

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLI TAL.KANKAVLI DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2024-2025

Medical Suptd. S.D.H. KANKAVLI is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexure and fill up quotation

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| 1 | Quotation call by Designation of Purchasing Authority | MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL , KANKAVLI DIST .SINDHUDURG |
| 2 | Address of Purchasing Authority | Govt . Sub district Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602 |
| 3 | Telephone Number | 02367-231058,233959 |
| 4 | e mail address | ms_sdhkankavali@yahoo.co.in |
| 5 | Working Hours | 9.30 am to 5.45 p.m Each Saturday,Sunday & Public Holiday Closed |
| 6 | Quotation Notice No.& Date | SDHK/MS/LP/817/2024-2025 Date 10/03/2025 |
| 7 | Quotation Item Category | Drugs, Consumables and Laboratory Material |
| 7 | Description of Quotation Item | See Annexure 2 |
| 8 | Last Date, Time & place of Quotation Submission | 18/03/2025 before 5.45 p.m Sub District Hospital Kankavli |
| 9 | Quotation Annexure | Annex 1 to 4 |
| 10 | Date ,Time & Place of Quotation Opening procedure | 19/03/2025 at 11.00 a.m Office of the Medical Suptd.SDHKankavli |
| 11 | Validity of Quotation Rate | One Year from Date of Acceptance |
| 12 | Final Authority of Quotation Acceptance or Rejection | MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG |



(Signature)
Medical Superintendent CI-1
Sub-Dist. Hospital,
Kankavli, Dist. Sindhudurg.



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 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.
- 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)
 - 5.1) Drugs, Consumables, Laboratory items
 - Wholesale Drugs license
 - PAN card
 - GST Registration Certificate
 - Mfg.Company authorization
 - 5.2) Non Drugs items
 - PAN Card
 - GST Reg. certificate – if applicable or Supplier declaration
 - Mfg.Company authorization
- **Annexure Details**

| | |
|----------|------------------------------------|
| Annex -1 | - General Terms & conditions |
| Annex- 2 | - Quotation Category Items Details |
| Annex -3 | - Format for filling of rate |
| Annex -4 | - Supplier Declaration |
- **Disqualification of quotation**
 - 1 Failure of required supplier qualification
 - 2 Late receipt of quotation envelope
 - Rate format submission not in proper manner
 - Non submission of required documents.
 - 5 Non submission envelope in proper manner



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 & 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 –3 days Non Drugs – 3 days |
| 7 | Delivery Destination | MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602 |
| 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, MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602 |
| 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 | Medical Suptd.SDHKankavli |



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

| sr. no. | Name of Item with technical specification | Unit |
|------------|--|---------------|
| | Solutions For cell Counter | |
| 1 | Erba H 360 Diluent 20 L (Mfd By Transasia Biomedicals Ltd) | 20 Ltr Jar |
| 2 | Erba H360 Lyse 500ML CYANIDE FREE (Mfd By Transasia Biomedicals Ltd) | 500 ML Bottle |




Medical Suprintendent CI- I
Sub-Dist. Hospital,
Kankavli, Dist. Sindhudurg.

ANEXURE -3
FILLING OF RATE FORMAT

Date

To,

MEDICAL SUPERINTENDENT

SUB DISTRICT HOSPITAL, KANKAVLI

DIST .SINDHUDURG

Pin code 416602

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 Drug with technical specification | Unit | Manufacturer name | Rate |
|-------|---|------|-------------------|------|
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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 S.D.H.Kankavli,Sindhudurg 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 काळ्या यादीतील नाही .मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा उपजिल्हा रुग्णालय कणकवली या मध्ये कोणतेही नाते वा हितसंबंध नाहीत .

Date

Name, Signature of Supplier

Rubber Stamp