



महाराष्ट्र शासन
कार्यालय
वैद्यकिय अधिक्षिका जिल्हा स्त्री रुग्णालय, अकोला.

आरोग्यसेवा, दुरध्वणी क्रमांक- ०७२४-२४१०२५०
Email-ihw_akola@rediffmail.com

जाक्र/जिस्त्ररु/भांडार/ई.निवीदा/ 10372/१८
अकोला ४४४००१ दिनांक:- १४.०८.२०१८

Web Site Quotation Notice No :-

Web Quotation Notice No

Medical Superintendent District Women Hospital Akola is inviting Quotation rate for purchase of following items from eligible supplier who is interested for filling of rate, please see Terms & Condition of Supply of Consumables & disposables.

Instrutions and Terms conditions.

A)Eligible & Interested drugs supplier should read all items and condition of this quotation procedure Purchase As Per the Demand From Wards Time To Time.

Eligibility

- 1)Supplier should have wholesaler drug license in FDA
- 2)Supplier should have PAN card of Owener of Business Name.
- 3)Supplier should have tax Registration of GST
- 4)Firm should be free from Drug and Cosmetics related cases.
- 5)Firm should Not be in Govt black list Categories.
- 7)Send sealed Quotation envelope to Medical Superintendent
District Women Hospital Akola.
- 8)Acceptance of Quotation by speed Post or Courier service is applicable to
100%responsibility of supplier.It Should be reach to this office before last date submission
before stipulated time.
- 9) Supplier Quoute rate of Medicine Good quality
- 10)Receiving of quotation after stipulated date & time,it is not considered for Opening
procedure.It will be kept at files as LATE RECIVED.If Possible it will sent back to supplier.

11) Submission of Quotation

1	Submission of Quotation by Hand Delivery or own risk by post or Courier before last Date	E-Quotation Start date 14/08/2018 To 23/08/2018 Office work time 10Am to 5 Pm
2	Rate & Filling of Quotation	Not Exceed than MRP To be Quote for unit Pack ,Inclusive all Taxes Treatment,Uploading Carges,Door delivery
3	Taxes	Inclusive of all Taxes,like,LBT,GST, EXCISE DUTY
4	Delivery	Door Delivery in the Medical store of District Women Hospital Akola
5	Acceptance of Rate	Minimum 3 Quotation is required for comparison of rates
6	Delivery Period	Its Emergency &Life Saving Medicine ,Item Under 24 Hours
7	Validity of Quotation	Six Month year from Date of Acceptance of Quotatio

7	Validity of Quotation Payment	Six Month year from Date of Acceptance of Quotatio From Purchasing Authority RTGS, IFMS , CMP, NEFT, Depand upon Govet Funds
9	Self Attested Documents for New Supplier Registered Supplier are Necessary to Submit Following Documents in Envelop	Supplier should Documents submit
10	All right reserve of Medical Superintendent Districs For Women Akola for cancellation of Quotation without any complaint by bidder.	

12) Filling of Quotation and quotation envelope should be submit in following manner
Use one A4 Size one envelope .

All Annexure & forms are applicable to Supplier, when filling of quotation.

New & Old Supplier should Prepare CMP Reg procedure in form with required document PAN
Card, Cancelled Cheque, Bank Passbook Statement , CMP Form with only one copy with above
documents.

Supplier should attach each quotation following documents without failed Xerox copies self
attested with stamp

Annexure A

- a) Drug Licence
- b) PAN Card
- c) GS T Reg.No
- e) Local Area Authority shop Reg.certificate

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Medical Superintendent
District Hospital for Women
Akola
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13) Items Description

Item No	Name of Item	Specification	Unit	Rate
1	Inj.Lung Surfactant 4 MI	Phospholipids 25 Mg(Beractant Intratracheal suspensioe Strile ,Non pyrogenic pulmonary Surfactant 4 ml		
2	Inj.Caffine Citrate 2 ml/3 ml	2 MI/3 ml Each vial		
3	Syp.Caffine Citrate	Each Bott		
4	Inj.Hepatitis -B Immunoglobuline 100 IU	Each Vial		
5	Inj.Piperacilline + Tazbctum1-1.125 mg	Each Vial		
6	Water for injection 10 ml	Each amp		
7	IV Isolyte -p 500 ml	Each bottle 500ml		
8	Endotracheal tube No.2,2.5,3	Each		
9	Autoclave Lable (Signo tape)	Each Pkt (1x100)		
10	Multivitamine Drops 15 ml	15 MI		
11	Sporolac sachet	Each Sachet 1.25gm		
12	HMF Powdr Sachet	Each Sachet 1gm		
13	Neopeptine drops	Each drop		
14	Barbar linen thread No.40	Each		
	NRC Medicine			
15	Syp. Calcium with vit D3 200ml	Each btl		
16	Syp. Zinc Sulphate 60 ml	Each btl		
17	Syp. Salbutamol 100 ml	Each btl		
18	Cough Mixture (CPM+PE+Dexametharphen)	Each btl		
19	Syp.Ondensetron 30ml	Each btl		
	Consumables			
20	Hydrogene peroxide +Silver nitrate Fumigatione Solutatione	Each 1 Liter		
21	Mecetronium and alcohol dry hand rub 500ml with emulent and moisturizer	Each 500 ml		
22	Examinatione rubber Gloves	(1 X 100) Medium Size		
23	Gluteraldehyde 2%	Each 5lit. jar		
24	Dispo.10ml syringe with needle	Each		
25	Dispo.50ml syringe	Each		
26	Peadiadrip set with volumetric chambar	Each		
	Instruments			
27	Glucometer	Each		
28	Glucometer Strips	Each		
29	O2 Flowmeter	Each		

30	Digital Thermameter	Each		
31	Infantometer	Each		
32	Stethoscope (peadiatric)	Each		
33	Tape Measure	Each		
34	Room Temperature thermameter	Each		
35	Freez Thermameter With probe	Each		
36	Laryngoscope Blade00,0	Each		

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 Medical Superintendent
 District Hospital for Women
 Akola