

**GOVT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
Regional Mental Hospital yerwada Pune 411006**

Web Site/Notice Board Quotation Notice-2/RKS/ Psy Med/RMHP Pune /24-25 / 15222 /24

Date-08/10/2024

OPEN NOTICE

Regional Mental Hospital Yerwada ,Pune is invites Quotation Rate For Purchase of Following items from eligible Manufacturer/ supplier. The Manufacturer/ supplier Who is interested for Filling of Rate, Please see Terms & Condition of Supply.

1)Item Name:-

Sr. No	Name Of Medicine	Specification	Rate (Inclusive of all Taxes)
1.	Tab.Clozapine 50 mg	Each Tab Contain Clozapine 50 mg	
2.	Tab.Trifluoperazine + Trihexyphenidyl Hcl (5 mg + 2 mg)	Each Tab Contain Trifluoperazine 5 mg & Trihexyphenidyl Hcl 2 mg	

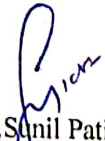
2) Submission Of Quotation:-

1	Submission Of Quotation By Hand Delivery Or His/Her Own Risk By Post Or Courier Before Last Date	Date Of Submission- From Dt:-10/10/2024 To Dt:- 16/10/2024 Time Before:- 16/10/24 5.00pm Place- Regional Mental Hospital yerwada R N G Road, Vishrantwadi, near RTO Office, Phulenagar, Yerawada, Pune, Maharashtra 411006
2	Opening Of Quotation	Date Of Opening- 17/10/2024 Time of Opening- 4.00 pm Place Of Opening- Regional Mental Hospital yerwada Pune 411006

3) Supply Terms & Condition:-

1	Rate	1) Not Exceed Than M.R.P 2) To Be Quote For Unit Pack 3)Inclusive of Transport, Uploading Charges
2	Taxes	All Taxes Should be Inclusive Like GST (Only If extra Tax Impose by Govt during Quotation Period)
3	Delivery	Delivery at Medical store Regional Mental Hospital yerwada Pune 411006

4	Acceptance Of Rate	Minimum 3 Quotation as Required For Comparison Of Rate
5	Delivery Period	Delivery should be within 30 days from the Date of order
6	Validity of Quotation	Six Month From Date of Acceptance of Quotation Rate
7	Payment	From Purchasing Authority CMP/NEFT/Cheque within 90 Days or Depend Upon Availability of Funds
8	Self Attested Document For Supplier (Mandatory Document)	Supplier Should Submit 1) Drug License ,NDPS Drug License Copy(if Necessary), 2) GST Certificate,3) Shop Act 4) PAN Card 5) ADHAR Card 4) Self Declaration (ANNEXURE 1) on 100 rs stamp paper Document must be submit on above mention serial Number.
9	Filling of Quotation	Prescribed Format on Supplier Letter Pad With Duly Signature & Rubber Stamp on Each page. If Same Rates are Found Equal Quantity will be fix for purchase
10	Method Of Submission	One envelop sealed With Supplier Rubber Seal & Signature Front & Back Side of Envelop. Following Words To Be Write on Envelop. QUOTATION FOR Supply of Psy Medicine TO, Medical Superintendent, Regional Mental Hospital, R N G Road, Vishrantwadi, near RTO Office, Phulenagar, Yerawada, Pune, Maharashtra 411006 FROM, (Supplier Stamp & Sign)
11	Disqualification	1) Rates Over M.R.P. 2) Overwriting in Rates. 3) Not in Prescribed Format. 4) Non Submission of Document After Rate is Final. 5) Supplier has to quote the prices of all item published in quotation otherwise supplier will be disqualified from quotation. 6) The Purchaser reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise or any of the all the Quotation or part of Quotation without giving any reasons thereto with no cost to the Purchaser.
12	Rights Of Quotation	All Rights are Reserved by Regional Mental Hospital yerwada Pune 411006
13	Delivery period	Within 30 Days from the time of order.


 (Dr. Sunil Patil)
 Superintendent,

Regional Mental Hospital, Yerwada, pune -06

ANNEXURE-1

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 medical superintendent regional mental hospital, yerwada pune or their organizational person. I / we here with responsible to supply medicine, consumable within 30 days from receipt of order.

मी, आम्ही असे जाहिर करतो कि, या दरपत्रकामध्ये किमान मुल्यापेक्षा अधिक दर नमुद केलेले नाही अथवा बाजारभवापेक्षा अधिक दर नमुद केलेले नाहित. या दरपत्रकात नमुद करण्यात आलेली उत्पादक कंपनी काळ्या यादीतील नाही. मी किंवा माझे व्यवसायातील नोकरवर्ग यांचा वैद्यकिय अधिकक्षक प्रादेशिक मनोरुग्णालय, येरवडा पुणे किंवा त्यांच्या अधिपत्या खालीलसंस्था यामध्ये कोणतेही नाते वा हितसंबध नाहित. मी/ आम्ही असे जबाबदारी घेतो कि,पुरवठा आदेश प्राप्त झाल्यापासून पुढील ३० दिवसांत औषधांचा पुरवठा करण्यात येईल.

Name signature of supplier

Rubber stamp

Place

Date.....