



**Govt. of Maharashtra
Civil Surgeon, General Hospital, Wardha.**

Telephone :- 07152-245449
email :- cswardhamedstore@gmail.com

No. GHW/Med Store/Medi./Consu./E-Quot/
Office of the Civil Surgeon,
General Hospital, Wardha
Date :-

16070
/26

17 SEP 2026

Health Services

E-Quotation Notice

To,
Whomsoever it may concern.

Subject : Invitation of E-Quotation.

Date of Publication : 17.09.2026.

Sir,

As per the subject cited above, this office hereby invites E-Quotations for supply of following items.

Sr.No.	Name	REQ. QTY	REMARK
1	Digital X-Ray Film Size 8x10 DI-HL for Fuji make Digital X-Ray Machine (Packet of 150 Films)	2	
2	Digital X-Ray Film Size 10x12 DI-HL for Fuji make Digital X-Ray Machine (Packet of 150 Films)	2	
3	Digital X-Ray Film Size 10x12 Carestream Dry View Digital X-Ray Machine (Packet of 125 Films)	3	
4	Digital X-Ray Film Size 10x12 Drypro SD-E for Konica make Digital X-Ray Machine (Packet of 125 Films)	2	
5	Bonavera make 3 part CBC Machine Diluent - URT 20 L	12	
6	Bonavera make 3 part CBC Machine Lyse - URIT 500 ml	12	
7	Bonavera make 3 part CBC Machine Rinse - URT 20 L	5	
8	Bonavera make 3 part CBC Machine Cleaner - URT 100 ml	10	
9	Bonavera make 3 part CBC Machine Printer Roll 57 mm	100	
10	ASPEN Hematology Analyser 5 Part Diluent - 20L	3	
11	ASPEN Hematology Analyser 5 Part LH Lyse – 100ml	3	
12	ASPEN Hematology Analyser 5 Part Diff Lyse – 500ml	3	
13	ASPEN Hematology Analyser 5 Part Probe Cleaner – 50ml	3	
14	ASPEN Hematology Analyser 5 Part Printer Roll	100	
15	ASPEN Hematology Analyser 3 Part Diluent - 20L	3	
16	ASPEN Hematology Analyser 3 Part LH Lyse – 100ml	3	
17	ASPEN Hematology Analyser 3 Part Diff Lyse – 500ml	3	
18	ASPEN Hematology Analyser 3 Part Probe Cleaner – 50ml	3	
19	ASPEN Hematology Analyser 3 Part Printer Roll	100	
20	ERBA Fully Auto Analyser Urea (5ml X 44ml)	5	
21	ERBA Fully Auto Analyser Creatinine (5ml X 20ml / 5ml X 10ml)	5	

22	ERBA Fully Auto Analyser Bilirubin Direct (3ml X 22ml / 6ml X 44ml)	5	
23	ERBA Fully Auto Analyser Bilirubin Total 3ml X 22ml / 6ml X 44ml)	5	
24	ERBA Fully Auto Analyser (SGPT) (3ml X 22ml / 6ml X 44ml)	5	
25	ERBA Fully Auto Analyser (SGOT) (3ml X 22ml / 6ml X 44ml)	5	
26	ERBA Fully Auto Analyser Erba Norm (4ml X 5ml)	3	
27	ERBA Fully Auto Analyser Control (Path) (4ml X 5ml)	3	
28	Blood Collection Bags 40 CPD Each [540.1]	50	
29	Blood Collection Bags 41 CPD Each [540.1]	300	
30	Heamodialysis Tubing Set	150	
31	Heamodialysis On-Off Kit	400	
32	Glucose (GOD-POD) 5 x 100 mL	8	
33	Creatinine 4 x 50 mL	8	
34	Urea kit [RFA5]	8	
35	Bilirubin Total 4 x 50 mL	5	
36	Bilirubin Direct 4 x 50 mL	5	
37	SGOT 4 x 50 mL	8	
38	SGPT 4 x 50 mL	8	
39	Cholesterol 4 x 50 mL	5	
40	Triglyceride 4 x 50 mL	5	
41	Total Protein 4 x 50 mL	2	
42	CRP Quatative Kit 50 Tests / 50ML	15	
43	Uric Acid Kit 4 x 50 mL	2	
44	Alkaline Phosphatase 4 x 50 mL	1	
45	Albumin Kit 4 x 50 mL	1	
46	Calcium Kit 4 x 50 mL	4	
47	HDL Cholesterol 2 x 50 mL	4	
48	H I V Elisa kit [L97]	8	
49	Hepatitis C Elisa Kit [L115]	8	
50	Hepatitis B Elisa Kit [L114]	8	
51	Glucometer with strips 1Glucometer :1000 Strips) [R690]	25000	

Your Quotations must reach this office in Two-Envelope Bid process (One contain Technical proposal & other contain Financial proposal) till or before 24/09/2026, 4.00 pm. Envelope must be marked as "**QUOTATION FOR MEDICINES/CONSUMABLES**" in Block letters on the top & The **Last Date** of Submission of the Quotation. Quotations will be opened on 25/09/2026 at 10:30 AM. Bidders may remain present at the time of opening. In case of any official reason, date & time of opening quotations may be changed.

