

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLITAL.KANKAVLI DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2024-2025

Medical Suptd. S.D.H. KANKAVLI is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexure and fill up quotation

1	Quotation call by Designation of Purchasing Authority	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL , KANKAVLI DIST .SINDHUDURG
2	Address of Purchasing Authority	Govt . Sub district Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602
3	Telephone Number	02367-231058,233959
4	e mail address	ms_sdhkankavali@yahoo.co.in
5	Working Hours	9.30 am to 5.45 p.m Each Saturday,Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	SDHK/MS/LP/2072/2024-2025 Date 9/10/2024
7	Quotation Item Category	BIO - MEDICAL WASTE BAGS
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	16/10/2024 before 5.45 p.m Sub District Hospital Kankavli
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	17/10/2024 at 11.00 a.m Office of the Medical Suptd.SDHKankavli
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG




Medical Suprintendent Cl. 1
Sub-District Hospital
Kankavli

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

1) No any relaxation for Supplier Qualification Criteria

2) Submission of quotation before last date is responsibility of supplier.

3) 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**
- 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 overtyping or use of whitener

- Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.

4) Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)

- PAN Card
- GST Reg. certificate – if applicable or Supplier declaration
- Aadhar Card

• Annexure Details

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|----------|------------------------------------|
| Annex -1 | - General Terms & conditions |
| Annex- 2 | - Quotation Category Items Details |
| Annex -3 | - Format for filling of rate |




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ANNEXURE -1**GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION**

1	Qualification for Item	PAN Card GST Certificate
2	Rate & Quantity	Inclusive of all taxes Handling of material Free Installation, Quantity may increase or Decrease in rate accepted period.
3	Transport	Inclusive
4	Delivery	Non Drugs – 3 days
5	Delivery Destination	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
6	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
7	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
8	Quotation submission Method	Hand Delivery or own risk by post or Courier. Only by Hard copy no e mail
9	Court Jurisdiction	Sindhudurg
10	Termination of Accepted Rate	Failure of Supply in stipulated period
11	Rights of Quotation	Medical Suptd.SDHKankavli




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ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

sr. no.	Name of Item	Unit	Approximate Quantity for Purchase
1	Bio Medical Waste Bags Yellow Big 27*30	1 Kg	200
2	Bio Medical Waste Bags Black Big 27*30	1 Kg	200
3	Bio Medical Waste Bags Red Big 27*30	1 Kg	200
4	Bio Medical Waste Bags Blue Big 27*30	1 Kg	200
5	Bio Medical Waste Bags Blue Medium 27*30	1 Kg	200




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**ANEXURE -3
FILLING OF RATE FORMAT**

Date

To,

MEDICAL SUPERINTENDENT

SUB DISTRICT HOSPITAL, KANKAVLI

DIST .SINDHUIDURG

Pin code416602

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 Drug with technical specification	Unit	Rate


Name & Sign of Supplier
Rubber Stamp