

Govt. Of Maharashtra
Public Health Department
Office of the District Health Office,
Zilha Parishad, Jalgaon 425 001
Year - 2024-25

Quotation for Rate contract of Medicine

Quality Test by NABL Approved Lab

**Office of the District Health Office,
Zilha Parishad, Jalgaon 425 001
Quotation Notice Year - 2024-25**

Notice No. /Med Store/ 077 /2024-25

Date: 14/01/2025

District Health Office, Jalgaon is inviting quotations for Rate contract of Medicine Quality Test by NABL Approved Lab of following Items from eligible Labs /institution's. Who is interested please see terms and conditions and submit the sealed original quotation in Prescribed Manner within below mentioned time limit to this office.

Sealed envelope must be labelled as "Quotation for Rate contract for Medicine Quality Test for Medicine Store"

A) Terms & Conditions:-

1. **Rates** :- Inclusive of all taxes (GST) & Charges.
2. **Risk Purchase clause** :- If eligible labs fails to submit the report of item in stipulated period then Risk Purchase clause as per GR dated 01.12.2016 will be applicable.
3. **Report Delivery in hard copy** :- Z. P. Medicine Store, Dayma Municipal School No.18, Asoda
Bhadli Riksha Stop, Baliram Peth, Jalgaon-4250014
Email- dhojalmedstore@gmail.com
Contact No. 9421695388/ 9423525202
4. **Acceptance of Rates** :- Minimum 3 quotations are required for comparison of Rates.
Item / Medicine wise Lowest rates will accepted for rate contract..
5. **Payment** :- CMP/PFMS/ Cheque /RTGS/NEFT **(No advance payment)**
6. **Documents Required** :- Bidder Should Submit **Self attested Copy** of :-
 1. Valid NABL certificates (NABL approval/ Registration)
 2. GST registration Certificate.
 3. PAN Card
 4. Details of Bank account.
 5. Undertaking of Tariff (400/- Rs Bond Paper)
6. **Rate Format** :- To be prepared on Letter pad Only, Duly signed by Lab Owner/
Partner/Representative with Name & Rubber stamp.


B) Schedule for Submission of Quotation

1	Last Date & Time	23/01/2025, before 05.00 PM
2	Opening of Quotation	/ /2025 Time 12.30 PM. (if Possible) Place - District Health Office, ZP Jalgaon 425001
3	Envelopes	1) Sealed Technical Envelope must mention as - " Technical Documents ". 2) Sealed Financial Envelope must mention as - " Financial - Rate Format ".
4	Submission	Original quotation should be submitted only through hand Delivery at, District Health Office, Jilha Parishad, Main New Building, Ground Floor, Jalgaon 452001 . 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.

Other Important Notes:-

1. The rates mentioned in the tariff should not be more than the prevailing market price and the said rates should not be higher than the MRP/ any other quoted charges and if the government has decided it and the holder of the tariff shall be responsible for following all the government decisions and circulars of the state government / central government regarding drug testing.
2. District Health Officer has retained the Power to increase or decrease the number/type of inspection as per availability of grant or as per requirement.
3. District Health Officer has retained the Power to negotiate after receipt of price lists and power to enter into contract with more than 1 laboratory.
4. Successful tariff holder has to sign agreement with this office on stamp paper of Rs.500.
5. Acceptance or rejection of any tariff or suspension of processing without assigning any reason District Health Officer reserves the right to retain as well as reduce/increase or eliminate the number of items to be inspected. Any oral or written reason there of will not be given or correspondence will not be entered into.

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 terms and condition or part of terms and condition as well as to accept or reject any or all terms and condition without assigning any reasons thereto.


District Health Officer,
Zilla Parishad, Jalgaon
Zilla Parishad, Jalgaon

500/-Rs Stamp Paper

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग
शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भाग/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 नसुन हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असुन दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करुन भरलेले नाही. असे आढळुन आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

Sign & Stamp Of Bidder

English Format

500/-Rs Stamp Paper

Undertaking of Tariff Submitter

Government of Maharashtra,
Department of Industry Power and Labour
GR -2014 /P.No.82/Part/Industry-4, Dt. 01 December 2016.
Rule no. As per 4:2:5.

I/We.....

I hereby declare that I have no conflict of interest and no conflict of interest in any way with the procurement authority seeking the price quotation. Also, the price list submitted to the procurement authority is single and not filled jointly or in collusion with any other organization. If found to be so, I shall be entitled to appropriate penal action as per rules.

Dated: -

Venue: -

Signature of the submitter of the tariff

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	
15	GST No	

Above information is correct as per our record.

Date:-

Seal:-

Sign & Stamp of Bidder

Format For Quotation (Financial - Rate Format)

(Supplier should Submit Sealed quotation on her/his own letter pad)

Date :- / /2025

To,
District Health Officer,
Z.P., Jalgaon

Sub :- Submission of Quotations for Testing of Medicine.

Ref :- Your Office Website Notice No..... Dated.....

With reference to above Subject, we are herewith submitting following items for Govt. Purchase.

