



महाराष्ट्र शासन
कार्यालय
वैद्यकीय अधिक्षिका जिल्हा स्त्री रुग्णालय, अकोला.

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

जाक्र/जिस्त्रिरु/भांडार/ई.निवीदा/3617/१९
अकोला ४४४००१ दिनांक:- 11.०७.२०१९

Web Quotation Notice No- 3617

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 Labortory Kits, blood reagents Kits, 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 Pathology /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 12/07/2019 To 30/7/2019 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 Trensport,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	Six Month year from Date of Acceptance of Quotatio
	Payment	From Purchasing Authority RTGS, IFMS

		,CMP,NEFT, Depand 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 withabove 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

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District Hospital for Women
Akola
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13) A-- Items Description

Item No	Name of Item	Specification	Rate
1	EDTA Tube With Cap&label	Each	
2	Sodium Citrate 500 ml	Each	
3	Test Tube With Cap&label	Each	
5	N/10 HCl 500 MI	Each	
6	EDTA Solutatione 500 MI	Each	
7	PAP Stain Kit	Each	
8	Sr.Creatatine Semi Autoanalyzer (Becone) (2 x100 ml)	Each (2 x100 ml)	
9	Sr.Bilirubine Semi Autoanalyzer (Becone)(3 x 100 ml)	Each)(3 x 100 ml)	
10	SGPT Semi Autoanalyzer (Becone) 100 ml)	Each 100 ml	
11	SGOT Semi Autoanalyzer (Becone) (100 ml)	Each 100 ml	
12	Blood Urea Kit (5 x 10 ml) Semi Autoanalyzer (Becone)	Each (5 x 10 ml)	
13	Blood Glucose kit (6 x100 ml) Semi Autoanalyzer (Becone)	Each6 x100 ml)	
14	Glucometer	Each Nos	
15	Strips Glucometer(1X 50)	1 x50 Each bott	
16	Malaria Rapid Test kit	Each Test	
17	Dengu Igm Test kit	Each	
18	Widal test kit RPR	Each Kit	

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13)--B Items Description Haematolgy Horiba Cell Counter Reagent

Item No	Name of Item	Specification	Rate
1	ABX Minidil 10 L	Each 10 L	
2	ABX Lasebio 0.4 L	Each 0.4 L	
3	ABX Cleaner 1 L	Each 1 L	
4	ABX Minitrol 2.5 ml	Each 2.5 ml	
5	Printer Paper Horiba Cel Counter	Each roll	

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