

**GOVT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT**

**MEDICAL SUPERINTENDENT
WOMEN'S HOSPITAL, BARAMATI, PUNE
PIN CODE 413133**

1) **Name Of Department** – Central Medical Store,
Office of Medical Superintendent,
Women's Hospital, Baramati, Pune

2) **E mail Id-** mshwbaramati@gmail.com

**QUOTATION FOR PURCHASE OF MEDICINE
YEAR 2024-25**

**GOVT OF MAHARASHTRA
PUBLIC HEALTH DEPARTMENT
MEDICAL SUPERINTENDENT
WOMEN'S HOSPITAL, BARAMATI ,PUNE PIN CODE 413133**

Web Site/Notice Board /Quotation Notice /WHB /MEDICINE/Quotation/ 311 /24-25

Date - 05/04/2024

OPEN NOTICE

Medical Superintendent is invites Quotation Rate For Purchase of Following items from eligible supplier. The Supplier Who is interested for Filling of Rate, Please see Terms & Condition of Supply

1) Item Name:-

SR	NAME OF SURGICAL ITEM	PACK	Rate Inclusive of GST
1	Absorbable Gel Sponge	1 nos	
2	Chromic Catgut Size 1 Length 76 cm Box of 12	1 nos	
3	CORD CLAMP	1 nos	
4	DRY SAFE UNDER PAD TINA BED	1 nos	
5	DYNAPLAST	1 nos	
6	ECG ROLL	1 nos	
7	ETHILON 2.0 CUTTING	1 nos	
8	FOLLEYS CATHATOR NO:-14	1 nos	
9	FOLLEYS CATHATOR NO:-16	1 nos	
10	Dispo Syringe 2 ml with Needle	1 nos	
11	Dispo Syringe 5 ml with Needle	1 nos	
12	Dispo Syringe 10 ml with Needle	1 nos	
13	Dispo Syringe 3 ml with Needle no 26	1 nos	
14	Syringe 1ml with Needle	1 nos	
15	Infant Feeding Tube No 8	1 nos	
16	Infant Feeding Tube No 9	1 nos	
17	IV SETS	1 nos	
18	INTRTACATH NO :- 22	1 nos	
19	INTRTACATH NO :- 20	1 nos	
20	NEEDLE NO :-22	1 nos	
21	RAZORS	1 nos	
22	SPINAL NEEDLE NO :-23	1 nos	
23	SPINAL NEEDLE NO :-25	1 nos	
24	PLASTIC APPRON	1 nos	
25	STERILE GLOVES NO 6.5	1 nos	
26	SURGICAL ELBOW GLOVES	1 nos	
27	TUBAL RING	1 nos	


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28	URINE BAGS	1 nos	
29	VICRYL NO -1 CUTTING	1 nos	
30	VICRYL NO -1 ROUND BODY	1 nos	

SR	NAME OF INJECTIONS	PACK	Rate Inclusive of GST
1	Inj ANAWIN HEAVY	1 amp	
2	INJ.HEPATITIS B IMMUNOGLOBULIN	1 amp	
3	INJ. ARS	1 amp	
4	INJ. ANTI D 300 mcg	1 amp	
5	CARBITOCIN	1 amp	
6	DICYCLOMINE	30 ml	
7	INJ. LEVO ANAWIN HEAVY	1 amp	
8	DROTRAVERINE	1 amp	
9	ESMOLOL	1 amp	
10	FORTWIN	1 amp	
11	GENTAMYCIN	1 amp	
12	INJ. KETAMINE	1 amp	
13	IRON SUCROSE	1 amp	
14	INJ. PROPOFOL	1 amp	
15	LEVITIRACETAM 500 MG	1 amp	
16	NITROGLYCERINE	1 amp	
17	PROGESTREONE	1 amp	
18	THIOPENTONE SODIUM	1 amp	
19	TRANEXAMIC ACID	1 amp	
20	VALENTHEMIDE BROMIDE	1 amp	
21	VITAMIN-K	1 amp	

