

GOVT.OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
OFFICE OF THE MEDICAL SUPERINTENDENT
SUB DISTRICT HOSPITAL, KANKAVLI TAL.KANKAVLI DIST.SINDHUDURG
QUOTATION NOTICE YEAR 2024-2025

Medical Suptd. S.D.H. KANKAVLI is inviting sealed quotation from qualified supplier for purchase of following category item . Interested & qualified supplier go through all annexure and fill up quotation

1	Quotation call by Designation of Purchasing Authority	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL , KANKAVLI DIST .SINDHUDURG
2	Address of Purchasing Authority	Govt . Sub district Hospital Kankavli Tal. kankavli Dist.Sindhudurg Maharashtra Konkan Pin Code 416602
3	Telephone Number	02367-231058,233959
4	e mail address	ms_sdhkankavali@yahoo.co.in
5	Working Hours	9.30 am to 5.45 p.m Each Saturday,Sunday & Public Holiday Closed
6	Quotation Notice No.& Date	SDHK/MS/LP/1376/2024-2025 Date 24/07/2024
7	Quotation Item Category	Orthopedic Implant
7	Description of Quotation Item	See Annexure 2
8	Last Date, Time & place of Quotation Submission	31/07/2024 before 5.45 p.m Sub District Hospital Kankavli
9	Quotation Annexure	Annex 1 to 4
10	Date ,Time & Place of Quotation Opening procedure	01/08/2024 at 11.00 a.m Office of the Medical Suptd.SDHKankavli
11	Validity of Quotation Rate	One Year from Date of Acceptance
12	Final Authority of Quotation Acceptance or Rejection	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUDURG



(Signature)
Medical Superintendent Cl-1
Sub-Dist. Hospital,
Kankavli, Dist. Sindhudurg.

GENERAL INSTRUCTIONS FOR QUOTATION SUBMISSION

- 1) No any relaxation for Supplier Qualification Criteria
- 2) Submission of quotation before last date is responsibility of supplier.
- 3) Procedure for fill up quotation
 - Submission of Envelope Is required in Prescribed manner. Use One Envelope for One quotation. **Do 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.
- 5) Required self attested with supplier rubber stamp documents as per Category of quotation.(Xerox Copies)
 - 5.1) Drugs, Consumables, Laboratory items
 - Wholesale Drugs license
 - PAN card
 - GST Registration Certificate
 - 5.2) 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**
 - 1 Failure of required supplier qualification
 - 2 Late receipt of quotation envelope
 - Rate format submission not in proper manner
 - Non submission of required documents.

5 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 –3 days Non Drugs – 3 days
7	Delivery Destination	MEDICAL SUPERINTENDENT SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
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 SUB DISTRICT HOSPITAL, KANKAVLI DIST .SINDHUIDURG Pin code 416602
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.SDHKankavli



ANNEXURE -2
QUOTATION ITEMS FOR PURCHASE

sr. no.	Name of Item with technical specification	Unit	Approximate Quantity For Purchase
1	Clavicle Plate Set	1 Set	10 No



[Handwritten Signature]
Medical Superintendent CI-1
Sub-Dist. Hospital,
Kankavli, Dist. Sindhudurg.

ANEXURE -3
FILLING OF RATE FORMAT

Date

To,

MEDICAL SUPERINTENDENT

SUB DISTRICT HOSPITAL, KANKAVLI

DIST .SINDHUIDURG

Pin code416602

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 Drug with technical specification	Unit	Manufacturer name	Rate

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 S.D.H.Kankavli, 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 कंपनी ही काळ्या यादीतील नाही .मी किंवा माझे व्यवसायातील नोकर वर्ग यांचा उपजिल्हा रुग्णालय कणकवली या मध्ये कोणतेही नाते वा हितसंबंध नाहीत .

Place –

Date

Name, Signature of Supplier

Rubber Stamp