GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE 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)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-297405
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/CSSND/DWH/BBS/10845/2026 Date- 22/07/2026
7	Quotation Item Category	Blood centre,Lab Kits & SCL
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	29/07/2026 before 11.30 a.m District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	29/7/2026 at 12.30 p.m 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

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, Mfg.Co 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, Mfg.Co Authorization 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 or CS Sindhudurg office for BB Kits
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	10 days
7	Delivery Destination	District Hospital, 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	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 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 for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state (8) False Mfg. company name
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 attend 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	Civil Surgeon,Sindhudurg

Dr.S.H.Patil

Civil Surgeon, Sindhudurg

CIVIL SURGEON SINDHUDURG

ANNEXURE -2 –

QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item with Technical Specification	Unit	Required Quantity
1	HBsAg Elisa Kit for Govt .Approved Blood Bank	96 Tests	50 Kits
2	HIV (I & II) Elisa Kit for Govt .Approved Blood Bank	96 Tests	50 Kits
3	HCV Elisa kit Govt .Approved Blood Bank	96 Tests	50 Kits
4	Syphilis Rapid Test Kit	1 Test	2000 Tests
5	Sterile Vacutainer Plain Polypropylene capacity 5 ml Product - ISO Standard for Blood Bank use	1 No	5000 Nos
6	Sterile Vacutainer EDTA Polypropylene capacity 5 ml Product - ISO Standard for Blood Bank use	1 No	5000 Nos
7	Anti A1 Lectin-Tulip	1 No	5 Bott
8	ABD Gel Grouping Only Forward – Make- TULIP -MATRIX	1 No	10 Bott
9	ABO/RHO (D) Gell Grouping Forward and Reverse Make- TULIP - MATRIX	1 No	3 Bott
10	AHG Cards -Gell Cross match Make- TULIP -MATRIX	1 Nox500ml	50 Bott
11	Matrix Liss Solution - Make- TULIP -MATRIX	250 ml	30 Botts
12	Antisera A – Monoclonal Antibody Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	50 Botts
13	Antisera B – Monoclonal Antibody Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	50 Botts
14	Antisera AB – Monoclonal Antibody Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	5 Botts
15	Antisera D – IgG and IgM monoclonal Detection of Blood Group in Govt.Aproved Blood Bank & Blood Sepration Unit Antisera must be appropriate for microplate and tube technique	10 ml	50 Botts
16	Anti H Reagent Make -TULIP 1. Ready to use Ulex europaeus Lectin solution 2. Should give 4+ reaction with 3 seconds for most normal O cells and clearly no reaction with Bombay cells. 3. Should have a titre of at least 1:8 for O cells 4. Should not homolyse or form roleaux 5. Should be Approved by NIB for specific blood bank use	5 ml	35 Botts
17	Bovine Serum Albumin	1 No	5 No
18	Single Blood Bags for Govt. Approved Blood Bank 350 ml	1 No	100 Bags
19	Double Blood Bags CPDA with SAGM with Diversion pouch 350ml for Govt. Approved Blood Bank	1 No	2000 Bags

Sr.No	Name of Item with Technical Specification	Unit	Required Quantity
20	Triple Blood Bags CPDA with SAGM with Diversion pouch 350ml for Govt. Approved Blood Bank	1 No	2000 Bags
21	Penta Blood Bags for Neonatal and Paediatric Blood Transfusion 100 ml to 150 ml	1 No	50 Bags
22	Copper Sulphate Solution 1 Liter Botel	1 No	10 Bott
23	Compolab Cuvettes Fresenius kabi	1 No	2000 No
24	Hb Cuvette (Hemocu Hb 301 Microcuvette Analyzer hemoglobin)	1 No	4000 No
25	EDTA Vacutainer 05 ml	1 No	6000 No
26	Plain Vacutainers 5ml Clot Activator	1 No	6000 No
27	Disposable ESR Tubes	1 No	1200 No
28	Monoclonal Anti D	1 No	5 Bott
29	Micropipette 1000 ul	1 No	1 No.
30	Micropipette 100 ul	1 No	1 No
31	Micropipette 50 ul	1 No	1 No
32	Micropipette 10 ul	1 No	1 No
33	Polymer coated Latex Surgical Sterile Gloves Powder Free 6"	1 No	5000 Nos
34	Polymer coated Latex Surgical Sterile Gloves Powder Free 6.5"	1 No	10000 Nos
35	Polymer coated Latex Surgical Sterile Gloves Powder Free 7"	1 No	10000 Nos
36	Polymer coated Latex Surgical Sterile Gloves Powder Free 7.5"	1 No	10000 Nos
37	Polymer coated Latex Surgical Sterile Gloves Powder Free 8"	1 No	2000 Nos

All supplier to be Note-

1) Items to be match with above tech. specification
2) Supplier should attach Mfg.co Authorization 2026-27
3) Supplier Should attach Govt.Blood Bank Supply Purchase Order copies last 3 years for Blood Bank kits
4) Expiry Date not less than 2 years from Date of Mfg.
5) Item No 7 to 11 required from mention mfg. co
6) Antisera will be check by blood centre BTO before rate acceptance /PO
7) Item No 33 to 37 will check by Hospital Main OT Dept.

(Dr.S.H.Patil)
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 Technical Specification	Unit	Unit Rate for Quotation	Mfg.by

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