GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF SUB DISTRICT HOSPITAL SAWANTWADI, SINDHUDURG
QUOTATION NOTICE YEAR 2026-2027

Sub District Hospital Sawantwadi Dist-Sindhudurg is inviting sealed quotation from qualified supplier for purchase of following category item. Interested & qualified suppliers go through all annexures and fill up quotation

1	Quotation call by Designation of Purchasing Authority	The Medical Superintendent, Sub District Hospital Sawantwadi
2	Address of Purchasing Authority	Sub District Hospital (Near Moti Talav) Sawantwadi Dist. Sindhudurg Maharashtra Konkan Pin Code 416510
3	Telephone Number	02363-275035
4	e mail address	ms_sdhsawantwadi@yahoo.co.in
5	Working Hours	9.45 am to 6.00 pm Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	SDHS- QT NO 04 /LP Ward /INJ-SYP MATERIAL/5287/2026 Date-12/08/2026
7	Quotation Item Category	LP/Ward
7	Description of Quotation Item	Annexure 2
8	Last Date, Time & place of Quotation Submission	19/08/2026 before 05.00.PM Office of Sub District Hospital, Sawantwadi, Dist-Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	20/08/2026 at 03.30pm Office of Sub District Hospital Sawantwadi,Dist-Sindhudurg
11	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	The Medical Superintendent, Sub District Hospital Sawantwadi

Place – Sawantwadi
Date - 12/08/2026

Medical Superintendent
Sub District Hospital Sawantwadi

Medical Superintendent, Cl. 1
Sub-District Hospital, Sawantwadi

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 o 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
   - Wholesale Drugs license
   - 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 qualification
   (2) Late receipt of quotation envelope
   (3) Rate format submission not in proper manner
   (4) Non submission of required documents.
   (5) Non submission envelope in proper manner

Medical Superintendent
Sub-District Hospital, Sawantwadi

Medical Superintendent, C.H.
Sub-District Hospital, Sawantwadi

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 – 7 days Non Drugs – 08 to 15 days
7	Delivery Destination	Sub District Hospital Sawantwadi, Dist-Sindhudurg Pin-416510
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, The Medical Superintendent, Sub District Hospital Sawantwadi Dist- Sindhudurg Pin-416510
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	The Medical Superintendent, Sub District Hospital Sawantwadi

Medical Superintendent
Sub District Hospital Sawantwadi

Medical Superintendent, Cl.1
Sub-District Hospital, Sawantwadi

ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

SR.NO	Name of Item	Company Name	Unit
1.	Inj Adenosine 3mg/2ml		1
2.	Inj Adenosine 6mg/2ml		1
3.	Inj Amikacin 500mg		1
4.	Inj Anti D 1ml (300mcg)		1
5.	Inj Anti-Rabies Serum 1500I.U/5ml		1
6.	Inj Anti-Rabies Vaccine ID 0.5ml		1
7.	Inj Cefotaxim 1gm		1
8.	Inj Cefotaxim 500mg		1
9.	Inj Ceftriazone 1000mg		1
10.	Inj Citicoline 250mg/2ml		1
11.	Inj Citicoline 500mg/2ml		1
12.	Inj Diclofenac Sodium 25mg/3ml		1
13.	Inj Enoxaparin Sodium 40mg 0.4IU		1
14.	Inj Enoxaparin Sodium 60mg 0.6IU		1
15.	Inj Gentamycin 80mg/2ml		1
16.	Inj Halothane 5mg		1
17.	Inj Iron Sucrose 200MG/10ML		1
18.	Inj Iron Sucrose 20 Mg(2.5Ml)		1
19.	Inj Iron Sucrose 50 Mg(2.5Ml)		1
20.	Inj Levitiracetum 100mg		1
21.	Inj Levitiracetum 500mg		1
22.	Inj Meropenam 1gm		1
23.	Inj Midazolam 1mg/10ml		1
24.	Inj MVI 10ML		1
25.	Inj Neostigmine 0.5/1ml		1
26.	Inj Ondansetron 4mg 2ml		1
27.	Inj Oxytocin 5I.U/1ML		1
28.	Inj Paracetamol 150mg/2ml		1
29.	Inj Piperacillin And Tazobactum 4.5GM		1
30.	Inj Pralidoxim 1GM		1
31.	Inj Sodium Bicarbonate 75mg/10ml		1
32.	Inj Streptokinase 1500000 UNITS		1
33.	Inj Sulbactum And Cefoperazone 1000mg/500mg		1
34.	Inj Tetanus Toxoid 0.5ML		1
35.	Inj Vasopressin 20units/1ml		1
36.	Inj Vit K1 10mg		1
37.	Inj Vit K1 1mg Pediatric (Phytonadione)		1
38.	Iv Hydroxyl Ethyl Starch 6%		1

Medical Superintendent, Cl.1
Sub-District Hospital, Sawantwadi

39.	Diclo Gel 15gm		1
40.	SYP Albendazole 100mg		1
41.	SYP Ambroxol (15 mg) Guaifenesin (50 mg) Terbutaline (1.25 mg) 60ML		1
42.	SYP Amoxclave 125mg+31.25/5ml		1
43.	SYP Azithromycin 100mg		1
44.	SYP Dextromethorphan+Chlorpheniramine Maleate+Phenylephrine Hcl 60ML		1
45.	SYP Paracetamol 125mg/60ML		1
46.	SYP Paracetamol 250/60ML		1
47.	Tab Aceclofenac + Paracetamol+Serratiopeptidase		1
48.	Tab Chlothalidone 6.25mg		1
49.	Tab Chlothalidone 12.5mg		
50.	Tab Metoprolol 50mg		1
51.	Tab MTP kit (Mifepristone and Misoprostol combination pack)		1
52.	Tab Ondansetron 4MG		
53.	Tab Sitagliptin 100mg		1
54.	Tab Thyroxine Sodium 50mcg (100 T Bot)		1
55.	Tab Vildagliptin 50mg		1
56.	Tab Voglibose 0.3mg		1

Do Not Change the Sequence OF DRUG NAME

Medical Superintendent
Sub-District Hospital, Sawantwadi

Medical Superintendent
Sub-District Hospital, Sawantwadi

ANNEXURE -3
FILLING OF RATE FORMAT

Date

To,
The Medical Superintendent
Sub District Hospital,Sawantwadi
Dist-Sindhudurg Maharashtra Konkan
Pin Code 416510

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	Company	Unit	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 Sub District Hospital Sawantwadi 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 नोकरवर्ग यांचा उपजिल्हा रुग्णालय सावंतवाडी किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबध नाहीत.

Place –

Date

Name, Signature of Supplier