Sr. No.	Name of Medicine item	Testing Rate including GST and all other charges	Sample Qty. require for Quality Test	Approximate Require Timeline for Quality Testing

Certificate

- 1) I under signed hereby certified that above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. Submitted all information & Documents are true.
- 2) I/We hereby warrant that I/We have no conflict of interest with the Procuring Authority and I/We have submitted a single tender.
- 3) I/We am fully aware that if I/We fail to provide the services within the stipulated time as per the terms and conditions of the said tender document, our organization will be blacklisted and banned from submitting tenders/quotations for the next 1 year in the office of the District Health Officer, ZP Jalgaon along with penal action as per the Risk Purchase Clause.

Signature & Stamp

Medicine List

Sr.no	Name Of Medicine
1	Absorbent Cotton Wool 100 gm Packet [441.1]
2	Alcohol/spirit swab [323]
3	Amikacin Inj 500 mg 2 ml [67.3]
4	Amlodipine Tab 5 mg [163.2]
5	Amoxicillin + Clavulanic acid dry Syrup 200 mg + 28.5 mg/5ml [55.5]
6	Amoxicillin + Clavulanic acid Tab 500 mg +125 mg [55.6]
7	Amoxicillin Cap 250 mg [55.2]
8	Amoxicillin Cap 500 mg [55.3]
9	Anti Rabies Vaccine IM (Human Tissue culture) 0.5 ml / 1 ml [220.2]
10	Antisnake Venom Serum Inj 10 ml [215.1]
11	Ascorbic acid (Vitamin C) 500 mg [312.2]
12	Atenelol Tab 50 mg 14 Tab [167.2]
13	Azithromycin Tab 250 mg [73.2]
14	Azithromycin Tab 500 mg [73.3]
15	Benzyl Benzoate Lotion 100 ml [331.1]
16	Cefotaxime Inj 500 mg Vial [62.2]
17	Cetirizine Hydrochloride Tab 10 mg [37.1]
18	Cetirizine Syrup 5 mg/5 ml 30 ml [37.2]
19	Chromic Catgut Size 1/0 Length 76 cm Box of 12 Foils [631.1]
20	Ciprofloxacin Eye/Ear drop 5 ml [343.1]
21	Ciprofloxacin I.V Inj 200 mg 100 ml Bottle [69.3]
22	Ciprofloxacin Tab 250 mg [69.1]
23	Ciprofloxacin Tab 500 mg [69.2]
24	Clotrimazole Cream 1% 15 gm [317.1]
25	Cotrimaxazol Syrup (Trimethoprim + Sulphamethoxazole) 40 mg + 200 mg 50 ml Bottle [53.3]
26	Cotrimoxazole DS (Trimethoprim + Sulphamethoxazole) Tab 160 mg + 800 mg [53.1]
27	Cotrimoxazole SS (Trimethoprim + Sulphamethoxazole) Tab 80 mg + 400 mg [53.2]
28	Cough Expectorant Diphenhydramine hydrochloride 15 mg (IP) + Ammonium Chloride 150 mg (IP) + Sodium Citrate IP - 60 mg + Menthol -1 mg (IP) 30mg 100 ml [189.1]
29	Cyanocobalamine Inj 1000 mcg/ml 10 ml Vial [307.1]
30	Dexamethasone Inj 4 mg 2 ml [257.2]
31	Dextrose I.V 5 % 500 ml Bottle [260.1]
32	Dextrose with Normal Saline I.V 5% 500 ml Bottle [261.1]
33	Diazepam Inj 5 mg 2 ml Amp [20.2]
34	Diazepam Tab 5 mg [20.1]
35	Diclofenac Gel 1 % 30 gm [43.3]
36	Diclofenac Sodium Inj 25 mg/ml 3 ml Amp [43.1]
37	Diclofenac Sodium Tab 50 mg [43.2]
38	Dicyclomine Hydrochloride Tab 10 mg [371.1]
39	Disposable Needle 23G Each [625.1]
40	Disposable Non Traumatic Razer Each [588.1]
41	Disposable Scalp Vein Set No. 23 Each [592.1]
42	Disposable syringe sterile with needle 1inch 2 ml [600.1]
43	Domperidone Tab 10 mg [28.1]
44	Flucanazole Tab 150 mg [112.2.2]
45	Folic acid Tab 5 mg [306.2]
46	Furazolidone Tab 100 mg [121.1]

