



महाराष्ट्र शासन
कार्यालय
वैद्यकीय अधिक्षिका जिल्हा स्त्री रुग्णालय, अकोला.

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

जाक/जिस्त्ररु/भांडार/ई.निवीदा/ 3616 /१९
अकोला ४४४००१दिनांक:- 11.०७.२०१९

Web Site Quotation Notice No :- 3616

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 life saving Medicine ,Consumables & disposable .**Instrutions and Terms conditions.**

- A)Eligible & Interested drugs supplier should read all items and condition of this quotation procedure Purchase As Per the Demand of sncu ,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 Gmp/WHO/ ISO Certified medicine Suplied By Suplier
 - 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 12/7/2019 To 17/7/2019 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 &Depend upon Emergency
7	Validity of Quotation	One year from Date of Acceptance of Quotation
	Payment	From Purchasing Authority RTGS, IFMS ,CMP,NEFT, Depend upon Govt.Funds Time-Time

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 Disrticrs 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 of FDA

b) PAN Card

c) GS T Reg.No

e) Local Area Authority shop Reg. certificate

(
Medical Superintendent
District Hospital for Women
Akola
)

13) Items Description

Item No	Name of Item	Specification	Rate per unit
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 5 ml/10 ml	Each amp	
7	IV Isolyte -P 500 ml	Each bottle 500ml	
8	I.V.Dextrose 10 % 500 ml	Each bottle 500ml	
9	Inj.Amikacine 250 mg	Each Vial	
10	Inj.Vancomycine 250 mg	Each Vial	
11	Inj.Phenobarbitone	Each Amp	
12	Inj.Mepentramine 35 mg	Each 10 MI vial	
13	Inj.Calcium gluconate 10 ml	Each Amp	
14	Inj.Bupivacine HCl 5 MgWith Dextrose80 Mg 4ml I.P.	1X4ml	
15	Inj.Iron Sucrose 50 mg/2.5ml	Each Amp.	
16	Inj.Tranexemic Acid	Each Amp.	
17	Inj.Ranitidine 25mg/2ml	Each Amp.	
18	Inj.Oxytocine 5 IU 1ml	Each Amp.	
19	Inj.Labetelol	Each Amp	
21	Tab caberboline 0.5 mg	Each	
22	Tab.Labetelol	Each	
23	Multivitamine Drops 15 ml	Each 15 MI Bottle	
24	Sporolac Sachet	Each 1.25 gm	
25	HMF Powdr Sachet	Each Sachet 1gm	
26	Neopeptine drops	Each	
27	Simyl MCT Oil	50 ml/ 100 ml	
28	JMSAdesive tape 2.5 cm	Each Roll	
29	X- Ray Fixer 22.5 Lit	Each 22.5 lit	
30	X - Ray developer 22.5 Lit	Each 22.5 lit	
31	Hydrogene peroxide +Silver nitrate Fumigatione Solutatione	Each 1 Liter	
32	2-Propanol 45%+1-Propanol 30 %+Mecetronium02% and alcohol dry hand rub 500ml with emulent and moisturizer	Each 500 ml	
33	Lysol 2% Solutione	500 ml/1 Lit	
34	Striile Dispo Syringe With needle 2ml	Each no	

35	Strile Dispo Syringe With Needle 5 ml	Each no	
36	Dispo.50ml syringe	Each	
37	Paediadrip set with volumetric chamber	Each	
38	Endotracheal tube No.2,2.5,3,3.5	Each	
39	Strile Dispo Spinal Needle No.23	Each	
40	I.V.Canulla No.18 Strile	Each	
41	I.V.Canulla No.24 Strile	Each	
42	I.V.Canulla No 26 Strile	Each	
43	Dispo Strile Folyes Cather No.14/16	Each	
44	Dispo Plastic Gloves	Each Pkt 100 Nos	
45	Strile Surgical gloves no.6.5,7 Powderd	Each pair	
46	Strile Surgical gloves no.6.5,7 Powderd	Each Pair	
47	Examinatione gloves Medium Size	Pkt Of 100 Nos.	
48	Strile Surgical blade No.24	Each pkt 100 Nos	
	Digital BP Apparatus Mercury (ISOMark)	Each	
49	BP Apparatus Mercury (ISOMark)	Each	
50	Digital oxymeter Pulse (ISO,CE Certificate)	Each	
51	Syp Maultivamine 200 ml	Each 200 ml Bott	

(
Medical Superintendent
District Hospital for Women
Akola