

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

Civil Surgeon ,Sindhudurg is inviting quotation from NABL Approved Laboratory for local purchase supplied Drugs Testing as per Dosage form. 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	Office of the Civil Surgeon Sindhudurg Dept Name- District Warehouse , Sindhudurg SindhudrnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-297405
4	e mail address	cssidhudurg@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/NABL/18485/2024 Date- 16/11/2024
7	Name of Work	Local Purchase received Drugs Testing from NABL Approved Laboratory
a	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	5/12/2024 before 10.30 A.M District Warehouse Sindhudurg
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	6/12/2024 at 11.00 A.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



Annex-1

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- 8) No any relaxation for Supplier Qualification Criteria.
- 9) 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.
- 10) 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**
 - **Also quotation to be send by e mail before closing date & time**
E mail id – cssindhurg@gmail.com
 - **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
Words quotation will be rejected without any notice or message.
- 11) Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- 12) Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)
- 13) **Annexure Details**


Annex -1	- General Instructions for quotation submission procedure
Annex- 2	Qualification Criteria, General Terms & conditions
Annex- 3	- Drugs dosage Forms & Name of Drugs for Testing
Annex -4	- Quotation of Drugs Laboratory Testing
Annex -5	- Supplier Declaration
- 14) **Disqualification of quotation**
 - (7) Failure of required supplier Technical qualification
 - (8) Late receipt of quotation envelope
 - (9) Rate format submission not in proper format & multiple mfg.co. rate
 - (10) Non filling of all items rate in quotation
 - (11) Non submission of required documents & document without self attested.
 - (12) Non submission envelope in proper manner

ANNEX -2

Qualification Criteria, General Terms & conditions

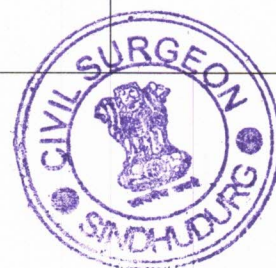
- 16) NABL Laboratory should be approved from NATIONAL ACCREDITATION BOARD FOR TESTING AND CALIBRATION LABORATORIES GURUGRAM HARIYANA for Testing of Human use Drugs Formulations as per ISO/ IEC 17025 OR Equivalent
- 17) NABL Approved Laboratory should have accreditation up to March 2026 or after.
- 18) NABL Approved Laboratory should have experience more than three years for testing of Human use Drugs formulations.
- 19) NABL Laboratory should have own PAN & GST Number.
- 20) Preference to NABL Laboratory located near to Sindhudurg district in Mumbai/Navi Mumbai/Thane/Pune/Kolhapur Maharashtra state.
- 21) NABL Approved Laboratory to be mention period for Testing of Drugs & it valid for two years without any change.
- 22) Rate should be quote with Transportation ,GST, Loading & unloading.
- 23) NABL Approved laboratory to give details instructions for submission of samples For Testing.
- 24) Report of Testing should be send by e mail cssindhudurg@gmail.com
- 25) Payment – After receipt of drugs testing report payment will be made within 1 week through NEFT.
- 26) Penalty – Failure of submission of report in stipulated period per week 0.5% Amount will be deducted from bill.
- 27) Monthly bill of Drugs Testing submit on the Name of Civil Surgeon Sindhudurg.
- 28) Drugs Testing report hard copy required with NABL Approved Laboratory Testing in charge Authority with rubber seal/stamp.
- 29) List of Documents with Annex -4 – All self attested with sign & stamp
 - (6) NABL Approved Certificate showing Validity of certificate
 - (7) Any Experience certificate or related documents
 - (8) PAN Card & GST Certificate
 - (9) Business Bank Account Information with Bank Cancel cheqe
 - (10) Declaration by Laboratory Owner or Authorized person in Annex-5
- 30) Civil Surgeon Sindhudurg reserved rights of accept or reject quotation.




Civil Surgeon Sindhudurg
(Dr.S.H.Patil)
Civil Surgeon Sindhudurg

ANNEX -3
Drugs dosage Forms for Testing

Sr.No	Dosage Form	Generic Name of Drugs	Pack Size/ Presentation
1	Oral Tablet	Tab. Azithromycin 250 mg Tab. Diclofenac Sodium 50 mg Tab. Cefixime 200 mg Tab. Phenytoin Sodium 100 mg Tab. Losartan Potasium 50 mg Tab. Chlorthalidone 6.25 mg Tab. Ondansetron 4 mg	10 Tab Strip
2	Oral Capsule		10 Caps Strip
3	Oral Syp/Susp/ Liquids	Syp. Paracetamol 125 mg/5 ml Syp.	Bottle
4	Injections in Sterile Powder form		Vial
5	Injections in Sterile Liquid form		Ampule
6	Intravenous Injectable Fluids		PVC Bottle
7	External use Cream & Ointment		Tube
8	External use Solution	Xylometazoline Nasal Drop Levosalbutamol + Ipratropium Resp Solution Conc Hemodialysis Solution	Plastic or Glass Bottle
9	External use Dusting powder	Clotrimazole Dusting Powder	Plastic Bottle
10	Essencial Consumables	F-6 Dialyser Hemodialysis Tubing Set Bivalve Connection	



ANNEX -4 on NABL Approved Lab. Letter head
Rate format for Drugs Testing by NABL Approved Laboratory

Ref.No

Date –

To,

The Civil Surgeon Sindhudurg

Name of Dept- District Warehouse Sindhudurg

A/p.Sindhudurgnari (ORAS) Tal.Kudal Dist.Sindhudurg Pin -416812

Konkan Area Maharashtra State INDIA

Tel.No 02362-297405/ e mail id-cssindhudurg@gmail.com

Sub- Submission of Human use Drugs Testing by NABL Approved
Laboratory

Ref- Your office Notice No CSSND/DWH/NABL/18485/2024

Date – 18/11/2024

Respected Sir,

With ref.to above subject , We are NABL Approved laboratory
for drugs/chemical testing in our inhouse/premise. We are submitting testing of
following drugs formulations as per your office requirement.

Sr.No	Dosage Form	Pack Size/ Presentation	Required Sample Quantity	Laboratory Testing of drugs Rate per Batch/Per Sample RS &PS	Required Period for Testing And final Reporting
1	Oral Tablet	10 Tab Strip			
2	Oral Capsule	10 Caps Strip			
3	Oral Syp/Susp/ Liquids	Bottle			
4	Injections in Sterile Powder form	Vial			



Sr.No	Dosage Form	Pack Size/ Presentation	Required Sample Quantity	Laboratory Testing of drugs Rate per Batch/Per Sample RS &PS	Required Period for Testing And final Reporting
5	Injections in Sterile Liquid form	Ampule			
6	Intravenous Injectable Fluids	PVC Bottle			
7	External use Cream & Ointment	Tube			
8	External use Solution	Plastic or Glass Bottle			
9	External use Dusting powder	Plastic Bottle			

Enclose herewith required documents self attested with sign & stamp.

Yours Faithfully,

Authorized Sign & Rubber Round seal & Lab. Stamp



ANNEX -5 on NABL Approved Lab. Letter head

DECLARATION BY NABL Approved Lab.

I/we herewith declared that, I/We have not quoted rate in this quotation greater than our drugs testing current rate or accepted rate by other Govt & semi govt Institution. Our Laboratory is NABL Approved Laboratory & we are testing drugs samples in our inhouse laboratory premises. I/we or our firm employees are not related with Civil Surgeon, Sindhudurg or their organizational any person.

Place –

Date

Prop.Name,Signature of NABL Approved Lab.

Seal & Rubber Stamp

