

Taluka Health Office, Bhusawal

Quotation Notice Year - 2023-24

Notice No. / / 15 / 2023-24 Date: 19/1/2024

Taluka Health Office, Bhusawal is inviting quotations from eligible suppliers, for the purchase of drugs & consumables required for Urban Primary Health Centers Mahatma Phule Nagar , Bhusawal. The supplier who is interested, please learn terms & conditions. Submit sealed original quotation within below mentioned time limit to this office.

a) Terms & Conditions :-

- 1 Delivery Period:- **20 Days** from the date of receipt of Order on email/Whatsapp.
(Those who have not possible to supply with stipulated supply period, please don't participate.)
If not supplied within period then Late Delivery penalty 0.5% per week will be applicable.
- 2 Rates :- Inclusive of all taxes (GST) & levies with store delivery basis.
Not Exceeding than M.R.P. Rate Should be quote for each Unit.
If the Item is in DPCO please quote the rate as per DPCO Rates.
- 3 Delivery at :- Urban Primary Health Centers Mahatma Phule Nagar, Bhusawal
- 4 Quality :- For Drug-WHO / GMP manufactured, for Surgical & Disposable CE Certified or as its requirement. Quality Control certificate (QC report)
All material should have minimum 3/4 shelf life.
All Tablet & Capsule-blister or aluminum strip pack.
- 5 Packing Norm :- a) The overall dimensions of the cartoon should be such that the product does not get damaged during transportation & storage.
b) Every box should carry a **large outer label**, clearly indicating that generic name of the product, doses form (Tablet/Ampoule/Syrup etc), Batch No. Mfg Date, Expiry Date, quantity per case,
- 6 Acceptance of Rates :- Minimum 3 quotations are required for comparison of Rates.
Lowest rates will accepted for this office purchase.
- 7 Payment :- PFMS/ Cheque /RTGS/NEFT (No advance payment.)
- 8 Documents Required :- Bidder Should Submit Self attested Copy of :-
 1. Valid Drug License (FDA Registration)
 2. GST registration Certificate.
 3. PAN Card
 4. Authorization Certificate from manufacturer
 5. WHO / GMP certification.
 6. Details of Bank account.
 7. काळ्या यादीत/अफरातफर केले नसल्याबाबतचे लेटर हेड वर प्रमाणपत्र

b) Schedule for Submission of Quotation

1	Last Date & Time	29/01/2024, before 11.00 AM
2	Opening of Quotation	30/01/2024 Time 12.30 PM. (if Possible)
3	Envelopes	1) Sealed Technical Envelope must mention as - "Quotation for Purchase of Medicines"- Technical Documents 2) Sealed Financial Envelope must mention as - "Quotation for Purchase of Medicines "- Financial


		Documents/Quote Rates
4	Submission	Original quotation should be submitted only through hand Delivery at-- Taluka Health Office, Old SDM Office, PanchayatSamitiCompus, Bhusawal, Dist. Jalgaon. Note:- There is no responsibility of this office, if any delay for submission of quotation due to post, courier, or anyway. Quotation submitted through email is not acceptable.

c) List of Items for Procurement :-

No	Name & Description of Item	Qty
1	Amoxycillin Cap 250 mg	5000
2	Amoxycillin Cap 500 mg	8000
3	Ascorbic acid (Vitamin C) 100 mg	5000
4	Amlodipine Tab 5 mg	3000
5	Cetirizine Hydrochloride Tab 10 mg	20000
6	Ciprofloxacin Tab 250 mg	4000
7	Ciprofloxacin Tab 500 mg	5000
8	Diclofenac Sodium Tab 50 mg	10000
9	Dicyclomine Hydrochloride Tab 10 mg	2000
10	Domperidone Tab	3000
11	Folic acid Tab 5 mg	5000
12	Furazolidone Tab 100 mg	1000
13	Iron 100mg + Folic Acid 0.5mg Enteric Coated Tablet (Red Coloured IFA Tablets) Blister Pack of 4 Tablets	25000
14	Ibuprofen Tab 400 mg	5000
15	Metformin Tab 500 mg	2000
16	Metronidazole Tab 200 mg	2000
17	Metronidazole Tab 400 mg	2000
18	Omeprazole Cap 40 mg	5000
19	Pantoprazole Tab 40 mg	5000
20	Vitamine B Complex Tab	10000
21	Amoxycillin Syrup 125 mg 60 ml Bottle	450
22	Cough Expectorant Diphenhydramine hydrochloride 15 mg (IP) + AmmoniumChloride 150 mg (IP) + Sodium Citrate IP - 60 mg + Menthol -1 mg (IP 30mg 100 ml	3400
23	Paracetamol Syrup 250 mg /5 ml 60 ml	400
24	CyanocobalamineInj 1000 mcg/ml 10 ml Vial	50
25	Dexamethasone Inj 4 mg 2 ml	200
26	Diclofenac Sodium Inj 25 mg/ml 3 ml Amp	500
27	GentamycinInj 40 mg/ml 2 ml	300
28	Absorbent Cotton Wool 500 gm Packet	6

