

 महाराष्ट्र शासन 	
कार्यालय, जिल्हा शल्यचिकित्साक, धाराशिव	
कोडक्रमांक :- दूरध्वनीक्रमांक (वैयक्तिक): - कार्यालय दूरध्वनीक्रमांक १:- NRHM विभागातील क्रमांक. -	०२४७२ २२२६५० २२६९२४ २२७००५
आरोग्य सेवा	
	
पुत्ता : -जिल्हा शल्यचिकित्साक, धाराशिव, कार्यालय मारवाडीगल्ली, धाराशिव फोननंबर :- ०२४७२ - २२६९, २४ Web Site : - http://www.maha-arogya.gov.in ई-मेल :- cs_osmanabad1@rediffmail.com & cs.osmanabad1@gmail.com	
जा.क्र.काजिशचिधा/ओ.भा./दरपत्रक सुचना/ 21798 /2024 दिनांक :- 4 /12 /2024	

Quotation Notice Year - 2024-25

Notice No. /Med. Store/2024-25

Civil Surgeon Dharashiv is inviting quotations from eligible suppliers, for the purchase of **Medicine** required for Hemophilia Day Care Centre, Civil Hospital Dharashiv. The supplier who is interested, please learn terms & conditions. Submit sealed original quotation within below mentioned time limit to this office.

A) Terms & Condition

- 1 Delivery Period - 10 Days from the date of receipt of Order on Email/WhatsApp. Those who have not possible to supply with stipulated supply period, please don't participate.
- 2 Rate - Inclusive of all taxes (GST) & levies with store delivery basis. Not Exceeding than M.R.P. Rate Should be quote for each Unit.
- 3 Service Charges - According To letter of Hon.Commissioner of Health Services Mumbai successful bidder should submit 1.5% services charge against supply order amount In non refundable form through demand draft or Cheque in favour of Administrative officer civil hospital Dharashiv. The Said amount should be submit within 5 days from the date of issue of order
- 4 Delivery - Medical Store, Civil Hospital Dharashiv.
- 5 Quality - For Drug-WHO GMP manufactured **Material should have minimum 3/4 self life.**
- 6 Acceptance of rate - Minimum 3 quotations are required for comparison of Rates. Lowest rates will accepted for this office purchase
- 7 Payment - PFMS / Cheque / RTGS / NEFT (No Advance payment.) Without NABL Testing report payment will not be released.
- 8 Document Required - Bidder Should Submit Self attested Copy of:-
 1) Valid Shop & establishment License or Manufacturing License
 2) Valid Drug License. (FDA Registration)

- 3) GST registration Certificate, latest GST Paid challan
- 4) PAN Card
- 5) Authorization Certificate from manufacture
- 6) GLP, GMP & CE, ISO Certificate.
- 7) Details of Bank account.
- 8) Bidders Undertaking

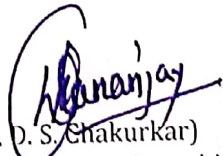
B) Schedule for Submission of Quotation

1	Last Date & Time	11/12/2024, before 4.00 PM
2	Envelope	Scaled Envelope must mention as - "Quotation for purchase of Medicine"
3	Technical Envelope No.1	All Document mentioned in Terms No.8
4	Financial Envelope No.2	Rate of Product
5	Opening of Technical Envelope No.1	12/12/2024 12 PM (If Possible)
6	Opening of Financial Envelope No.2	1 Day After opening of Technical Envelope No.1
	Submission	Original quotation should be submit only through hand Delivery only. Note :- There is no responsibility of this Office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.

C) List of Items for Procurement

Sr.No	Name of Item	Unit	Quantity
1	Anti-Hemophilic Factor VIII 500 IU	Vial	58

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons there to.


 (Dr. D. S. Chakurkar)
 Civil surgeon Dharashiv

To be submitted on Original Letter head/pad

निविदाकाराने सादर करावयाचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग
शासन निर्णय क्र. भांखस-२०१४/ प्र.क्र. ८२/भाग-३/उद्योग-४, दिनांक ०१ डिसेंबर २०१६.

नियम क्र. ४.२.५ नुसार.

मी / आम्ही या
हमीपत्राव्दारे लिहून देतो की, दर पत्रक मागविणाऱ्या खरेदी प्राधिकाऱ्या बरोबर
कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधाबाबत संघर्ष नाही. तसेच खरेदी
प्राधिकाऱ्याकडे सादर करण्यात आलेले दरपत्रक हे माझे असून कोणत्याही संस्थे सोबत
संयुक्त रित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास
नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहील.

दिनांक :-

स्थळ :-

निविदाकाराची स्वाक्षरी

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	

To be submitted on Original Letter head/pad

Format For Quotation

{ Bidder should Submit Sealed quotation on her/his own letter pad }

Date-

To,
Civil Surgeon,
Civil Hospital, Dharashiv

Sub :- Submission of Quotation

Ref :- Your Office Notice Dated / /2024

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith submitting quotation.

Sr.No	Name of Item	Unit	Rate
1	Anti- Hemophilic Factor VIII 500 IU	Vial	

Note - Above quoted rates are Inclusive of all taxes (GST) & levies with store delivery basis and NABL Testing Fee Not Exceeding than M.R.P. Rate Should be quote for each Unit.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

Sign & Stamp of Bidder