

**Office of the Civil Surgeon, District Hospital Chikalhana,
Opposite Airport, Jalna Road, Chhatrapati Sambhajnagar 431 007**

Quotation Notice Year - 2024-25

Notice No.01/Med Store/2024-25/ 19056, Date - 01/10/2024

Civil Surgeon Chhatrapati Sambhajnagar is inviting quotations from eligible suppliers, for the purchase of following Drugs & Consumables required for District Hospital Chhatrapati Sambhajnagar. **Last Date for Submission 07/10/2024, at 15.00hr (3.00pm)**

List of Items for Procurement :-

No	Name & Description of Item	Qty
1	RPR for Syphilis (Kit) Carbon (1 x 100 Test)	40
2	Urine Strips for Albumin & Sugar Reagent covered /protected with Nylon Mesh (1 x100 Strips)	100
3	Urine Strips for sugar Albumin, PH ,KETONE & Blood reagent covered/protected with Nylon Mesh (1 x100 Strips)	25
4	Widal (Slide Test) (Kit for 100 Test)	60
5	Pregnancy Card Test kit (Tulip)	3000
6	Anti A B D (Pack 3x10ml) Blood Group detection kit	100
7	Plain Plastic Tube (RIA Tubes)	10000
8	Micro Tips 1000ul (Blue/White) (1 x 1000No)	50
9	Micro Tips 100ul (Yellow) (1 x 1000No)	50
10	Field stain A 500ml	15
11	Field Stain B 500ml	15
12	Isopropyl alcohol - AR Grade - 500ml	10
13	Autokits for Semi Auto Analyser Erba - Diluent 20Ltr	10
14	Autokits for Semi Auto Analyser Erba - Lysel 3 x 500ml	5
15	Autokits for Semi Auto Analyser Erba - H Cleaner 4 x 50ml	10
16	Autokits for Semi Auto Analyser Erba - Thermal Paper Roll	500
17	Autokits for Semi Auto Analyser AGD - Diluent 20Ltr	10
18	Autokits for Semi Auto Analyser AGD - Lysel 500ml	6
19	Semi Auto Erba Blood Sugar (GOD/POD) Kit (10 x500ml)	4
20	Semi Auto Erba Serum Urea Kit 4 x24 /4x6ml	4
21	Semi Auto Erba Serum Creatinine 25Test kit 04 x 60ml	4
22	Semi Auto Erba SGOT Kit 4 x24 /4x6ml	4
23	Semi Auto Erba SGPT Kit 4 x24 /4x6ml	4
24	Semi Auto Erba Alkaline Phosphate Kit 6x6ml	4
25	Semi Auto Erba Billirubin T & D Kit 4 x 60ml	4
26	Strips for Hb detection (Sensacore) Strips for Haemoglobinometer (C1)	10000
27	Glucometer Strips (29.3) (Sensacore)	24200
28	Urine Sample Collection Container Plastic 100ml	5000
29	Sahil Hb Meter (Square Tube)	5
30	Tissue Paper Roll	100

Interested Authorized Suppliers, please Submit sealed original quotation with required documents.

1. Quotation Entry Fee Rs. 1,000/- (Non-refundable demand in the name of Civil Surgeon, District Hospital Aurangabad)
2. Quotation – Rate Offer in given format.
3. Valid Shop & establishment License or MSME/Udyog Aadhar.
4. GST registration Certificate, latest GST Paid challan
5. PAN Card
6. Authorization Certificate, CE Certificate from manufacturer
7. Details of Bank account.
8. निविदाकाराचे हमीपत्र

Terms Condition:-

- Rate - Inclusive of all taxes (GST) & levies with store delivery basis, installation. *Not Exceeding than M.R.P. Rate should be quote for each Unit.*
- Delivery at :- Medical Store, Ground Floor, District Hospital Chikalhana, Opposite Airport, Jalna Road, Chhatrapati Sambhajinagar.
- Delivery Period :- 10 Days.
- Test Report of each & every batch, Lot No. & e-Way bill should be submit with Invoice.

Note: - There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.


(Dr. Dayanad Motipavale)
Civil Surgeon
Chhatrapati Sambhajinagar

To be submitted on Original Letter head/pad

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग

शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भागIII/उद्योग-४, दि. १ डिसेंबर २०१६.

नियम क्र.४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राद्वारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	

Above information is correct as per our record.

Date:

Seal:

Sign & Stamp Of Bidder