

Civil Surgeon General Hospital Wardha

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21763-6

2 07152 -243066,243895

O. No. GHW/Med. Str./E-Q/

/2024

Date:

9 DEC 2024

То

Whom so ever it may concern

Sub: Invitation of e-quotations for supply equipment Orthopaedic Implants.

As per the subject cited above, this office hereby invites E-quotations from local/nearby suppliers for supply of equipment attachments & consumables (detail list enclosed).

Your Quotations (sealed envelope) must reach this office on or before 27/12/2024 4.00 PM. quotations will be opened on 05.00 PM 27 /12/2024. Please mention in bold letters on envelops "Quotations for Implants" "Closing date: 27 /12/2024, 04.00 PM". Bidders may remain present at the time of opening. In case of any official reason, time of opening may be changed.

SR.NO.	PRODUCT NAME	SIZE	QTY	Rate
1	Kerisson Forcep	11",90 Degree,Up 2 mm	1	
2	Kerisson Forcep	11",90 Degree,Up 3 mm	1	
3	Kerisson Forcep	11",90 Degree,Up 4 mm	1	
4	Kerisson Forcep	11",90 Degree,Up 5 mm	1	
5	Kerisson Forcep	11",90 Degree,Down 2 mm	1	
6	Kerisson Forcep	11",90 Degree,Down 3 mm	1	
7	Kerisson Forcep	11",90 Degree,Down 4 mm	1	
8	Kerisson Forcep	11",90 Degree,Down 5 mm	1	
9	Disc roungeurs	10" straight jaw, 2mm	1	
10	Disc roungeurs	10" straight jaw, 3mm	1	
11	Disc roungeurs	10" straight jaw, 4mm	1	
12	Disc roungeurs	10" straight jaw, 5mm	1	
13	Disc roungeurs	10" straight jaw, 6mm	1	
14	Disc roungeurs	10" 40 degree upward jaw, 2mm	1	
15	Disc roungeurs	10" 40 degree upward jaw, 4mm	1	
16	Disc roungeurs	10" 40 degree upward jaw, 6mm	1	
17	Disc roungeurs	10" 40 degree downward jaw, 2mm	1	
18	Disc roungeurs	10" 40 degree downward jaw, 4mm	1	
19	Disc roungeurs	10" 40 degree downward jaw, 6mm	1	
20	Krayenbuhi Nerve root retractor double bayonet	9.5 inch 3mm	1	
21	Krayenbuhi Nerve root retractor double bayonet	9.5 inch 4mm	1	
22	Metal Suction Tube	2.3mm	1	

23	Metal Suction Tube	4mm	1
	CELEBRA W. Government		Total:

Terms & Conditions

- 1. Above individual items should be packed in Plastic pouches having thickness of at least 100 microns or more. Printed labels should be pasted from inside on both sides of the pouch. Whole set should be packed in sturdy plastic container of suitable strength & size.
- 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.** Payment will be made within 90 days from the date of work completion. However any interest will not be paid if payment is delayed due to some reason.
- 4. Quotations to be provided in two envelop system (A) Technical envelop (B) Price envelop conditional or not in format quotations will be summarily rejected.
- 5. Enclose following documents.
- (A) Technical Envelop
- (a) Annexure A (on firm's letterhead)
- (b) Annexure 1 to 4 (duly notarized)
- (c) Valid license
- (d) Shop act license
- (e) Valid GST Registration Certificate
- (f) Product catalogue with specifications.
- (f) Manufacturers authority letter.
- (B) Price envelop
- 6. Samples are integral part of the quotation; they should have due labelling with the name of Suppler, Manufacturer, item name & packing as mentioned in 1. above should be provided with the quotation before the end date.
- 7. Acceptance of rates will be subject to approval of sample by the purchase committee, purchase committees decision about approval or rejection of samples will be final & binding on the supplier.
- 8. Your rates should remain valid for 180 days from the date of opening. This time period may be further extended if buyer & vendor both agree to do so.
- 9. Only those vendors, having their shop within 150 KM can participate in this quotation procedure, others will not be considered; please note.
- 10. Twelve months Warranty to be provided.
- 11. Orders may be placed on staggered basis during rate validity period.
- 12. Civil Surgeon Wardha reserves the rights to accept or reject any quotation as per the requirement of the hospital.

divil Surgeon General Hospital Wardha

Copy: to Notice Board, General Hospital Wardha

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 urgent Problem.
- 8. Full Address with Email ID, Phone Numbers and Location of Original manufacturing work/factory/factories:

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

Annexure-1

On Non Judicial Stamp paper of Rs.500/-(use separate stamp for each annexure)

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:

Place:

Signature

Full Name & Stamp of vendor

Annexure-2

On Non Judicial Stamp paper of Rs.500/-(use separate stamp for each annexure)

हमीपत्र

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

च्या अनूषंगाने 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 संयूक्तरित्या अथवा संगनमताने साखळी करुन दरपत्रक भरलेले नाही. असे आढळून आल्यास दंडात्मक कारवाईस पात्र राहू.

दिनांक:

ठिकाण

दरपत्रक धारकाची स्वाक्षरी संपूर्ण नाव व शिक्का

Annexure -3

On Non Judicial Stamp paper of Rs.500/-(use separ	ate stamp for each annexure)
Certifica	te
The rates quoted to Civil Hospital Wardha against t	heir E-Quotation enquiry letter No
Date	
Govt/Semi Govt. Institutions. Or any prevailing ra	
Date:	Signature
Place:	Full Name & Stamp of vendor
Annexure -4	
On Non Judicial Stamp paper of Rs.500/-(use separa	te stamp for each annexure)
Certificat	e
We confirm that, we had checked all necessary manufacturer, all these documents are valid & will confirm the authenticity of all documents submitt document, submitted by is found to be erroneous legal action.	remain in force till the end of contract. We also
Date:	Signature
Place:	Full Name & Stamp of vendor