SR	OINTMENTS/RESPILES	PACK	Rate Inclusive of GST
1	BUDOCORT RESPULES	1 nos	
2	DINOPRISTONE GEL	1 nos	
3	DUOLIN RESPULES	1 nos	
4	ENEMA	1 btl	
5	LIGNOCAIN	1 nos	
6	METRONIDAZOLE	1 nos	
7	POVIDINE	1 tube	
8	SONOGRAPHY GEL	1 can	
9	LIQ. BETADINE 5%	1 nos	
10	SPIRIT	1 BOT	
11	SILVER NITRITE	1 can	
12	ECG GEL	1 BOT	
13	SILICON SUCTION TUBE	Per foot	


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SR	NAME OF TABLET/CAP	pack	Rate Inclusive of GST
1	AMOXYCILLIN 500 MG	1	
2	B COMPLEX cap	1	
3	PANTOPRAZOLE 40 MG	1	
4	AVIL	1	
5	CHLOROQUINE 250	1	
6	DICYCLOMINE	1	
7	DULCOLAX	1	
8	FRUSEMIDE	1	
9	GASEX	1 bt	
10	LABETALOL	1	
11	LEVITIRACETAM	1	
12	NICARDIA RETARD 10	1	
13	SALBUTAMOL	1	
14	TAB NIFEDEPIN 5	1	
15	TAB.NIFEDEPINE 10	1	
16	TAB. MISOPROSTAL 25 MG	1	
17	TAB IRON FOLIC ACID	1	

SR	NAME OF ITEM	pack	Rate Inclusive of GST
1	AMINO ACID	100 ml	
2	DEXTROSE 5 %	500 ml	
3	RINGER LACTATE	500 ml	
4	METRONIDAZOLE	100 ML	
5	Glucose strips	50*1 bt	

2) Submission Of Quotation:-

1	Submission Of Quotation By Hand Delivery Or His/Her Own Risk By Post Or Courier Before Last Date	Date Of Submission- From 08/04/2024 To 18/04/2024 Time Before- 1.00pm Place- Central Medical Store , Women's Hospital, Baramati, Dist.Pune
2	Opening Of Quotation	Date Of Opening- 18/04/2024 Time of Opening- 4.00 pm Place Of Opening- Medical Superintendent Office, Women's Hospital, Baramati, Dist.Pune


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3) Supply Terms & Condition:-

1	Rate	1) Less Than M.R.P 2) To Be Quote For Unit Pack 3)Inclusive of Transport, Uploading Charges
2	Taxes	All Taxes Should be Inclusive Like GST (Only If extra Tax Impose by Govt during Tender Period)
3	Delivery	Delivery at Central Medical Store , Women's Hospital, Baramati, Dist.Pune
4	Acceptance Of Rate	Minimum 3 Quotation as Required For Comparison Of Rate
5	Delivery Period	Delivery should be within 1 day from the Date of order
6	Validity of Quotation	Six Month From Date of Acceptance of Quotation Rate
7	Payment	From Purchasing Authority CMP/NEFT/Cheque within 30 Days or Depend Upon Availability of Funds
8	Self Attested Document For Supplier (Mandatory Document)	Supplier Should Submit Drug License, NDPS Drug License Copy(if Necessary), GST Certificate, attested Photo Copy of MFG Factory License or Sole Distributors,/Supplier Shop Establishment Registration Certificate.
9	Filling of Quotation	Prescribed Format on Supplier Letter Pad With Duly Signature & Rubber Stamp. If Same Rates are Found Equal Quantity will be fix for purchase
10	Method Of Submission	One envelop sealed With Supplier Rubber Seal & Signature Front & Back Side of Envelop. Following Words To Be Write on Envelop. QUOTATION FOR MEDICINE TO, Medical Superintendent Office, Women's Hospital, Baramati, Dist.Pune FROM, (Supplier Stamp & Sign)
11	Disqualification	1) Rates Over M.R.P 2) Overwriting in Rates 3) Not in Prescribed Format 4) Non Submission of Document After Rate is Final. 5) The Purchaser reserves the right to increase or decrease the quantity to be purchased and also reserves the right to cancel or revise or any of the all the Quotation or part of Quotation without giving any reasons thereto with no cost to the Purchaser
12	Rights Of Quotation	All Rights are Reserved by Medical Superintendent, Women's Hospital, Baramati, Pune


 Medical Superintendent,
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