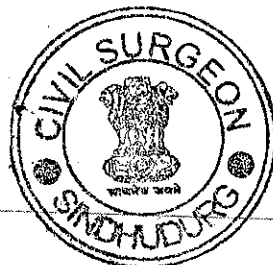


GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE CIVIL SURGEON,SINDHUDURG
QUOTATION NOTICE YEAR 2024-25

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 SindhudragnagariTal.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 MACHINERY
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 District Warehouse Sindhudurg
9	Quotation Annexure	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
11	Validity of Quotation Rate	One year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	District Civil Surgeon, Sindhudurg

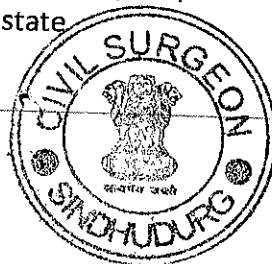


2 | Medical Oxy Cyl.

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 -1
GENERAL TRERMS & CONDITIONS FOR QUOTATION SUBMISSION

1	Qualification for Drugs & Consumables, Laboratory item (Kits/Reagents/Chemicals/Sera)	Wholesale Drugs License from Food and Drugs Administration 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 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 Mfg. Company	In case of Medical Equipment's & Machine
4	Rate & Quantity	Inclusive of all taxes 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 SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
8	Warranty for Electronic Equipment's & Machine	One year from Date of Installation
9	Acceptance of Rate	Required Minimum 3 qualified Quotation. Lowest rate is acceptable for purchase
10	Mode of Submission of Quot. Envelope	Front of Envelope Write Quot. No & Date Category To, District Civil Surgeon, Sindhudurg District Hospital, Sindhudurg SindhudragnagariTal.Kudal Dist. Sindhudurg Maharashtra Konkan Pin Code 416812
11	Quotation submission: Method	Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail
12	Bill of Quantity	It may be Increase or decrease in Acceptance period.
13	Court Jurisdiction	Sindhudurg



14	Disqualification and rejection of Quotation	<ul style="list-style-type: none"> (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 for this hospital/dist.in past period. or blacklisted firm in Maharashtra state or other state
15	Supplier Attendance in Quot. Opening procedure in time.	Supplier in person should attend, if 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 continued in presence of committee member.
16	Termination of Accepted Rate	Failure of Supply in stipulated period Sub Standard drugs, Mfg. company
17	Rights of Quotation	Civil Surgeon, Sindhudurg

Bata

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

Sata

Civil Surgeon, Sindhudurg



ANNEXURE -3
QUOTATION RATE FORMAT –ON BUSINESS LETTERPAD

Date

To,

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

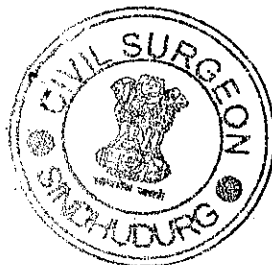
Sub- Submission of Quotation....
Ref- Your office Quotation Notice No.
Date.

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



⑨ | Medical Oxy Cyl

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 व्यवसाय काळयायादीतील नाही.मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा जिल्हा शल्य चिकित्सक,सिंधुदुर्ग किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध 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 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 department/Ward	intensive care units and radiology department
3	Technical characteristics (specific to this type of device)	<p>Mobile X-Ray machine:</p> <ul style="list-style-type: none"> — High Frequency generator of 40KHz or more. — Radiographic KV: 40 to 110KV. — Rad mA: 100mA or more — Output power: 10 -15 KW.. — mAs range: 1 to 200mAs <p>X-Ray tube head:</p> <ul style="list-style-type: none"> — 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, <p>Stand:</p> <p>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 through elevators with ease.</p> <p>Control Panel:</p> <ul style="list-style-type: none"> • KV Increase & Decrease Switches. • mAs Increase & Decrease Switches • Machine ON/OFF Switch. • Collimator Lamp 'ON' Switch. • Stand by & Exposure Switch. • Self diagnostic Programme with indicators for: <ul style="list-style-type: none"> o Earth fault Error o KV Error o Filament Error o Tube head Thermal Error • Stand by (Ready) & X-Ray On indicator. • Incoming Voltage Indicator. There should be provision