Medicine List

Sr.no	Name Of Medicine
47	Gentamycine Inj 40 mg/ml 2 ml [66.1]
48	Glimiperide Tab 2 mg [181.1]
49	Gluteraldehyde Solution 2 % 5 Ltr [267.2]
50	I.V.Sets with hypodermic needle 21 G of 1.5 inch length Each [481.1]
51	Ibuprofen Tab 400 mg [44.1]
52	Inj. Menadion Bisulphate Trihydrate 10 mg/ml (aqueous)(Vitamin K) - 1 ml [209.1]
53	Iron Sucrose Inj 50 mg in 2.5ml Amp (Parenteral Iron) [239.1]
54	Makintosh Double Colour Water Proof Rubber Width- 90 cm in meter [512.1]
55	Metformin Tab 500 mg [179.1]
56	Metronidazole I.V Inj 500 mg 100 ml Bottle [78.4]
57	Metronidazole Susp 200 mg/5ml 60 ml Bottle [78.3]
58	Metronidazole Tab 200 mg [78.1]
59	Metronidazole Tab 400 mg [78.2]
60	Ondansetron Tab 4 mg [29.1]
61	Oral Rehydration Salt Powder WHO Formula 20.5 gms Sachet [32.1]
62	Pantoprazole Tab 40 mg [27.2]
63	Paper Adhesive Plaster 1inch x 5 mtr Roll [447.1]
64	Paracetamol Tab 500 mg [41.3]
65	Pentazocine Inj 30 mg 1 ml Amp [46.1]
66	Pheniramine Maleate Inj 22.75mg/2ml [40.2]
67	Povidone Iodine Ointment 5 % 15 gm [316.1]
68	Ranitidine Inj 25 mg 2 ml Amp [24.1]
69	Ringer Lactate I.V 500 ml Bottle [262.1]
70	Rolled cotton Bandage as per Schedule F-II 7.5 cm x 4 Mtr Roll [505.1]
71	Silver Sulphadiazine Cream 250 gm [330.1]
72	Sodium Chloride - Normal Saline 0.9% Inj. I.V. 100ml [13.7]
73	Sodium Chloride (Normal saline) 0.9% IV 500 ml Bottle [259.1]
74	Surgical Blade no. 22 [459.1]
75	Surgical Rubber Gloves no. 6.5 Pair [518.1]
76	Surgical Rubber Gloves no.7 Pair [519.1]
77	Syrup Furazolidone 25 mg/5 ml 60 ml Bottle [121.2]
78	Tab. Chlorthalidone 6.25mg [99.2a36]
79	Tab. Telmisartan 40mg [99.2a13]
80	Trimethoprim + Sulphamethoxazole Paed Tab.. [52.4]
81	Vitamine B Complex Tab [309.2]
82	Water for injection 5 ml [265.1]
83	Paracetamol Syrup 250 mg /5 ml 60 ml
84	Inj. Tetanus Toxoid Adsorbed I.P 0.5 ml
85	75gm Glucose Powder
86	Absorbent Cotton Wool 500 gm Packet
87	Amikacin Inj 100 mg 2 ml
88	Mucus extractor for neonatal deelee catheter Each
89	Oxytocin Inj 5 IU 1 ml
90	Promethazine Inj 25 mg/ml 2 ml Amp
91	Syrup Calcium with phosphate
92	Tablet IFA (Iron 60mg + Folic Acid 500mcg)
93	Vitamin A Concetrated Solution 100 ml
94	Karnim Capsule
95	Aawin tablet

Medicine List

Sr.no	Name Of Medicine
96	Adulsa Plus Cough Syrup
97	महानारायणी तैल
98	त्रिफळा गुग्गुळ
99	त्रिभुवन किर्ती वटी
100	सुतशेखर वटी
101	अशोकारिष्ट
102	अर्जुनारिष्ट
103	श्वास कुठार रस
104	कुमारी आसव
105	तालीसादी चूर्ण
106	अविपत्तीकर चूर्ण
107	त्रिफलाचूर्ण
108	सितोफलादी चूर्ण
109	हिंमवास्तक चूर्ण
110	Etophylin + Theophyllin SR Tab 231 mg + 69 mg
111	Oxytocin Inj 5 IU 1 ml
112	Hydrocortisone Sodium Succinate Inj 100 mg Vial
113	Povidone Iodine Ointment 5 % 15 gm [316.1]
114	Makintosh Double Colour Water Proof Rubber Width- 90 cm in meter [512.1]
115	Syrup Calcium with phosphate [365.4]
116	Tablet IFA (Iron 60mg + Folic Acid 500mcg) [306.5]
117	Amoxicillin + Clavulanic acid dry Syrup 200 mg + 28.5 mg/5ml [55.5]
118	Amoxicillin Cap 250 mg [55.2]
119	Amoxicillin Cap 500 mg [55.3]
120	Benzyl Benzoate Lotion 100 ml [331.1]
121	Cetirizine Syrup 5 mg/5 ml 30 ml [37.2]
122	Folic acid Tab 5 mg [306.2]
123	Furazolidone Tab 100 mg [121.1]
124	Metronidazole Susp 200 mg/5ml 60 ml Bottle [78.3]
125	Metronidazole Tab 200 mg [78.1]
126	Metronidazole Tab 400 mg [78.2]
127	Ondansetron Tab 4 mg [29.1]
128	ORS Powder WHO Formula 20.5 gms Sachet [32.1]
129	Rolled cotton Bandage as per Schedule F-II 7.5 cm x 4 Mtr Roll [505.1]
130	Syrup Furazolidone 25 mg/5 ml 60 ml Bottle [121.2]
131	Vitamine B Complex Tab [309.2]
132	Paracetamol Syrup 250 mg /5 ml 60 ml [41.5]
133	Absorbent Cotton Wool 500 gm Packet [443.1]