



GOVERNMENT OF MAHARASHTRA
Public Health Department

Regional Referral Services Hospital, Amravati

विभागीय संदर्भ सेवा रुग्णालय, अमरावती

OFFICE OF THE MEDICAL SUPERINTENDENT

Outward No.: RRSB/Website/Quotation/ 10228 /26
2026

Date: 22/09/2026

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 Laboratory items, Disposables and Consumables.

Item Description

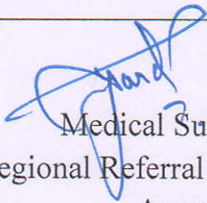
Sr.No.	Name of Item	Qty
1	As Per Attached list (Disposables and Consumables)	

1	Date of Starting for Submission of Quotation by Hand Delivery or his/her own risk by post or Courier	Date of Starting - 22/09/2026
2	Last Date for Submission of Quotation by Hand Delivery or his/her own risk by post or Courier before	Last Date :- 01/10 /2026 Time Before:- 2 PM Place :- Regional Referral Services Hospital Amravati, Dist :- Amravati
3	Opening of Quotation Technical Bid (Envelope-1)	Opening of Quotation :- 01/10 /2026 Time Before:- 4.15 Pm Place :- Regional Referral Services Hospital, Amravati
4	Date of Demonstration of Sample by Expert Committee	30/09/2026
5	Opening of Financial Bid (Envelope2) after a successfully sample qualify by Expert Committee	02/10/2026

1) 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 comparison of rates
5	Delivery period	On Urgent basis (Local Purchase)
6	Validity of Quotation	One Year from Date of Acceptance of

		Quotation
7	Payment	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	GST Registration Certificate	
e	GST Return (Self declaration on letter head of bidder)	
f	Product Catalogue (Quoted Item Only)	
g	Manufacturer Licence (if applicable)	
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 Envelopes sealed (1.Technical Envelope & 2.Financial/Price Bid) with supplier Rubber seal & Signature front & Back Side of envelope. Technical Envelope (Envelope-1) should contain Technical Document. Sample of mention item in Quotation are required for expert (Demonstration) for Opening of Price Bid (Envelope-2) 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 or upgradation/corrigendum of Quotation without any complaint by bidder	


 Medical Superintendent,
 Regional Referral Services Hospital,
 Amravati

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

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

Date:-

To,
Medical Superintendent
Regional Referral Services Hospital,
Amravati 444601

Sub:- Quotation of -----

Ref:- Your Office Notice dated

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

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

Noted Before filling quotation Rate

- 1) Rates – Inclusive of All Taxes (GST and other, ETC)
- 2) Transport – Expenditure of Transport Including in given Rate
- 3) Door Delivery – within 24 Hours. Twice in week.

Your Faithfully

Supplier Stamp & Sign

List of Disposables and Consumables for quotation

Sr.No.	Name of Item/ Consumables	Quantity Required
1	Cassette E-Ca, 25 per Box, (OPTI CCA/TS-2)	1
2	Cassette E-CL, 25 per Box, (OPTI CCA/TS-2)	1
3	Cassette B- 25 per Box, (OPTI CCA/TS-2)	1
4	Cassette B-Lac, 25 per Box, (OPTI CCA/TS-2)	1
5	Bottle CALIBRATION GAS, (OPTI CCA/TS-2)	1
6	Thermal Paper Printer Roll (OPTI CCA/TS-2)	1
7	Control Opti-Check,pH/BG/Elect,TRI Level 10 AMP per Level, (OPTI CCA/TS-2)	1
8	Cassette, Standard Reference (SRC) - Level 1 Opti CCA/TS	1
9	Cassette, Standard Reference (SRC) - Level 3 Opti CCA/TS	1
10	Cassette THB Calibration, (OPTI CCA/TS-2)	1
11	Cassette THB Calibration, (OPTI CCA/TS-2)	1
12	Assembly SRC, Multi Level TS 2	1
13	HCV Rapid Test Card	1
14	Cassette E- Lyte, 25 per Box, (OPTI CCA/TS-2)	1

NOTE : 1. Above mention items should be as per Technical Specification attached in Annexure I
2. Quantity may be change as per requirement of Hospital
3. It is compulsory to submit Sample Demonstration Report, sign by Competent Authority of Hospital by bidder in Technical Document (Envelope 1).

**Medical Superintendent,
Regional Referral Services Hospital,**