

**Office of the Civil Surgeon, District Hospital Chikalhana,
Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar 431 007**

Quotation Notice Year - 2024-25

Notice No.03-03/Med Store/2024-25/ 23986 Date - 26/12/2024

Civil Surgeon Chhatrapati Sambhajanagar is inviting quotations from eligible suppliers, for the purchase of following Drugs & Consumables required for District Hospital Chhatrapati Sambhajanagar. **Last Date for Submission 02/01/2025, at 15.00hr (3.00pm)**

List of Items for Procurement :-

No	Name & Description of Item	Qty
1	Anti-Hemophilic Factor -VIII, 500IU, Recombinant Ultra-pure Recombinant Factor VIII- Plasma free, Human Albumin free Inj, Reconstitute in 2 or 4 ml dilution, Expiry date should not be less than one Year Complementary (if possible) - <ul style="list-style-type: none">• Dried Factor with reconstitution kit Include• Sterile Hypodermic Syringe 20ml-01 No,• Sterile Disposable Hypodermic Needle 21G- 02 Needles,• Scalp Vein Set 23g (Top) - 01No• Non Pyrogenic Single Use Filter (Polypropylene) - 01No.• Sterile Water For Injection I.P.-10ML- 01Amp• Alcohol Swab (Isopropyl Alcohol Swab) USP -70% V/V - 01No.	210 V

Interested Authorized Suppliers, please Submit sealed original quotation with required documents.

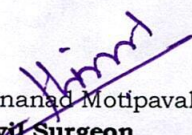
1. Quotation Entry Fee Rs. 5,00/- (Non-refundable demand in the name of Civil Surgeon, District Hospital Aurangabad)
2. Quotation - Rate Offer in given format.
3. Valid Shop & establishment License or MSME/Udyog Aadhar.
4. GST registration Certificate, latest GST Paid challan
5. PAN Card
6. Authorization Certificate, WHO GMP/ Certificate from manufacturer/ICMR Approval
7. Details of Bank account.
8. निविदाकाराचे हमीपत्र

Terms Condition:-

- Rate - Inclusive of all taxes (GST) & levies with store delivery basis, installation. *Not Exceeding than M.R.P. Rate should be quote for each Unit.*
- Delivery at :- Medical Store, Ground Floor, District Hospital Chikalhana, Opposite Airport, Jalna Road, Chhatrapati Sambhajanagar.
- Delivery Period :- 10 Days
- Test Report of each & every batch , Lot No. & e-Way bill should be submit with Invoice.
- On Envelop should be mention as- **"Quotation No. 03 - Anti-Hemophilic Factor-VIII"**

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.

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 quotation or part of quotation as well as to accept or reject any or all quotation without assigning any reasons thereto.


(Dr. Dayananad Mottipavale)
Civil Surgeon
Chhatrapati Sambhajanagar

To be submitted on Original Letter head/pad

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 नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहिल.

दिनांक :-

स्थळ :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

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	

Above information is correct as per our record.

Date:

Seal:

Sign & Stamp Of Bidder