GOVT.OF MAHARASHTRA PUBLIC HEALTH DEPARTMENT OFFICE OF THE CIVIL SURGEON, SINDHUDURG QUOTATION NOTICE YEAR 2024-25

Civil Surgeon, Sindhudurg is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexures and fill up quotation.

1	Quotation call by - (Designation of Purchasing Authority)	District Civil Surgeon, Sindhudurg
2	Address of Purchasing Authority	District Hospital, Sindhudurg SindhudrgnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
3	Telephone Number	02362-228900
4	e mail address	cssindhudurg@gmail.com
5	Working Hours	9.30 am to 5.45 p.m Each Saturday – 9.30 a.m to 2.00 p,m Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	No/CSSND/DWH/X RAY MACHINE/ /16927/2024 Date- 8/10/2024
7	Quotation Item Category	EQUIPMENTS, INSTRUMENTS AND MACHINARY
7	Description of Quotation Item	See Annex-2 for details of Items
8	Last Date, Time & place of Quotation Submission	15/10/2024 before 4.30 p.m
9	Quotation Annexure	District Warehouse Sindhudurg Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	15/10/2024 at 5.00 P.M Office of the Civil Surgeon, Sindhudurg
<u> 11</u>	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg



GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- 1) No any relaxation for Supplier Qualification Criteria.
- 2) Submission of quotation before last date & attendance in time for opening of quotation is the responsibility of supplier. If supplier fails to attend, procedure will be completed by authority.
- 3) Procedure for fill up quotation
 - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. Do not use item wise envelope
 - Fill up all items rate in Quotation Format
 - 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 or overtyping or use of whitener
 - > Write mfg.co name do not write ANY STANDARD COMPANY. This type of Words quotation will be rejected without any notice or message.
- 4) Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- 5) Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)
 - 7.1) Drugs, Consumables, Laboratory items
 - > Valid Date Wholesale Drugs license, Mfg.Co Authorization
 - PAN card
 - GST Registration Certificate

7.2) Non Drugs items

- PAN Card
- ➤ GST Reg. certificate if applicable or Supplier declaration
- Mfg.Company authorization for medical equipment's & machines.

6) Annexure Details

- Annex -1
- General Terms & conditions
- Annex- 2
- Quotation Category Items Details
- Annex -3
- Format for filling of rate
- Annex -4
- Supplier Declaration

7) Disqualification of quotation

- (1) Failure of required supplier Technical qualification
- (2) Late receipt of quotation envelope
- (3) Rate format submission not in proper format & multiple mfg.co. rate
- (4) Non filling of all items rate in quotation
- (5) Non submission of required documents & document without self attested.
- (6) Non submission envelope in proper manner
- (7) NSQ Drugs Company in this hospital past period. or blacklisted firm in Maharashtra state or other state

ANNEXURE -1GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

1	Qualification for Drugs &	Wholesale Drugs License from
	Consumables, Laboratory item	Food and Drugs Administration
	(Kits/Reagents/Chemicals/Sera)	Form No.20 B & 21 B
	, , , , , , , , , , , , , , , , , , , ,	Condition – Valid Drugs Sale License
		GST Certificate, Mfg.Co Authorization
		PAN Card of Owner or his/her Firm
2	Qualification for Non Drugs Item	PAN Card
	3	GST Certificate if applicable as per
	*	financial turn over.
		Mfg, Company Authorization subject to
		Quotation notice or CS Sindhudurg office
3	Authority Letter from Original	In case of Medical Equipment's &
	Mfg. Company	Machine
4	Rate & Quantity	Inclusive of all taxes
ĺ		Handling of material
		Free Installation, Quantity may increase
		or Decrease in rate accepted period.
5	Transport	Inclusive
6	Delivery	Drugs –7 days
		Non Drugs – 10 days
7	Delivery Destination	District Hospital, Sindhudurg
		SindhudrgnagariTal.Kudal Dist.
		Sindhudurg Maharashtra Konkan Pin
		Code 416812
8	Warranty for Electronic	One year from Date of
9	Equipment's & Machine	Installation
3	Acceptance of Rate	Required Minimum 3 qualified
		Quotation. Lowest rate is
10	Mada - CC I	acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write
	Livelope	Quot. No & Date
		Category
		To,
	·	District Civil Surgeon, Sindhudurg
		District Hospital, Sindhudurg
		SindhudrgnagariTal.Kudal Dist.
		Sindhudurg Maharashtra Konkan Pin
11	Quotation submission Method	Code 416812
	DOUTSION SUBTRICE INICIANO	Hand Delivery or own risk by post or
.2	Bill of Quantity	Courier. Only by Hard copy/no e mail
	- Wouldty	It may be increase or decrease in
.3	Court Jurisdiction	Acceptance period.
	SURC	Sindhudurg

