



Govt. of Maharashtra
Civil Surgeon, General Hospital, Wardha.

Telephone :- 07152-245449
email :- ghwardhamedstore@gmail.com

No. GHW/Med Store/E-Quot.Notice/ /24
Office of the Civil Surgeon, 20357
General Hospital, Wardha.
Date :-

Health Services

16 OCT 2024

E-Quotation Notice

To,
To Whom so ever it may concern.

Sub :- Invitation of E-Quotations .

Date of Publication :- 16.10.2024.

As per the subject cited above, this office hereby invites E-quotations for Supply of following items.

Sr. No.	Medicine Name	Unit	Quantity
1	Tab. Amitriptyline 25 mg	1 Tab	20000
2	Tab. Clobazam 10 mg	1 Tab	10000
3	Tab. Risperidone 2 mg	1 Tab	20000
4	Tab. Thiamine 100 mg	1 Tab	15000
5	Tab. Imipramine 25 mg	1 Tab	2000
6	Tab. Oxcarbazepine 300 mg	1 Tab	1000
7	Tab. Olanzapine 5 mg	1 Tab	20000
8	Tab. Amisupride 100 mg	1 Tab	5000
9	Tab. Lorazepam 2 mg	1 Tab	10000
10	Tab. Divalproex 500 mg	1 Tab	10000
11	Tab. Carbamazepine 200 mg	1 Tab	5000

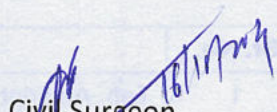
Your Quotations (Sealed envelope) must reach this office on or before 22/10/2024 upto 4.00 PM. Envelop should be marked as "QUOTATION FOR PSYCHIATRIC MEDICINES" in Block letters and Due Date 22/10/2024 on the top. Quotations will be opened on 23/10/2024 at 11.00 AM. Bidders may remain present at the time of opening. In case of any official reason, date & time of opening quotations may be changed.

Terms & Conditions:-

1. Goods should be delivered on Door Delivery basis, with unloading & proper arranging in destination store/ department.
2. Rates should be inclusive of all Taxes. Transportation, loading, unloading, installation & all other charges, please note, No extra charge will be paid for any reason.
3. Supply should be done within 30 days from receipt of order.
4. Payment will be made as per availability of budget grants under various programs from the date of work completion or as per the availability of grants/funds. However any interest will not be paid if payment is delayed due to any technical reason.
5. Conditional Quotations will be summarily rejected.

6. Quantity of purchase may be increased or decreased as per requirement.
7. NABL Lab approved Analysis/Test Report must be send with the Medicines as it is mandatory. Also the same analysis report will the carried out at this organization level, for this the supplier should pay a service charge of 1.5 percent of the total purchase price .
8. Please enclose following documents.
 - (a) Annexure A (On Firm's Letter Head).
 - (b) Annexure 1, 2 & 3 On Non Judicial Stamp paper of Rs. 100/- (Use separate Stamp for each annexure).
 - (c) GST Registration Certificate.
 - (d) GST Clearance upto March- 2024.
 - (e) Shop Act License/Gumasta/MSME.
 - (f) Drug License (20B, 21B) obtained by FDA.
 - (g) Copy of PAN Card.
9. Acceptance of Rates will be subject to approval of sample by the purchase committee, sending sample of each item is required. Purchase committee's decision about approval or rejection of samples will be final & binding to the supplier.
10. Civil surgeon, General Hospital, Wardha, reserves all rights to accept or reject any or all quotations or complete quotation process without assigning any reason.

Quantity	Unit	Medicine Name	Rate
2000	1 Tab	Tab. Paracetamol 500 mg	
1000	1 Tab	Tab. Paracetamol 250 mg	
2000	1 Tab	Tab. Paracetamol 500 mg	
1800	1 Tab	Tab. Paracetamol 100 mg	
2000	1 Tab	Tab. Paracetamol 250 mg	
1000	1 Tab	Tab. Paracetamol 500 mg	
2000	1 Tab	Tab. Paracetamol 250 mg	
2000	1 Tab	Tab. Paracetamol 500 mg	
1000	1 Tab	Tab. Paracetamol 250 mg	
2000	1 Tab	Tab. Paracetamol 500 mg	
1000	1 Tab	Tab. Paracetamol 250 mg	
2000	1 Tab	Tab. Paracetamol 500 mg	


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Terms & Conditions:-
 1. Goods should be delivered on Door Delivery basis, with unloading & proper strapping in destination store/department.
 2. Rates should be inclusive of all taxes. Transportation, loading, unloading, installation & all other charges, please note, No extra charge will be paid for any reason.
 3. Supply should be done within 30 days from receipt of order.
 4. Payment will be made as per availability of budget under various programs from the date of work completion or as per the availability of grants/funds. However, any interest will not be paid if payment is delayed due to any technical reason.
 5. Conditional Quotations will be summarily rejected.

Annexure – A (On Firm's Letterhead)

(In case of incomplete information, Quotation will be summarily rejected)

1. Name and address of the Firm :-
2. Registered Head Office Postal Address :-
3. Telephone No., FAX & E-Mail :-
4. In case of Proprietorship / Partnership firms, Names of Proprietors / Partners/ Directors with address and percentage of share :-
5. Ownership Status of the Firm :-
(Maharashtra Govt. / Central Govt./Jt. Sector /Co - Operative /SSI /Private)
6. Whether tendering as a Manufacturer / Importer :-
7. Name of the Person & Phone No. who should be contacted by this office in case of any required communication.
8. Full Address with Email ID, Phone Numbers and Location of Original manufacturing work/Factory/

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, my /our tender shall be rejected and I / we are liable for penal action as per terms specified in the " term and conditions of tender".

Date:-

Full Signature of the Tenderer
with official seal and address

On Non Judicial Stamp paper of Rs.100/- (use separate stamp for each annexure)

Annexure-1

हमीपत्र

जिल्हा शल्य चिकित्सक सामान्य रुग्णालय वर्धा यांचे ई-कोटेशन सूचना पत्र क्र.

.....
च्या अनुषंगाने या हमीपत्राद्वारे लिहून देण्यात येते कि, खरेदी प्राधिका-या सोबत कोणत्याही प्रकारे हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिका-या कडे सादर करण्यात आलेले दरपत्रक हे एकल असून दूस-या कोणाशीही संयुक्तरित्या अथवा संगनमताने साखळी करून दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक:

ठिकाण

दरपत्रक धारकाची स्वाक्षरी

संपूर्ण नाव व शिक्का

On Non Judicial Stamp paper of Rs. 100/-

(Use separate stamp for each annexure)

Annexure -2

Certificate

The rates quoted to Civil Hospital Wardha against their E-Quotation enquiry letter No. ----

----- Date----- are not higher than rates quoted to
other

Govt/ Semi Govt. Institutions. Or any prevailing rate contract.

Date:

Signature

Place:

Full Name & Stamp of vendor

On Non Judicial Stamp paper of Rs. 100/-

(Use separate stamp for each annexure)

Annexure-3

Certificate

I the undersigned certify that our Firm -----

Has not been found guilty of malpractice, misconduct, punished or blacklisted /debarred
either by public health department, Govt. of Maharashtra or by any local authority and
other state Government/ Central Government department in the last five years.

Date:

Signature

Place:

Full Name & Stamp of Vendor