

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE,OF SUB DISTRICT HOSPITAL SAWANTWADI,SINDHUDURG
QUOTATION NOTICE YEAR 2023-2024

Sub District Hospital Sawantwadi Dist-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 | The Medical Superintendent, Sub District Hospital Sawantwadi |
| 2 | Address of Purchasing Authority | Sub District Hospital (Near Moti Talav) Sawantwadi Dist. Sindhudurg Maharashtra Konkan Pin Code 416510 |
| 3 | Telephone Number | 02363-275035 |
| 4 | e mail address | ms_sdhsawantwadi@yahoo.co.in |
| 5 | Working Hours | 9.45 am to 6.00 pm Sunday & Public Holiday Closed |
| 6 | Quotation Notice No.& Date | SDHS/ Camp /Material/ Date-15-10-2024 <i>3163/24</i> |
| 7 | Quotation Item Category | Health Camp |
| 7 | Description of Quotation Item | Spee Annexure 2 |
| 8 | Last Date, Time & place of Quotation Submission | 19/10/2024 before 3.00 pm Office of Sub District Hospital Sawantwadi,Dist-Sindhudurg |
| 9 | Quotation Annexure | Annex 1 to 4 |
| 10 | Date, Time & Place of Quotation Opening procedure | 19/10/2024 at 4.00 pm Office of Sub District Hospital Sawantwadi,Dist-Sindhudurg |
| 11 | Validity of Quotation Rate | One year from Date of Acceptance |
| 12 | Final Authority of Quotation Acceptance or Rejection | The Medical Superintendent, Sub District Hospital Sawantwadi |

Place – Sawantwadi.

Date -15/10/2024

(Signature)
Medical Superintendent
Sub District Hospital Sawantwadi
Medical Superintendent, C.I.
Sub-District Hospital, Sawantwadi

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. **Don 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 o'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.
 - **Preference will be given to local Distributors Note: Distributors must have to supply the required Materials within 2 days from the date of purchase order.**
- 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
 - Wholesale Drugs license
 - 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 qualification
 - (2) Late receipt of quotation envelope
 - (3) Rate format submission not in proper manner
 - (4) Non submission of required documents.
 - (5) Non submission envelope in proper manner

(11)
Medical Superintendent,
Medical Superintendent, CI.1
Sub-District Hospital, Sawantwadi

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 – 2 days Non Drugs – 2 days |
| 7 | Delivery Destination | Sub District Hospital Sawantwadi, Dist- Sindhudurg Pin-416510 |
| 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, The Medical Superintendent, Sub District Hospital Sawantwadi Dist- Sindhudurg Pin-416510 |
| 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 | The Medical Superintendent, Sub District Hospital Sawantwadi |


 Medical Superintendent,
 Sub District Hospital, Sawantwadi
 Sub-District Hospital, Sawantwadi

ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

| SR.NO. | Name of Item | Company Name | Unit |
|--------|--|--------------|------|
| 1. | Vicryl No.1-0 round body and cutting | | 1 |
| 2. | Vicryl NO.2-0 round body | | 1 |
| 3. | Catgut NO. 1-0 | | 1 |
| 4. | Catgut NO. 2-0 | | 1 |
| 5. | Catgut NO. 3-0 | | 1 |
| 6. | Ethilon 1-0 | | 1 |
| 7. | Ethilon 2-0 Cutting | | 1 |
| 8. | Ethilon 3-0 Cutting | | 1 |
| 9. | Ethilon 3-0 Round body and Cutting | | 1 |
| 10. | Surgical spirit liquid 500 ml | | 1 |
| 11. | Hernia kit | | 1 |
| 12. | Endotracheal Tube No.4 | | 1 |
| 13. | Endotracheal Tube No.4.5 | | 1 |
| 14. | Endotracheal Tube No.5.0 | | 1 |
| 15. | Endotracheal Tube No.5.5 | | 1 |
| 16. | Endotracheal Tube No.6.0 | | 1 |
| 17. | Endotracheal Tube No.6.5 | | 1 |
| 18. | Endotracheal Tube No.7.0 | | 1 |
| 19. | Endotracheal Tube No.7.5 | | 1 |
| 20. | Needle NO. 23 (1.5 Inch) | | 1 |
| 21. | Sanitizer 500ml | | 1 |
| 22. | Diclofenac Suppository each adult and peadiatric | | 1 |
| 23. | Injection Propofol | | 1 |
| 24. | Surgical Blade No.15 | | 1 |
| 25. | Surgical Blade No.11 | | 1 |

| | | | |
|-----|-------------------------------------|--|---|
| 26. | Spinal Needle No.25 | | 1 |
| 27. | Inj. Potassium Chloride | | 1 |
| 28. | Cidex Can Solution 5 Lit | | 1 |
| 29. | Syrup Ibugesic Plus 60MI | | 1 |
| 30. | Catgut No.1-0 | | 1 |
| 31. | Catgut No. 2-0 | | 1 |
| 32. | Catgut No. 3-0 | | 1 |
| 33. | Ethilon No.2-0 | | 1 |
| 34. | Ethilon No.3-0 | | 1 |
| 35. | Tab Acetyl Salicylic Acid 75mg | | 1 |
| 36. | Syrup Paracetamol 125 Mg/MI | | 1 |
| 37. | Surgical Gloves No.6.5 | | 1 |
| 38. | Surgical Gloves No. 6.5 | | 1 |
| 39. | Surgical Gloves No. 7 | | 1 |
| 40. | Surgical Gloves No. 7.5 | | 1 |
| 41. | Tab Aceclofanac 100mg | | 1 |
| 42. | | | 1 |
| 43. | Mouth Wash For Dental Use | | 1 |
| 44. | Oracep La Gel | | 1 |
| 45. | Diclofenac Gel 30 G | | 1 |
| 46. | Syrup Multivitamin | | 1 |
| 47. | Syrup Antacid | | |
| 48. | Syrup calcium vitamin d3 | | 1 |
| 49. | ambroxol hydrochloride tablet 30 mg | | 1 |
| 50. | Ibuclin Junior Tablet | | 1 |
| 51. | Tab 32G | | 1 |
| 52. | Metrogyl Dg Forte Gel 20gm. | | 1 |
| 53. | Kenocort oral oint | | 1 |
| 54. | Tab SM Fibro | | 1 |

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 Medical Superintendent, CI.1
 Sub-District Hospital, Sawantwad.

ANNEXURE -3

FILLING OF RATE FORMAT

Date

To,

The Medical Superintendent
Sub District Hospital, Sawantwadi
Dist-Sindhudurg Maharashtra Konkan
Pin Code 416510

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 | Unit | 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 Sub District Hospital Sawantwadi 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 नोकरवर्ग यांचा उपजिल्हा रुग्णालय सावंतवाडी किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.

Place –

Date

Name, Signature of Supplier

Rubber Stamp