GOVT.OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT OFFICE OF THE CIVIL SURGEON, SINDHUDURG QUOTATION NOTICE YEAR 2024-25

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 SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-228900
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/DWH/MORT CABINET /16990/2024 Date- 9/10/2024
7	Quotation Item Category	EQUIPMENTS,INSTRUMENTS AND MACHINARY
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	15/10/2024 before 4.30 p.m District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	15/10/2024 at 5.00 P.M 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
 - 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 -1GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

13	Court Jurisdiction	Sindhudurg
		Acceptance period.
12	Bill of Quantity	Courier. Only by Hard copy/no e mail It may be Increase or decrease in
11	Quotation submission Method	Hand Delivery or own risk by post or
		Code 416812
		Sindhudurg Maharashtra Konkan Pin
		SindhudrgnagariTal.Kudal Dist.
		District Hospital, Sindhudurg
		District Civil Surgeon, Sindhudurg
		To,
		Category
13	Envelope	Quot. No & Date
10	Mode of Submission of Quot.	Front of Envelope Write
		acceptable for purchase
_	, 1000ptanioù 0, 11000	Quotation. Lowest rate is
9	Acceptance of Rate	Required Minimum 3 qualified
3	Equipment's & Machine	Installation
8	Warranty for Electronic	One year from Date of
		Code 416812
	;	Sindhudurg Maharashtra Konkan Pin
,	Delivery Destination	SindhudrgnagariTal.Kudal Dist.
7	Delivery Destination	District Hospital, Sindhudurg
J	Delivery	Non Drugs – 10 days
6	Delivery	Drugs –7 days
5	Transport	Inclusive
		or Decrease in rate accepted period.
		Free Installation, Quantity may increase
-	hate & Quantity	Handling of material
4	Rate & Quantity	Inclusive of all taxes
	Mfg. Company	Machine
3	Authority Letter from Original	In case of Medical Equipment's &
	· ·	Quotation notice or CS Sindhudurg office
		Mfg, Company Authorization subject to
		financial turn over
2	Qualification for Non Drugs Item	GST Certificate if applicable as per
		PAN Card of Owner or his/her Firm PAN Card
	· [GST Certificate, Mfg.Co Authorization
	:	Condition – Valid Drugs Sale License
	(Kits/Reagents/Chemicals/Sera)	Form No.20 B & 21 B
	Consumables, Laboratory item	Food and Drugs Administration
		C D Administration

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

-ANNEXURE -2 -

QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item	Unit	Approx. Unit Cost with transport	Required Quantity
1	Mortuary Cabinet 2 Body Specification as per DHS Mumbai	1 No	3.50 Lakhs	2 No

Civil Surgeon, Sindhudurg



QUOTATION RATE FORMAT - ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudrgnagari 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 व्यवयाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबध 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.

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Sr. No.	Specification
	Length or Depth (mm): 2400 mm
2 16	Width (mm): 800 mm
8	Helght (mm) : 1600 mm
1	Height with cooling unit and PCC platform (mm): 2000 or compact size
•	Refrigeration system: Unitary type - RTU type -06, ISI marked, Hermetically sealed CFC free compressor & forced air circulation. Refrigerant Used - R134a.
6	Temp Range (2 to 8 C
	Power Supply: 280 +/- 10 % / Single phase / 50 hz.
8	Height of cooling unit above mortuary cabinet: 400 mm or compact size
	Material & insulation: Fornt finish in stainless steel (SS type 314 grade with 24 guage and Antirust prepainted coating on high quality Stainless steel material with sandwiches polyurethane foam 75 mm thickness.
10	Doors: Higned doors with locking facility and also provide dot for label on door
11	Vapor proof incandescent lamp in each cabinet.
12	Electronic tempreature indicator (for Cabinet temp.) cum controller with display. One more temperature indicator for room temp. (Surrounding area) Display & Control pane must be on Top-front.
	One piece stainless steel tray (SS type 314 grade with 16 guage). Telescopic with Thre piece carriage assembly with smooth sliding polymer wheel on rust proof track and aut lock arrangement.
14	Cadaver Tray in each cabinet must be of rust proof stainless steel with rounded edges thandles.
15	In built one spare refrigeration system.
16	Should provide Internal Drainage with locking system.
17	AMC and warranty as per norms.
18	Two sets of module and catalogue.
19	System compatible UPS must provide Power backup of minimum 4 hrs for refrigeration system.
7 726	It should be CE or USFDA Approved.

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