

**GOVT OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT**

**CIVIL SURGEON,PUNE  
PIN CODE 411027**

- 1) Name Of Department – Central Medical Store , Office of The Civil Surgeon,Pune
- 2) E mail Id- [csstoreaundh@yahoo.com](mailto:csstoreaundh@yahoo.com)

**QUOTATION FOR PURCHASE OF INJ H1N1 VACCINE**  
**YEAR 2017-18**

**GOVT OF MAHARASHTRA  
PUBLIC HEALTH DEPARTMENT  
CIVIL SURGEON, PUNE ,PIN CODE 411027**

Web Site/Notice Board Quotation Notice No- /DHP/ INJ H1N1 VACCINE/Quot/ /17-18

Date- /08/17

**OPEN NOTICE**

Civil Surgeon ,Pune 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:-

S.no	Name Instrument/material	Rate inclusive of all taxes (Inclusive GST)
1	INJ H1N1 VACCINE	


2) Submission Of Qoutation:-

1	Submission Of Quotation By Hand Delivery Or His/Her Own Risk By Post Or Courier Before Last Date	Date Of Submission- From 24/08/2017 To 30-08-2017 Time Before- 5.30pm Place- Central Medical Store , District Hospital,Pune
2	Opening Of Quotation	Date Of Opening- 31/08/2017 Time of Opening- 4.00 pm Place Of Opnenig- Civil Surgeon Office, District Hospital,Pune

3) Supply Terms & Condition:-

1	Rate	1) Not Exceed 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 , District Hospital,Pune
4	Acceptance Of Rate	Minimum 3 Quotation as Required For Comparison Of Rate
5	Delivery Period	Depending on the Severiarity of Requirement. Delivery Should be within 15 days of Order.
6	Validity of Quotaion	Six Month From Date of Acceptance of Qoutation Rate
7	Payment	From Purcahsing Authority CMP/NEFT/Cheque within 30 Days or Depend Upon Availability of Funds

	Self Attested Document For Supplier (Mandatory Document)	Supplier Should Submit Drug Licence ,NDPS Drug Licence Copy(if Necessary), GST Certificate, attested Photo Copy of MFG Factory Licence or Sole Distributors,/Supplire Shop Establishment Resgistration Certificate.
9	Affidavit Document (Mandaatory)  Note-Affidavit Should be Notarized	Affidavit On Non Judicial Stamp Paper of Rs 100/- That 1) " The ratyes Quoted in the Quotation are not Higher than The rates Quoted in the Other Govt-Dept or any Prevailing rate Contract & Rate Also Not Higher Than Market Value Price (MRP)" 2) "The Firm has not been found found Guilty of Malpractice, Misconduct Or Black Listed/Dibarred by Govt. Institute" 3) I Accept All Terms & Condition Without Any Complaint & Submitted All Information & Document are True"
10	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
11	Method Of Submission	One envelop seale With Supplier Rubber Seal & Signature Front & Back Side of Envelop. Following Words To Be Write on Envelop. QUOTATION FOR INJ H1N1 VACCINE TO, THE CIVIL SURGEON, DISTRICT HOSPITAL, AUNDH,PUNE  FROM, (Supplier Stamp & Sign)
12	Disqualification	1) Rates Over M.R.P 2) Overwritting in Rates 3) Not in Prescribed Format 4) Non Submission of Document After Rate is Final.
13	Rights Of Qotalon	All Rights are Reserved by CIVIL SURGEON, PUNE

  
 CIVIL SURGEON  
 DISTRICT HOSPITAL, PUNE