One Envelope 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. 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, 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 subject to Quotation notice of MS SDH Kankavli office
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 –8 days Non Drugs – 8 days
7	Delivery Destination	Govt . Sub District Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan 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 Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602
11	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Bill of Quantity	It may be Increase or decrease in Acceptance period.
13	Court Jurisdiction	Sindhudurg
14	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
15	Supplier Attendance in Quot. Opening procedure in time.	Supplier in person should attend, if he/she is unable to attend he/she appoint authorize person with letter and appropriate ID Proof. If supplier not attends for procedure, procedure will be continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Medical Superintendent. Sub District Hospital Kankavli Tal. kankavli
18	NABL Analysis and testing Fees	By purchasing authority Testing fees to be paid by Supplier
19	Short Expiry	In case of slow moving, before three months supplier should note "This PO serves as a formal request to process the return of near-expiry drugs (within 3 months) for free replacement."
20	Short Expiry	In case of slow moving, before three months supplier should note "This PO serves as a formal request to process the return of near-expiry drugs (within 3 months) for free replacement."
21	Sub Standard Drugs Complaint's drugs	To be replace quantity without any charges as per balance stock.
22	Expired drugs discard Procedure by supplier	Expired drugs will be return to supplier for BMW Rules for discard Procedure at MPCB appointed agency in supplier/hospital. jurisdiction

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22	Penalty Clause To be read carefully As per Mah. Govt. Purchase Rules dated 1/12/2026 6.4 Annex 4(A)	(a)To recover from you as liquidated damages, a sum equivalent to half percent of the price of the undelivered stores at the stipulated rate for each week or part thereof during which the delivery of such stores may be delayed, as under:- • Category of stores - The case of an order not exceeding Rs. 2.00 Lakh in value Penalty Amount - the rate of ½ % per week subject to maximum limit of 10% • Category of stores -In case of an order of Rs.2.00 Lakh and above at the rate of ½ % per week subject to maximum limit of 5% (b) To purchase elsewhere, on your account and at your risk the stores so undelivered or others of similar description where others exactly complying with the particulars are, in the opinion, of the Purchasing Officer, which shall be final, not readily procurable without cancelling the contract in respect of consignment not yet due for delivery.

MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLI

ANNEXURE -2

QUOTATION ITEMS FOR PURCHASE

Sr. No	Name of Drug with technical specification	Unit
1	Anti-Rabies Vaccine ID (Human Tissue culture) 0.5 ml	1 Vial
2	Rabies immunoglobin - Anti Rabies Serum Inj 2 ml	1 Vial
3	Snake Venom Antiserum Lyophilized polyvalent Powder for Injection 10 ml	1 Vial
4	Cefotoxime Inj 1 gm Vial	1 Vial
5	Ceftriaxone Inj 1 gm Vial	1 Vial
6	Premix Insulin 30:70 Inj 10 ml	1 Vial
7	Inj.Insulin Soluble plain (Human) 40 IU/ml 10 ml Vial	1 Vial
8	Hydrocortisone Sodium Succinate Inj 100 mg Vial	1 Vial
9	Iron Sucrose Inj 50 mg in 2.5ml Amp (Parenteral Iron)	1 Amp
10	Low molecular weight heparin (Enoxaparin) Inj 0.4 IU PFS	1PFS
11	Pantoprazole Inj 40 mg 10 ml Vial	1 Vial
12	Meropenam Inj 1 gm Vial	1 Vial
13	Ondansetron Inj 2 mg/ml 2 ml Amp	1 Amp
14	Inj Piperacillin+Tazobactum 4.5mg	1 Vial
15	Inj Tigecycline 50 mg	1 Vial
16	Inj. Human Albumin 20% 100 ml Bottle	1 Bottle
17	Ringer Lactate I.V 500 ml Bottle	1 Bottle
18	Dextrose with Normal Saline I.V 5% 500 ml Bottle	1 Bottle
19	Ciprofloxacin I.V Inj 200 mg 100 ml Bottle	1 Bottle
20	Metronidazole I.V Inj 500 mg 100 ml Bottle	1 Bottle
21	Inj. Paracetamol IV 1gm, 100ml Bottle	1 Bottle
22	Linezolid Infusion 600 mg/300ml Bottle	1 Bottle
23	Acetyl Salicylic Acid Tab 75 mg	1 Tab
24	Diclofenac Sodium Tab 50 mg	1 Tab
25	Calcium Carbonate Tab + vit D3 1.25 gm	1 Tab
26	Oral Rehydration Salt Powder WHO Formula 20.5 gms Sachet	1 Packet
27	Tab Sitagliptine 100 mg	1 Tab
28	Trypsin + Chemotrypsin Tab 1 Lac IU	1 Tab
29	Amoxycillin + Clavulanic acid Tab 500 mg +125 mg	1 Tab
30	Amoxycillin Syrup 125 mg 60 ml Bottle	1 Bottle
31	Lactulose Syrup 667 mg/ml 100 ml	1 Bottle
32	Cough Expectorant Diphenhydramine hydrochloride 15 mg (IP) + AmmoniumChloride 150 mg (IP) + Sodium Citrate IP - 60 mg + Menthol -1 mg 100ml	1 Bottle
33	Budesonide Resp. Solution 0.5mg / 1mg	1 No
34	Ipratroipum + Levosalbutamol Resp. Solution 0.5mg / 1mg	1 No
35	Salbutamol respirator solution for use in nebuliser 5mg/ml	1 No
36	Diclofenac Gel 1 % 30 gm	1 Tube
37	Povidone Iodine Ointment 5 % 15 gm	1 Tube
38	Povidone Iodine Scrub Solution 7.5 % 500 ml	1 Bottle
39	Povidone Iodine Solution 5 % 500 ml	1 Bottle
40	Isoflurane 100 ml Bottle	1 Bottle
41	Sevoflurane 250ml Bottle	1 Bottle
42	Surgical Spirit B.P. 200 ml	1 Bottle
43	Sodium Hypochlorite Solution 5000 ml	5 Ltr Jar

Sr. No	Name of Drug with technical specification	Unit
44	Silvicide (Silver nitrate 0.01% W/v hydrogen peroxide 10% W/v)	1 Ltr Bottle
45	Citrosterile Solution 5Ltr	1 Jar
46	Renaclean Solution 5 Ltr Jar	1 Jar
47	Erox Solution- hydrogen Peroxide Solution IP 6%w/v (20volumes) 5 Ltr Jar (Modular OT Fumigation Solution)(Mfd By- Sanmed Healthcare Pvt Ltd)	1 Jar
48	Floorox 5 Ltr Hard Surface Disinfectant Cleaner, Mfd By- Sanmed Healthcare Pvt Ltd)	1 Jar
49	Erba Diluent 20 Ltr Erba H360 Dil (Mfd By- Transasia Bio-Medicals Ltd)	1 Jar
50	Erba Lyse 500ml Erba H360 Lyse-Cyanide Free (Mfd By- Transasia Bio- Medicals Ltd)	1 Bottle
51	A.V.Fistula Needle Set 15G,1inch BE 30cms with individually siliconised needles	1 No
52	Dialysers F6 For Haemodialysis	1 No
53	Elastic Adhesive Tape 10 cm x 4 mtr Roll	1 No
54	**General Examination Gloves**	1 No
55	Surgical Gloves sterile no. 6.5	1 Pair
56	Surgical Gloves sterile no 7	1 Pair
57	Surgical Gloves sterile no 7.5	1 Pair
58	Plaster of Paris Bandages 7.5cm x 2.7 m Rolls	1 No
59	Plaster of Paris Bandages 10cm x 2.7 m Rolls	1 No
60	Plaster of Paris Bandages 15cm x 2.7 m Rolls	1 No
61	Plaster of Paris Bandages 20cm x 2.7 m Rolls	1 No

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Medical Suprintendent Cl- I
Sub-Dist. Hospital,
Kankavli. Dist. Sindhudurg.

ANEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

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	Mfg.by Full Name of Company Consumables	Unit Rate for Quotation

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 काळया यादीतील नाही .मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा उपजिल्हा रुग्णालय कणकवली या मध्ये कोणतेही नाते वा हितसंबध नाहीत.

Place –

Date

Name, Signature of Supplier

Rubber Stamp