Terms & Conditions :-

1. Goods should be delivered on Door Delivery basis, with unloading & proper arranging in destination store/department.
2. Rates should be inclusive of all Taxes (Transportation, loading, unloading, installation & all other charges). Please note, No extra charge will be paid for any reason.
3. Supply should be done within 15 days from receipt of order.
4. Conditional Quotations will be summarily rejected.
5. Quantity of purchase may be increased or decreased as per requirement.

6. Kindly Note: Supply should be done within the given period. If there is delayed in supply of the whole order or any of the item; the whole order or any particular item in the concerned order may be cancelled without any prior information. Regarding delayed supply no special information will be provided. The cancellation of concern supply order or acceptance or refusal of the item will depend upon the necessary of the item.

7. Payment will be made as per availability of budget grants under various programs. However any interest will not be paid if payment is delayed due to any technical reason.

8. Please enclose following documents.

(a) Valid Drug License (20B, 21B) obtained by FDA.

(b) Annexure A (On Firm's Letter Head).

(c) Annexure 1, 2 & 3 On Non Judicial Stamp paper of Rs. 100/- or more. (Use separate Stamp for each annexure).

(d) GST Registration Certificate.

(e) GSTR 3B Clearance up to July-2026.

(f) Shop Act License/MSME/Gumasta License.

(g) Copy of PAN Card.

*The format for annexures are provided below.

9. About NABL Analysis Test Report: As per The Hon. Commissioner Health Services letter No.- 4829-4914 Dated-02.08.2024 the Buyer/Health Institution has to conduct (If Necessary) the Medicine's/Consumables Quality Inspection from NABL accredited Laboratory. Accordingly the supplier has to pay a service charge of 1.5% i.e. of the total purchase order price. In addition, it should be noted that if the batch wise analysis cost of the supplied medicine's is more than the service tax levied, supplier has to pay this additional cost. Details to pay service charge will be provided after Award of Contract. Two samples of each item must be submitted along with quotations. Acceptance of Rates will be subject to approval of sample by the purchase committee. Purchase committee's decision about approval or rejection of samples will be final & binding to the supplier.

10. Civil surgeon, General Hospital, Wardha, reserves all rights to accept or reject any or all quotations or complete quotation process and without assigning any reason.



Civil Surgeon
District Hospital, Wardha

Annexure – A (On Firm's Letterhead)
(In case of incomplete information, Quotation will be summarily rejected)

1. Name and address of the Firm :-
2. Registered Head Office Postal Address :-
3. Telephone No., FAX & E-Mail :-
4. In case of Proprietorship / Partnership firms, Names of Proprietors / Partners/ Directors with address and percentage of share :-
5. Ownership Status of the Firm :-
(Maharashtra Govt. / Central Govt./Jt. Sector /Co - Operative /SSI /Private)
6. Whether tendering as a Manufacturer / Importer :-
7. Name of the Person & Phone No. who should be contacted by this office in case of any required communication.
8. Full Address with Email ID, Phone Numbers and Location of Original manufacturing work/Factory/

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, my /our tender shall be rejected and I / we are liable for penal action as per terms specified in the " term and conditions of tender".

Date:-

Full Signature of the Tenderer
with official seal and address

On Non Judicial Stamp paper of Rs.100/- (use separate stamp for each annexure)

Annexure-1

हमीपत्र

जिल्हा शल्य चिकित्सक सामान्य रुग्णालय वर्धा यांचे ई-कोटेशन सूचना पत्र क्र.

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च्या अनूषंगाने या हमीपत्राद्वारे लिहून देण्यात येते कि, खरेदी प्राधिका-या सोबत कोणत्याही प्रकारे हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिका-या कडे सादर करण्यात आलेले दरपत्रक हे एकल असून दूस-या कोणाशीही संयुक्तरित्या अथवा संगनमताने साखळी करून दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक:

ठिकाण -

दरपत्रक धारकाची स्वाक्षरी

संपूर्ण नाव व शिक्का

On Non Judicial Stamp paper of Rs. 100/-

(Use separate stamp for each annexure)

Annexure -2

Certificate

The rates quoted to Civil Hospital Wardha against their E-Quotation enquiry letter No. -----
----- Date----- are not higher than rates quoted to
other Govt/ Semi Govt. Institutions. Or any prevailing rate contract.

Date:

Signature

Place:
vendor

Full Name & Stamp of

On Non Judicial Stamp paper of Rs. 100/-

(Use separate stamp for each annexure)

Annexure-3

Certificate

I the undersigned certify that our Firm -----

Has not been found guilty of malpractice, misconduct, punished or blacklisted /debarred either
by public health department, Govt. of Maharashtra or by any local authority and other state
Government/Central Government department in the last five years.

Date:

Signature

Place:

Full Name & Stamp