

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2024-25

Medical Suptd. DISTRICT WOMEN CHILD HOSPITAL KUDAL 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 | MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUDURG |
| 2 | Address of Purchasing Authority | District Women Child Hospital Kudal, Dist.Sindhudurg Maharashtra Konkan Pin Code 416520 |
| 3 | Telephone Number | 02362-299434 |
| 4 | e mail address | dwchsindhudurg@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 | DWCH/NHM/BMW Bags/LP/149/2024-2025 Date 15/01/2025 |
| 7 | Quotation Item Category | Biomedical Waste Bag (Red, Yellow, Blue, Black) |
| 7 | Description of Quotation Item | See Annexure 2 |
| 8 | Last Date, Time & place of Quotation Submission | 21/01/2025 before 5 p.m District Women Child Hospital Kudal |
| 9 | Quotation Annexure | Annex 1 to 4 |
| 10 | Date ,Time & Place of Quotation Opening procedure | 22/01/2025 at 11.00 a.m Office of the Medical suptd.District Women Child Hospital Kudal |
| 11 | Validity of Quotation Rate | Six month from Date of Acceptance |
| 12 | Final Authority of Quotation Acceptance or Rejection | MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUDURG |

Place – Kudal

date- 15/01/2025




Medical Superintendent
District Women & Child Hospital
Sindhudurg - Kudal

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- No any relaxation for Supplier Qualification Criteria
- Submission of quotation before last date is responsibility of supplier.
- Procedure for fill up quotation
 - Submission of Envelope Is required in Prescribed manner. Use OneEnvelope for One quotation. **Don 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
 - Write mfg.co name do not write ANY STANDARD COMPANY. This type of Words quotation will be rejected without any notice or message.
- Sealing of Quotation envelope by Wax seal only. Do not put rubber Stamp/seal/parcel tape etc.
- Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)

7.1) Drugs, Consumables, Laboratory items

- Wholesale Drugs license
- 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.

• Annexure Details

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

• Disqualification of quotation

- Failure of required supplier qualification
- Late receipt of quotation envelope
- Rate format submission not in proper manner
- Non submission of required documents.
- Non submission envelope in proper manner

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 & 20 B Condition – Valid License GST Certificate 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 |
| 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 – 15 to 30 days |
| 7 | Delivery Destination | MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUIDURG Pin code416520 |
| 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, MEDICAL SUPERINTENDENT DISTRICT WOMEN CHILD HOSPITAL KUDAL DIST .SINDHUIDURG Pin code416520 |
| 11 | Quotation submission Method | Hand Delivery or own risk by post or Courier. Only by Hard copy/no e mail |
| 12 | Court Jurisdiction | Sindhudurg |
| 13 | Termination of Accepted Rate | Failure of Supply in stipulated period Sub Standard drugs, Mfg. company other than accepted |
| 14 | Rights of Quotation | Medical Suptd.DISTRICT WOMEN CHILD HOSPITAL KUDAL |

ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

| sr.no. | Name of Item | Size | Unit | Approximate Quantity for Purchase |
|--------|------------------------------|---------------|------|-----------------------------------|
| 1 | BIOMEDICAL WASTE YELLOW BAGS | 90 cm x 60 cm | 1 KG | 200KG |
| 2 | BIOMEDICAL WASTE RED BAGS | 90 cm x 60 cm | 1 KG | 200KG |
| 3 | BIOMEDICAL WASTE BLUE BAGS | 90 cm x 60 cm | 1 KG | 200KG |
| 4 | BIOMEDICAL WASTE BLACK BAGS | 90 cm x 60 cm | 1 KG | 200KG |

Label on bag with logo

BIO - HAZARD

Incinerable Waste Bag
Useful For Hospitals, Hotels, Industry Etc.
Label for Transport of biomedical waste containers / bags

Day Month Year

Waste category no Date of generation

Waste Class

Waste Description

Sender's Name and Address **Receiver's Name and Address**

Name Name

Phone No Phone No

Telefax No Telefax No

Fax No Fax No

Contact Person Contact Person

In case of emergency please contact


Medical Superintendent CI
District Women & Child Hospital
Sindhudurg - Kudal

ANEXURE -3

FILLING OF RATE FORMAT

Date

To,

MEDICAL SUPERINTENDENT

DISTRICT WOMEN CHILD HOSPITAL KUDAL

DIST .SINDHUIDURG

Pin code416520

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 | Unit | Rate |
|-------|--------------|------|------|
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| | | | |
| | | | |

Name & Sign of Supplier

Rubber Stamp

ANNEXURE -4

DECLARATION BY SUPPLIER

I/we herewith declared that, I/We have not quoted rate in this quotation greater than MRP or Market rate. I/we have not quoted blacklisted mfg. company in this quotation. I/we or our firm employee are not related with District Women Hospital Kudal, Sindhudurg or their organizational person.

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 कंपनीही काळ्या यादीतील नाही. मी किंवा माझे व्यवसायातील नोकरवर्ग यांचा जिल्हा महिला व बाल रुग्णालय कुडाळ किंवा त्यांचे अधिपत्याखालील संस्था या मध्ये कोणतेही नाते वा हितसंबंध नाहीत.

Place – Kudal

Date- 15/01/2025

Name, Signature of Supplier

Rubber Stamp