29	Ciprofloxacin Eye/Ear drop 5 ml	200
30	Clotrimazole Cream 1% 15 gm	400
31	Povidone Iodine Ointment 5 % 15 gm	500
32	Rolled cotton Bandage as per Schedule F-II 7.5 cm x 4 Mtr Roll	500

The under signed authority has been reserved the right, to increase or decrease in the quantity to be purchase and also reserves the right to cancel or revise any or all the terms and condition or part of terms and conditionas well as to accept or reject any or all terms and condition without assigning any reasons thereto.


 Taluka Health Officer,
 T.H.O., Bhusawal. जळगांव

दरपत्रक सादर करणाऱ्याचे हमीपत्र

महाराष्ट्र शासन, उद्योग उर्जा व कामगार विभाग
शासननिर्णयक्र. भांखस-२०१४/प्र.क्र.८२/भाग/उद्योग-४, दि. १ डिसेंबर २०१६.

नियम क्र. ४:२:५ नुसार.

मी/आम्ही.....

या हमीपत्राव्दारे लिहून देतो की, दरपत्रक मागविणाऱ्या खरेदी प्राधिकार्या बरोबर कोणत्याही प्रकारे हितसंबंध नसून हितसंबंधा बाबत संघर्ष नाही. तसेच खरेदी प्राधिकार्याकडे सादर करण्यात आलेले दरपत्रक हे एकल असून दुसऱ्या कोणत्याही संस्थेसोबत संयुक्तरित्या किंवा संगनमताने साखळी करून भरलेले नाही. असे आढळून आल्यास नियमानुसार योग्य त्या दंडात्मक कार्यवाहीसाठी मी पात्र राहील.

दिनांक :-

दरपत्रक सादर करणाऱ्याची स्वाक्षरी

स्थळ :-

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Details of Bank for RTGS/NEFT Payment

1	Name of firm	
2	Postal Address	
3	Pin code	
4	Pan Card No.	
5	E-Mail I.D.	
6	Contact No.	
7	Mobile No.	
8	Name of Bank	
9	Bank Address	
10	Branch name & Code	
11	Bank Account No.	
12	Nature of Account	
13	IFSC Code	
14	MICR Code	
15	GST No	

Above information is correct as per our record.

Date:-

Seal:-

Sign & Stamp Of Bidder

To be submitted on Original Letter head/pad

Format for Quotation

(Bidder should Submit Sealed quotation on her/his own letter pad)

Date-

To,

Taluka Health Officer,

THO, Bhusawal

Sub- Submission of Quotations..

Ref:- Your Office Notice Dated / /2024.

Respected Sir,

As per above reference, I/we are interested to supply the following, herewith submitting quotation

No	Name & Description Of Item	Rate/Unit
1.	Amoxycillin Cap 250 mg	
2	Amoxycillin Cap 500 mg	
3	Ascorbic acid (Vitamin C) 100 mg	
4	Amlodipine Tab 5 mg	
5	Cetirizine Hydrochloride Tab 10 mg	
6	Ciprofloxacin Tab 250 mg	
7	Ciprofloxacin Tab 500 mg	
8	Diclofenac Sodium Tab 50 mg	
9	Dicyclomine Hydrochloride Tab 10 mg	
10	Domperidone Tab	
11	Folic acid Tab 5 mg	
12	Furazolidone Tab 100 mg	
13	Iron 100mg + Folic Acid 0.5mg Enteric Coated Tablet (Red Coloured IFA Tablets) Blister Pack of 4 Tablets	
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30	Clotrimazole Cream 1% 15 gm	
31	Povidone Iodine Ointment 5 % 15 gm	
32	Rolled cotton Bandage as per Schedule F-II 7.5 cm x 4 Mtr Roll	

Note:- Above quoted rates are inclusive of all Taxes, Store delivery basis.

Certificate

I under signed hereby certified that, above rates are not exceed than MRP or current market Rates. I accept all terms & Conditions without any complaint. As per my knowledge submitted all documents & information is true. I will responsible for any fraudulent submission & liable to any punishment as per Indian Penal Code or Prosecution.

Sign & Stamp Of Bidder