14	Disqualification and rejection of	(1) Failure of required supplier
	Quotation	Technical qualification
		(2) Late receipt of quotation envelope
	·	(3) Rate format submission not
		in proper format & multiple mfg.co. rate
		(4) Non filling of all items rate in quotation
		(5) Non submission of required documents & document without self attested.
		(6) Non submission envelope in proper manner
		(7) NSQ Drugs Company for this
		hospital/dist.in past period. or blacklisted firm in
	<u> </u>	Maharashtra state or other state
15	Supplier Attendance in Quot.	Supplier in person should attend, if
	Opening procedure in time.	he/she is unable to attend he/she
		appoint authorize person with letter and
	-	appropriate ID Proof. If supplier not
		attend for procedure, procedure will be
1.5		continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period
17	Dights of O	Sub Standard drugs, Mfg. company
	Rights of Quotation	Civil Surgeon, Sindhudurg



Civil Surgeon, Sindhudurg

-ANNEXURE -2 –

QUOTATION ITEMS FOR PURCHASE

Sr.No	Name of Item	Unit	Approx. Unit Cost with transport	Required Quantity	
1	X Ray Machine 100 MA Specification as per DHS Mumbai	1 No	5.50 Lakhs	1 No	

Civil Surgeon, Sindhudurg



ANNEXURE -3 QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

The Civil Surgeon
District Hospital, Sindhudurg
Sindhudrgnagari Tal. Kudal Dist.
Sindhudurg Maharashtra Konkan Pin Code 416812

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 Item with Technical Specification	Unit	MRP or Market Price or Previous Sale Price	Unit Rate for Quotation	Mfg.by Full Name of Company

Prop.Name, Signature of Supplier Seal & Rubber Stamp



ANNEXURE -8

व्यवसायाचे लेटरपॅडवर खालील नमुन्यात जाहिरनामा तयार करावा.

स्वघोषणापत्र

- (१) मी/आम्ही असे जाहिर करतो कि,या दरपत्रकामध्ये किमान मुल्यापेक्षा अधिक दर नमुद केलेले नाहीत अथवा बाजारभावापेक्षा अधिक दर नमुद केलेले नाहीत.या दरपत्रकात नमुद करणेत आलेली उत्पादक कंपनी किंवा माझा व्यवयाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबध नाहीत.
- (२) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे जीएसटी - वस्तु व सेवा कर याची नोंदणी झालेली असुन वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा अधिक असलेने जीएसटी - वस्तु व सेवा कर परतावा नियमित भरणेत येतो.
- (३) मी/आम्ही असे जाहिर करतो कि,माझे/आमचे व्यवसायाचे वार्षिक आर्थिक उलाढाल रु.२०.०० लक्ष पेक्षा कमी असलेने जीएसटी – वस्तु व सेवा कर या बाबतची नोंदणी केलेली नाही.
 - (२) व (३) पैकी जे आवश्यक आहे हे ठेवुन इतर खोडावे.

स्थळ -दिनांक -



नांव,सही,रबरी शिक्का

Technical Specification of Portable X-Ray Machine 100 mA

	GMDN Name	Mobile X-Ray Machine (HF)
1	Clinical purpose	Used to get the radiographic images where patient
*	James parpose	mobility to stationary installation is compromised such as
		use of other life support equipment. Finds great utility in
		intensive care units.
2	Used by clinical	intensive care units and radiology department
	department/Ward	with the same same and the same same same same same same same sam
3	Technical characteristics	Mobile X-Ray machine:
	(specific to this type of	— High Frequency generator of 40KHz or more.
	device)	Radiographic KV: 40 to 110KV.
ļ		Rad mA: 100mA or more
		— Output power: 10 -15 KW
		— mAs range: 1 to 200mAs
		X-Ray tube head:
		- Monoblock version X-Ray Tube Head with Stationary
		X-Ray Tube. The monoblock consists of Tube.
	·	transformer, H.V. Rectifiers & Capacitors, all immersed
		dielectric oil.
		— One No. Manual Collimator should be provided,
		Stand:
		Mobile Stand with 4-wheel design, which ensures and
		steering. The Spring Balance Stand should be very light in
		weight with tube arm. It should be very easy to maneuver
		& allows smooth movements of Tube
		Head in vertical Plane. Lead lined cassette storage box. Large wheels for
		easy mobility should be provided. The stand is designed for maximum maneuverability of the unit and is able to
	,	achieve tube focus to floor distance of minimum 75 inch
		and tube focus to tabletop distance of minimum 46 inches
		(Standard Radiography Table). The equipment should
		occupy minimum floor area & is capable to be taken.
		tillough elevators with ease.
ĺ		Control Panel:
Ī		KV Increase & Decrease Switches.
.		MAs Increase & Decrease Switches
ļ	4	Machine ON/OFF Switch. • Collimator Lamp 'ON'
1		Switch.
		Stand by & Exposure Switch.
		Self diagnostic Programme with indicators for:
		o Earth fault Error o KV Error
1	·	
	,	o Filament Error
		o Tube head Thermal Error
		 Stand by (Ready) & X-Ray On indicator. Incoming Voltage Indicator. There should be provision
		nooning voltage indicator. There should be provision

