

Govt.of Maharashtra

Public Health Department

Civil Hospital Chatrapati Sambhaji nagar
pin code -431001

1) Name of Dept. Civil Surgeon
Civil Hospital Chatrapati Sambhaji nagar

2) Telefax.No - 0240 -2356595

3) email id – dpoaurangabad@mahasacs.org

QUOTATION FOR PRINTING OF Register & Lab report form printing
etc.

YEAR 2024-25

NAME OF ITEM
Last Date of Quotation Submission

page No-1

Civil Surgeon
Chhatrapati Sambhaji nagar

3) Supply Terms & Condition

1	Rates	Not Exceed than M.R.P To be Quote for unit pack Inclusive Transport, Uploading charges.
2	Taxes	Inclusive fo all Taxes like VAT,CSE,LBT,C Excises etc
3	Delivery	DAPCU Civil Hospital Aurangabad d Aurangabad
4	Acceptance of Rate	Minimum 3 Quotation is required comparison of Rates
5	Deliver Period	One week
6	Validity of Quotation	One Year from date of Acceptance of Quotati Rate
7	Payment	From purchasing Authority PFMS/CN /NEFT/Cheque/RTGS within 30 days or Depe upon Govt.Funds
8	Self Attested Documents for New Supplier Registered supplier not necessary to submit document	Supplier should submit wholesale Dealer/Dru License Shop Act License copy VAT Reg certifica PAN Card
9	Filling of Quotation Rate	Prescribed format on supplier letter pad with Duly signature & rubber stamp
10	Method of Submission	One envelope scaled with supplier rubber seal & signature front &back said of envelope followin words to be write on envelope Quotation for supply of (Item Name) TO, Civil Surgeon , Civil Hospital Aurangabad From
11	Disqualification	Supplier Stamp &sign. RRates over MRP Overwriting in Rates, Not in prescribed format Non submission of documents in case of unregistered supplier
12	Judicial Jurisdiction	Aurangabad District Court
13	Rights of Quotation	All Rights are reserved by Civil Surgeon ,Civil Hospital Aurangabad

FORMAT FOR QUOTATION
TO BE TYPE ON SUPPLIER LETTER PAD

Date-

To
Civil Surgeon
Civil Hospital, Aurangabad.

Sub- Quotation-----
Ref – Your office Notice Dated

With ref to above subject .We are herewith submitting following item rate
fir Gov purchase.

Item No	Name of item	specification	Unit	Rate	Mfg.by

Noted Before Filling Quotation Rate

- 1) Rates – Inclusive of all Taxes (CST/VAT /LBT/OCTRIO ECT)
- 2) Delivery – 48 Hours. Twice in week
- 3) Enclosed Documents self attested -1)shop act licensee copy
2)PAN CARD 3)CST/VAT Reg certificate

CERTIFICATE

I underesigned hereby certify that.above rates not exceed than MRP or current
market rate.I accept all terms & conditions with any complaint. Submitted all
information & documents are true

your faithfully,

Supplier Stamp & sign

Govt. of Maharashtra
District AIDS Prevention & control Unit
Civil Hospital Chatrapati Sambhaji nagar

Web site Quotation Notice No. /2024-25/Date 09/09/2024

OPEN NOTICE

Civil Surgeon civil hospital Chatrapati Sambhaji nagar is invite quotation rate for Printing of following item from eligible supplier. The supplier who is interested for filling of rate see conditions of supply.

1)Item Description

Item No	Name of Item	Specification	Unit	Approximate Quantity Required
1	Register	150 pages(Back to back 300 impression)	l	300
2	Lab. Report Form	200 pages	l	200
3	Linkage form(in Triplicate .in one A4 size)	200 pages pad	l	20
4	Referral slip (8.5*5.5inch)	100 pages	l	100

2) Submission of Quotation

1	Submission of Quotation by Hand Delivery or his/her own risk by post or courier before last date	Last Date - 09/10/2024 Time before-5.30 P.M Place- DAPCU Civil Hospital Aurangabad
2	Opening of Quotation	Date- Time before-4.00 P.M Place-Civil Hospital Aurangabad

Civil Surgeon
Chhatrapati Sambhajnagar



जिल्हा एड्स प्रतिबंध व नियंत्रण पथक
सामान्य रुग्णालय, छत्रपती संभाजीनगर



पत्ता- जिल्हा सामान्य रुग्णालय, चिकलठाणा छत्रपती संभाजीनगर ४३१००१

फोन कार्यालय:

फॅक्स: २३६१८९२

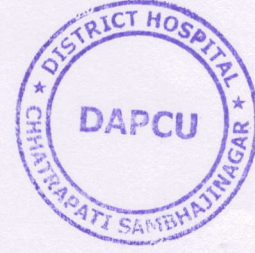
Email :- dpoaurangabad@mahasacs.org

आरोग्य सेवा

जा.क्र.सारुऔ/डापकू/दरपत्रक/ 4304 /२४ दि:-०९/०९/२०२४

प्रति,

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विषय:- जिल्हा एड्स नियंत्रण पथक कार्यालयास आवश्यक रजिस्टर, लॅब फॉर्म व रेफरल बुक चे दरपत्रक कळविण्या बाबत.

उपरोक्त विषयान्वये आपणास कळविण्यात येते की, जिल्हा एड्स नियंत्रण पथक, छत्रपती संभाजीनगर कार्यक्रमांतर्गत आवश्यक रजिस्टर, लॅब फॉर्म व रेफरल बुक पुरवठा करण्यासाठी पुरवठा धारकाकडून दरपत्रक सादर करणे बाबत वेबसाईट दरपत्रके नोटीसद्वारे कळविण्यात येत आहे.

करीता आपण दि. २३/०९/२०२४ ते दि. ०९/१०/२०२४ पर्यंत कार्यालयीन सुटटी वगळून या कार्यालयात सादर करावेत.

सोबत:- आवश्यक असलेल्या रजिस्टर, लॅब फॉर्म व रेफरल बुक संख्या सोबत जोडण्यात आलेली आहे व नमुना कार्यालयात उपलब्ध आहे.

जिल्हा शैल्य चिकित्सक
सामान्य रुग्णालय, छत्रपती संभाजीनगर
Civil Surgeon
Chhatrapati Sambhaji Nagar