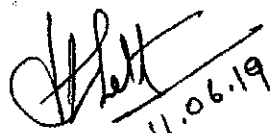
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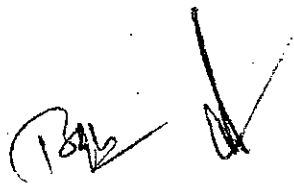
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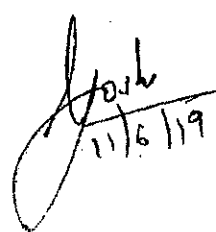
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		<p>for the machine to work from 190 Volts input supply to 250 V input supply.</p> <ul style="list-style-type: none"> Anatomical Programming Radiography (i.e. APR) should be provided in which 1W and mAs are automatically selected depending upon the physique of the patient and part of the body to be X-Rayed. <p>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</p>
4	User's interface	manual
5	Software and/or Standard of Communication I (Where ever required)	inbuilt
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 disburshed 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 (to variations, shutdowns)	line regulation of $\pm 10\%$.
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 ...)	<ol style="list-style-type: none"> 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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19	Users care, Cleaning, Disinfection & Sterility issues	<ol style="list-style-type: none"> 1) Disinfection: Parts of the Device that are designed to come into contact with the patient or the operator should either be capable of easy disinfection or be protected by a single use/disposable cover. 2) Sterilization not required
20	Certificates (pre-market, sanitary, ..); Performance and safety standards (specific to the device type); Local and/or international	<ol style="list-style-type: none"> 1) US FDA or CE form Notified body. 2) Manufacturer and Supplier should have ISO 13485 certification for quality standards. 3) Electrical safety conforms to the standards for electrical safety IEC 60601-1-General requirements (or equivalent BIS Standard) 4) Shall meet internationally recognized standard for Electromagnetic Compatibility (EMI/EMC) for electro medical equipment: 61326-1. 5) Certified to be compliant with IEC 61010-1-3, IEC 61010-1-2, IEC 61010-2-54, IEC 61010-1-6 <p>7) AERB type approved</p>
21	Local and/or international	Manufacturer / supplier should have ISO 13485 certificate for quality standard
22	Pre-installation requirements: nature, values, quality, tolerance	<ol style="list-style-type: none"> 1) Availability of 5 amp socket; 2) Safety and operation check before handover;
23	Requirements for sign-off	Certificate of calibration and inspection of parts from the manufacturer
24	Training of staff (medical, paramedical, technicians)	<ol style="list-style-type: none"> 1) Training of users on operation and basic maintenance; 2) Advanced maintenance tasks required shall be documented
25	Warranty	3 years
26	Maintenance tasks	<p>CMC 5 years</p> <p>Two Preventive Maintenance Visits per year and as per breakdown call recorded.</p> <p>All Breakdown calls to be attended within 24 hrs of registration.</p>
27	Service contract clauses, including prices	The spare price list of all spares and accessories (including minor) required for maintenance and repairs in future after guarantee / warranty period should be attached;
28	Operating manuals, service manuals, other manuals	<p>Should provide 2 sets (hardcopy and soft-copy) of:-</p> <ol style="list-style-type: none"> 1) User, technical and maintenance manuals to be supplied in English/Marathi language along with machine diagrams; 2) List of equipment and procedures required for local calibration and routine maintenance; 3) Service and operation manuals (original and copy) to

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		be provided; 4) Advanced maintenance tasks documentation; 5) Certificate of calibration and inspection
29	Other accompanying documents	List of essential spares and accessories, with their part numbers and cost
30	Service Support Contact details (Hierarchy Wise; including a toll free/landline number)	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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Dr. Dev Shetty
Prof & HOD
B.Y.L. Nair Hospital

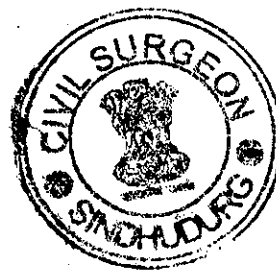
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Dr. Anagha R. Joshi
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Anil Wadke
Biomedical Engineer
R.R.S.H. Amravati

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Dr. B.R. Patil
Radiologist
CH Purne

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Civil Surgeon, Sindhudurg