GOVERNMENT OF MAHARASHTRA
Public Health Department
Regional Referral Services Hospital, Amravati
विभागीय संदर्भ सेवा रुग्णालय, अमरावती
OFFICE OF THE MEDICAL SUPERINTENDENT

Outward No.: **RRSH/Website/Quotation/7469 /26** Date: 09 / 07 / 2026

OPEN NOTICE

Regional Referral Services Hospital, Amravati is inviting quotation rate for purchase of following items from eligible supplier who is interested for filling of rate, please see Terms & Condition of Supply of Medicines.

Item Description

Sr.No.	Name of Item	Qty
1	As Per Attached list (Medicine)	

1) Submission of Quotation

1	Submission of Quotation by Hand Delivery or his/her own risk by post or Courier before last Date	Last Date :- 17/07 /2026 Time Before:- 2 PM Place :- Regional Referral Services Hospital Amravati Dist :- Amravati
2	Opening of Quotation Technical Bid (Envelope)	Opening of Quotation :- 17/07/ 2026 Time Before:- 2.15 Pm Place :- Regional Referral Services Hospital Dist :- Amravati
3	Date of Demonstration of Surgical Instruments by Expert Committee	
4	Opening of Financial Bid (Envelope2) after a successfully sample qualify by Expert Committee	

2) Supply Terms & Conditions

1	Rate	Not Exceed than MRP To be Quote for Unit Pack Inclusive Transport, Uploading Charges.
2	Taxes	Inclusive of All taxes,
3	Delivery	Door Delivery in the Medical Store, Regional Referral Services Hospital Amravati Dist :- Amravati
4	Acceptance of Rate	Minimum 3 Quotation is required for

5	Delivery period	comparison of rates
6	Validity of Quotation	On Urgent basis (Local Purchase)
7	Payment	One Year from Date of Acceptance of Quotation From Purchasing Authority CMP/NEFT/Cheque Depends upon availability of Govt funds
8	Self attested Documents for New Supplier Registered supplier are necessary to submit following document in Technical Bid Envelope-1	Supplier should document submit in Technical Bid
a	Two affidavit Rs.100 non judicial bond	
b	PAN CARD	
c	Wholesale drug Licence Copy	
d	VAT Registration Certificate	
e	VAT Clearance Certificate	
f	Product Catalogue (Quoted Item Only)	
g	Manufacturer Liecence	
h	Manufacturer Authorization	
i	ISI/CE Certificate of the supplied product	
j	WHO GMP (if required)	
9	Filling of Quotation Rate	Prescribed Format on Supplier Letter pad with Duly Signature & Rubber Stamp
10	Method Of Submission	Each Item should be Two Enveloped sealed (Technical & Financial/Price Bid) with supplier Rubber seal & Signature front & Back Side of envelope. Technical Envelope should contain Technical Document. Sample of mention item in Quotation are required for expert (Demonstration) for Opening of Envelope 2 (Price Bid) Following words to be write on envelope Quotation for Supply of -------- (item Name) (See Format of Quotation)
11	All right reserve of Medical Superintendent, Regional Referral Services Hospital, Amravati for cancellation of Quotation without any complaint by bidder	

Medical Superintendent,
Regional Referral Services Hospital,
Amravati

FORMAT OF QUOTATION TO BE ON SUPPLIER LETTER PAD (ENVELOPE-2)

Date:-

To,
Medical Superidentent
Regional Referral Services Hospital,
Amravati 444601

Sub:- Quotation of ----------
Ref:- Your Office Notice dated

With reference to above subject, We are herewith submitting following Item rate for Govt. Purchase.

Item No.	Name of Item	Specification	Unit (Each Tablet)	Rate per Unit	Mfg By ISI/CE
1					
2					
3					
4					
5					
6					

Noted Before filling quotation Rate

1)Rates – Inclusive of All Taxes (CST/LBT/VAT/OCTROI ETC)
2)Transport –Expenditure of Transport Including in given Rate
3)Door Delivery – within 24 Hours. Twice in week.

Your Faithfully

Supplier Stamp & Sign

FORMAT OF Affidavit No.1

(Rs.100/- Non Judicial Bond)

I ---------- (Name of Firm) Under signed hereby certify that e rates quoted in quotation are not higher than DPCO,NPPA, or not higher than MRP or Current Market Rate. I accepted all terms & Conditions without any complaint. Submitted all information & Documents are True

Your Faithfully

Supplier Stamp & Sign

FORMAT OF **Affidavit No.2**

(Rs.100/- Non Judicial Bond)

I---------- (Name of Firm) Under signed hereby certify that, the has not been found guilty of malpractices, misconduct or blacklisted / debarred for the quoted product by State Government/ Central Governments/ Govt Organization in on the date of submission quotation documents for the quoted items.

Your Faithfully

Supplier Stamp & Sign

List of Medicine for quotation

Sr.No.	Name of Equipments/ Consumables	Quantity Required
1	**Tab Enzalutamide 40mg**	1
2	**Tab Enzalutamide 80mg**	1
3	**Tab Enzalutamide 160mg**	1

NOTE : 1. Above mention Medicine should be as per Technical Specification attached in Annexure I
2. Quantity may be change as per requirement of Hospital

Medical Superintendent,
Regional Referral Services Hospital,

District Women's Hospital Campus, Shrikrishna Peth, Amravati – 444601, Maharashtra
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