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		for the machine to work from 190 Volts input supply to 250 V input supply. • Anatomical Programming Radiography (i.e. APR) should be provided in which 1W and mAs are automatically selected depending upon the physique of the patient and part of the body to be X-Rayed. Anatomical Programming up to 200 programmers or more There should be a provision that the control should get off, if no key is pressed for 10Min. A Hand Switch with Dual action for exposure Release with Retractable Cord is provided for Radiation Protection to the Operator. There should be cordless remote for exposure along with corded exposure switch
4	User's interface	manual
5	Software and/or Standard of	Inbuilt
	Communication	
	I (Where ever required)	
6	Dimensions (metric)	As per manufacturer design
7	Weight (lbs, kg)	Should be specified by manufacturer
8	Configuration	Compact
9	Noise (in dBA)	Noise-free system
10	Heat dissipation	Heat Dissipation: Should maintain nominal Temp and the heat should be disbursed through a cooling mechanism
11	Mobility, portability	Mobile
12	Power Requirements	Power supply: 230V, AC, 50Hz. 15 Amps ,single phase, Line resistance < 0.4 ohms
13	Battery operated	No
14	Tolerance	line regulation of ±10%.
	(to variations, shutdowns)	
15	Protection	Electrical protection by resettable overcurrent breakers or replaceable fuses, fitted in both live and neutral lines.
16	Power consumption	TO be declared by the supplier
17	Accessories (mandatory, standard, optional); Spare parts (main ones); Consumables / reagents (open, closed system)	Machine should be supplied with following BARC Approved whole body lead aprons with all attachments — Qty.3 No. Zero lead.
18	Atmosphere I Ambiance (air conditioning, humidity, dust)	 Operating condition: Capable of operating continuously in ambient temperature of 5 to 50 deg C and relative humidity of 15 to 80% in ideal circumstances. Storage condition: Capable of being stored continuously in ambient temperature of 0 to 50 deg C and relative humidity of 15 to 90%.

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Users care, Cleaning, Disinfection & Sterility issues 1) Disinfection & Sterility issues 20 Certificates (pre-market, sanitary,); Performance and safety standards (specific to the device type); Local and/or international 20 Certificates (pre-market, sanitary,); Performance and safety standards (specific to the device type); Local and/or international 21 Local and/or international 22 Pre-installation requirements: nature, values, quality, tolerance 23 Requirements for sign-off 24 Training of staff (medical, paramedical, technicians) 25 Warranty 26 Warranty 27 Service contract clauses, including prices 28 Operating manuals, service 28 Operating manuals, service 28 Operating manuals, service 28 Operating manuals, service 29 Certification for quality on the patient or the operator should either be capable of easy disinfection or or be protected with the patient or the operator should either be capable of easy disinfection or or be protected by a single use/disposable cover. 29 Sterilization not required 1) US FDA or CE form Notified body. 2) Manufacturer and Supplier should have ISO 13485 certification for quality standards. 3) Electrical safety IEÇ 60601-1-General requirements(or equirements for 1326-1. 4) Certified to be compliant with IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-3, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2, IEC 61010-1-2,	er's	·	
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required for maintenance and repairs in future after guarantee / warranty period should be attached:		including prices	(including minor)
28 Operating manuals services Should be attached:			required for maintenance and as
28 Operating manuals services Should be attached:		·	guarantee /
Operating manuals, service Should provide 2 act of	20		•
	28	Operating manuals, service	Should provide 2 note/hard
		manuals, other manuals	Should provide 2 sets(hardcopy and soft-copy) of:-
supplied in English/Marathi language along with machine diagrams;	ļ	·	
2) List of equipment and	l	•	2) List of equipment and
List of equipment and procedures required for local calibration and routine maintains.	ĺ		calibration and routing required for local
calibration and routine maintenance; 3) Service and operation			3) Service and operation
3) Service and operation manuals (original and copy) to			to and operation manuals (original and copy) to

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29	Other accompanying	be provided; 4) Advanced maintenance tasks documentation; 5) Certificate of calibration and inspection List of essential spares and accessories, with their part
30	documents Service Support Contact details (Hierarchy Wise; including a toll free/landline number)	numbers and cost Contact details of manufacturer, supplier and local service agent to be provided; Any Contract (AMC/CMC/add-hoc) to be declared by the manufacturer;
31	Recommendations or warnings	Any warning signs would be adequately displayed

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