

Govt. Of Maharashtra  
Chhatrapati Pramila Raje General Hospital, Kolhapur - 416002.

## Mahatma Jyotirav Phule Jan Aarogya Yojana.

Tel: (0231) 2641583

By Regd. A.D / U.P.C.

No. CPRGHK/ 3996

/ 2025

Date: / /2025

26 DEC 2025

To,

M/s. -----

**Subject :- Two Bid Quotation Call For MJPJAY – IV & Others**

**Reference :-** As per Sanctioned Notesheet Date :- / /2025.

Suppliers should be submitted two bids, 1st is Technical bid (technical envelope) and 2nd is Price Bid (financial envelope). Only the price bid (financial envelope) of the supplier who is found eligible in the technical bid (technical envelope) will be opened

### **1st Technical Bid Terms & Condition as follows :-**

1. Material should be delivered at appropriate place and time as instructed by authority.
2. Material should be in good condition as per the specification.
3. Material will be inspected by HOD Of Respective User Department and if material is found of inappropriate quality, material will be rejected.
4. Attach Xerox copy of Aadhar Card, PAN, GST & FDA Drug Licence (attested) .
5. All rights are preserve in favour of The Dean , C.P.R. Hospital, Kolhapur.
7. Organisation/ Distributor Require Authorization letter for submission of the quotation.
8. For Consumables: ISO 13485 (International Organisation for Standardisation), ISO 17025, ISO 45001, ISO 14001, GMP (Good Manufacturing Practices)/Schedule M, Quality Management System (QMS) for Medical Devices, Central Drug Standard Control Organisation (CDSCO) approved MD
9. Supplier Should be Submitted Three Years Tax returns file
10. Suppliers should provide any evidence of supplying materials to Govt/Semi Govt institution for minimum 3 years.
- 11 . Supply of goods Should be done within 10 days of purchase order otherwise order will be cancelled.
12. Sealed Quotations should reach this office i.e. on/before Inword office Dt. 01/01/2025

Upto ..... pm.

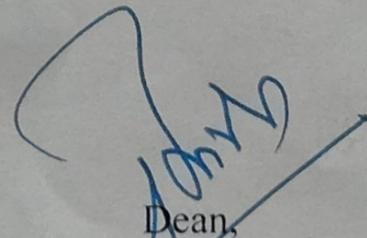
05:00

### **2nd Price List Bid Terms & Condition as follows :-**

1. Rate should be inclusive of all taxes like GST etc .
2. Don't quote Rates of other items except as mention Dont miss serial of above list.
3. Submit printed quotation on own letter head with duly signed and stamped . Quotation should not be submitted without sample approval from HOD. Hand written quotation will be rejected as & when needed unit right reserved unit HOD of concerned Department.
4. Quotation submitted in any other format other than above will be rejected.

Please arrange to give your lowest possible rate for the items mentioned below.

| Sr. No. | Name of Item  | Packing Size    | MFG By | MRP Rs | Quotated Rate Per Unit with GST |
|---------|---|-----------------|--------|--------|---------------------------------|
| 1       | cardioplegia solution   | 1x20ml          |        |        |                                 |
| 2       | Eye Ointment Chloramphenicol+ Polymixin B+ Dexamethasone                  | 1x 5gm Tube     |        |        |                                 |
| 3       | Inj. Gadolinium Based Contrast 1.0mmol For MRI genral use                 | 1x10ml Vial     |        |        |                                 |
| 4       | inj. Sevoflourane with filter   | 1x100ml         |        |        |                                 |
| 5       | Inj. Surfactant For Intra Tracheal instillation (Natural Lung surfactant) | 1x3ml Vial      |        |        |                                 |
| 6       | IV Albumin 20%  | 1x 100ml        |        |        |                                 |
| 7       | IV Human Immunoglobulin 100ml   | 1x100ml         |        |        |                                 |
| 8       | IV Iodixanol 320mg/ml   | 1x 100ml Vial   |        |        |                                 |
| 9       | IV Iodixanol 350mg/ml   | 1x 100ml        |        |        |                                 |
| 10      | IV Multiple Electrolyte Solution (Kabilyte Type)                          | 1x 500ml        |        |        |                                 |
| 11      | IV Plasmolyte type solution   | 1x 500ml        |        |        |                                 |
| 12      | IV Sodium Chloride 3% (IV Ns 3%)  | 1x 100ml Bottle |        |        |                                 |
| 13      | IV Tirofiban 5mg/100ml  | 1x 100ml Vial   |        |        |                                 |
| 14      | IV Total Parental Nutrition (TPN) 1000ml                                  | 1x 1000ml       |        |        |                                 |
| 15      | MDI Ipratropium Bromide + Levosalbutamol (Duolin Type)                    | 1x1Unit.        |        |        |                                 |
| 16      | MDI Tiotropium Bromide +Formoterol Fumarate + ciclesonide (Trihale Type)  | 1x1Unit.        |        |        |                                 |
| 17      | MDI Tiotropium Bromide +Formoterol Fumarate Dihydrate (Duova Type)        | 1x1Unit.        |        |        |                                 |
| 18      | Peritoneal Dialysis Fluid   | 1x1Unit.        |        |        |                                 |
| 19      | Respules Formetrol Fumarate+ Budesonide (Foracort Type)                   | 1x 2ml respules |        |        |                                 |
| 20      | Zerostat Mini Spacer  | 1x1Unit.        |        |        |                                 |



Dean,  
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