

**GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 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 SindhudragnagariTal.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 2.00 p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/CSSND/MED/OXY/15058/2026 Date- 12/10/2026
7	Quotation Item Category	Ref of Medical Oxygen Cylinder
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	21/10/2026 before 5.30 p.m District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	22/10/2026 at 11.00 AM 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
 - Mfg. or Sale license from FDA authority to be valid for next 3 years up to Dec 2028
 - 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 or Mfg. or Sale of Medical Oxygen & Nitrus Oxide Cylinder license from FDA authority to be valid for next 3 years up to Dec 28 GST Certificate, Mfg. Co Authorization PAN Card of Owner or his/her Firm
4	Rate & Quantity	Inclusive of all taxes Handling of material including transportation of oxygen cylinder, collection of empty cylinder & delivery of refilled cylinder
5	Transport	Inclusive up to hospitals in Sindhudurg District
6	Delivery	Within 48 hrs from the collection of empty cylinder or refilled cylinder against empty cylinder from mfg co or supplier their own stock of cylinder.
7	Delivery Destination	See attached list of hospital in Sindhudurg District
8	Expiry of Medical Oxygen & Nitrous Oxide	Each Cylinder labeled in following manner Name-Medical Oxygen IP B. No.- Ref Date Exp Date-Not less than 6 months Mfg By-
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 Sindhudurnagari Tal.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
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



Civil Surgeon, Sindhudurg



QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item	Unit	Approx. Unit Cost with transport	Required Quantity
1	Medical Oxygen I.P Refilling in Govt. Hospitals own Cylinders. Type B- Ward I.P Standard Water Capacity (In.Ltr) 10.50, Gas Capacity (Cubic mtr) 1.5	1 Cylinder	Rs. 130/-	3000
2	Medical Oxygen I.P Refilling in Govt. Hospitals own Cylinders. Type A- Boyles I.P Standard Water Capacity (In.Ltr) 5.00 Gas Capacity (Cubic mtr) 0.70	1 Cylinder	Rs. 130/-	200
3	Medical Oxygen I.P Refilling in Govt. Hospitals own Cylinders. Type- D Jumbo I.P Standard Water Capacity (In.Ltr) 46.70 Gas Capacity (Cubic mtr) 7	1 Cylinder	Rs. 335/-	3000
4	Nitrous Oxide I.P Cylinder Refilling in Govt. Hospitals own Cylinders. Type A- Boyles I.P Standard Water Capacity (In.Ltr) 5.00 Gas Capacity (Cubic mtr) 1.7	1 Cylinder	Rs.1595/-	100
5	Nitrous Oxide I.P Cylinder Refilling in Govt. Hospitals own Cylinders. Type -B-Ward I.P Standard Water Capacity (In.Ltr) 40.50 Gas Capacity (Cubic mtr) 17.1	1 Cylinder	Rs. 2545/-	100

Civil Surgeon, Sindhudurg



ANNEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudurg nagari Tal. 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	MRP or Market Price or Previous Sale Price	Unit Rate for Quotation	Mfg.by Full Name of Company

Prop.Name, Signature of Supplier
Seal & Rubber Stamp

ANNEXURE -8

व्यवसायाचे लेटरपॅडवर खालील नमुन्यात जाहिरनामा तयार करावा.

स्वघोषणापत्र

- (१) 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 किंवा माझा व्यवसाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.
- (२) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे जीएसटी - वस्तु व सेवा कर याची नोंदणी झालेली असुन वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा अधिक असलेने जीएसटी - वस्तु व सेवा कर परतावा नियमित भरणेत येतो.
- (३) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा कमी असलेने जीएसटी - वस्तु व सेवा कर या बाबतची नोंदणी केलेली नाही.

(२) व (३) पैकी जे आवश्यक आहे हे ठेवुन इतर खोडावे.

स्थळ -

दिनांक -

नांव,सही,रबरी शिक्का

SR. No	Name of Health Institutes in Sindhudurg District
1	District Warehouse, Sindhudurg, Tal- Kudal
2	District Women & Child Hospital, Kudal (100 Beds) Tal-Kudal
3	Sub District Hospital Sawantwadi (100 Beds), Tal- Sawantwadi
4	Sub District Hospital Kankavli (100 Beds), Tal- Kankavli
5	Sub District Hospital Shiroda (50 Beds), Tal-Vengurla
6	Sub District Hospital Vengurla (50 Beds), Tal-Vengurla
7	Rural Hospital, Dodamarg (30 Beds), Tal- Dodamarg
8	Rural Hospital Devgad (30 Beds), Tal- Devgad
9	Rural Hospital Kudal (30 Beds), Tal- Kudal
10	Rural Hospital Malvan (30 Beds), Tal- Malvan
11	Rural Hospital Vaibhavwadi (30 Beds), Tal- Vaibhavwadi
12	Rural Hospital Pendurkatta (30 Beds), Tal- Malvan



Civil Surgeon, Sindhudurg

