



महाराष्ट्र शासन  
का या ल य

जिल्हा शल्यचिकीत्सक, अकोला

1439-40

आरोग्य सेवा दुरध्वनी क्रमांक-०७२४-२४२०५०८  
मेल-cs\_akola@rediffmail.com

जाक/जिश्चि/औभा/ई-दरपत्रके/

/२०

अकोला ४४४ ००१ दिनांक:- 31.01.2020

Web Site Quotation Notice No :- 07/20

### Web Quotation Notice

Civil Surgeon Akola Is Inviting Quotations For Purchase Of Following Items,

### **List Attached.**

### **Part (A) General Instrutions And Terms/Conditions.**

#### **Eligibility**

- 1)Supplier should have tax Registration from Sales tax dept.i.e. GST
- 2)Supplier should have PAN card.
- 3)Firm should not be black listed by any of the Government Department.
- 4)Firm Should have Mfg. Company authorization for sale & billing of Quoted products.
- 5)Send sealed Quotation envelope to Office of The Civil Surgeon Akola
- 6)Acceptance of Quotation by Post or Courier service is applicable to 100%responsibility of supplier.
- 7)Quotation received after stipulated date & time, will not be considered.
- 8)All rights are reserved with Civil Surgeon Akola to make change in any term and condition at any time.

Ask query regarding quotation on telephone number 0724-2457200/9822207146

  
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**District Hospital Akola**

**Part (B)**

1	Rate	Should Not Exceed MRP. Rate should be Inclusive of all taxes and charges.
2	Delivery	Only Door Delivery at Medical store ,Civil surgeon Akola will be accepted.
3	Delivery Period	15 Days
4	Validity of Quotation	31/03/2020
5	Payment	Through Treasury/PFMS

**Part (C)- Should Contain**

(Envelope )

**1.PAN card****2.Valid GST registration****3.Annexure A (On Your Letter Head)****Note- Enclose Only demanded documents.****Part (D) Submission of Quotation**

1	Submit Sealed Envelope by Hand, post or Courier.	From- 31/01/2020 To- 6/02/2020 Time-10.00am to 5.00pm.
2	Place	Office of Civil Surgeon Akola.GMC campus Akola.
3	Quotation Opening (If possible)	Date- 6/02/2020 Time- 5:30 PM Place- C.S.office

*Mulraj*  
Civil Surgeon  
Akola  
District Hospital Akola

(Annexure A)

To,

Dt.

The Civil Surgeon

Akola.

Sub:- Quotation of-----

Ref :- Your office Notice no.      dated

With reference to above subject, we herewith submitting rates for following items.

Item No	Name of Items	Specification	Unit	Rate per Unit(Inclusive of all taxes and charges)
1				
2				
3				

Yours Faithfully

Supplier Stamp with Sign

Note:-Fill all the columns.

  
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**Equipment List**

Sr.No.	Item Name	Specifications	Approximate Quantity
1	Shadowless Lamp For Hospital Use	<ol style="list-style-type: none"> <li>1. Correlated Colour Temperature (CCT)2700-3000 degree K</li> <li>2. Minimum Light Intensity at working distance100000</li> <li>3. Mounting options-Mobile Stand</li> <li>4. Number of White LEDs- 20 to 30</li> <li>5. Should have CE certification</li> </ol>	2
2	NST (Non Stress Test) Machine Fetal Monitor	<ol style="list-style-type: none"> <li>1.17" wide TFT colour LCD display.</li> <li>2.Upto 150 patients data saving.</li> <li>3.fetal heart sound play and record in PC</li> <li>4.Rotation Screen</li> <li>5.Twins probe</li> <li>6.Power Consumption-20w</li> <li>7.Dimensions-96mm(H)*326mm(L)*276mm(D)</li> <li>8.Weight-5 to 6kg</li> <li>9.Working Temperature-10-40C</li> <li>10. PC Interface (Central Monitoring System)</li> <li>11. Should have CE certification</li> </ol>	3
3.	2 Channel Diagnostic Pure Tone Audiometer	With CE certification	1
4	Diagnostic Otoscope	With CE certification	1

  
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