महाराष्ट्र शासन

शासकीय वैद्यकीय महाविद्यालय, व सर्वोपचार रुग्णालय बारामती.

प्लॉट पी -१०७ एम.आय.डी.सी.आवार, महिला रुग्णालयासमोर, बारामती पिन नं. ४१३१३३
Phone No- 02112-244172 **Email id-deangmcbaramati@gmail.com**

जा.क्र./शा.वै.म.व सर्वो.रु.बारामती/सर्जि.भांडार.वि/आ.शि./ ।।२५/ दिनांक १३/०७/२०२६.

शासकीय वैद्यकीय महाविद्यालय व सर्वोपचार रूग्णालय, बारामती या संस्थेच्या अधिनस्त असलेल्या रुग्णालयात लॅप्रोस्कोपी शस्त्रक्रियागृह विभाग, नेत्रचिकित्साशास्त्र, स्त्रीरोगप्रसुतीशास्त्र या विभागातंर्गत होणाऱ्या शस्त्रक्रिया व आरोग्य तपासणी शिबीराकरीता आवश्यक असणाऱ्या सर्जिकल कंजुमेबल, सुचर व इंन्सटुमेंट साहित्यांची तातडीने खरेदी करण्याकरीता दरपत्रके मागविण्याबाबत...

जाहीर निविदा सुचना

या जाहिर सुचनेद्वारे कळविण्यात येते की, शासकीय वैद्यकीय महाविद्यालय व सर्वोपचार रुग्णालय, बारामती या संस्थेच्या अधिनस्त असलेल्या रुग्णालयामध्ये शस्त्रक्रिया व आरोग्य तपासणी शिबीराकरीता, आवश्यक असणाऱ्या सर्जिकल कंजुमेबल, सुचर व इंन्सटुमेंट साहित्य मागविण्यात येत असुन, संस्थेच्या www.gmcbaramati.org या संकेतस्थळावर जाहिरात प्रसिध्द करण्यात येत आहे.

Sr. No	Name of Item	Quantity
1	Drum - (11 X 9)	01 Nos
2	Drum - (15 X 12)	01 Nos
3	S. S Tray - Medium	01 Nos
4	S.S Kidney Tray - Medium	01 Nos
5	Trolley - Medium	01 Nos
6	Sponge Holder	01 Nos
7	S.S Bowl - Small	01 Nos
8	Cheatle Forceps	01 Nos
9	Excision Scissor - Small	01 Nos
10	Velsellum Forceps	01 Nos
11	Suture Removal Set	01 Nos
12	Aryc Spatual - Wooden	01 Nos
13	Sim's Speculum – Medium/Large	01 Nos
14	Cusko Speculum - Small/Medium	01 Nos
15	Cautery Pad (Pt Plate)	01 Nos

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16	Cautery Pencil	01 Nos
17	Harmonic Probe 36 cm (Gray)	01 Nos
18	Harmonic Laproscopic Hand Piece (Gray)	01 Nos
19	A.V Retractor	01 Nos
20	Stylet	01 Nos
21	S.S Tunnig Fork	01 Nos
22	Hammer	01 Nos
23	Port Closure Vicryl No - 1 (Code - 2826)	01 Box
24	Silk No - 3.0 R.B	01 Box
25	Stratafix No - 2.0	01 Box (Each 4 Foil)
26	Endoloop	01 Box
27	Disposable Hydrocanula No - 23	01 Nos
28	Disposable Hydrocanula No - 24	01 Nos
29	Black Goggle	01 Nos
30	SICS Blades Set (Crescent, kevatome, Side port)	01 Nos
31	Polypropylene Mesh 15 X 15 cm (Light Weight)	01 Nos
32	Polypropylene Mesh 15 X 20 cm (Light/Medium Weight)	01 Nos
33	Tegaderm	01 Nos
34	Trackers Absorbable	01 Nos
35	Romovac Drain No - 12	01 Nos
36	Romovac Drain No - 14	01 Nos
37	Sterile Gloves No - 6.5	01 Pairs
38	Sterile Gloves No - 7	01 Pairs
39	Sterile Gloves No - 7.5	01 Pairs
40	Flexometalic Tube No - 7,7.5,8,8.5	01 Nos Each
41	Neb T- Connector	01 Nos
42	Sterile Eye Pad	01 Nos
43	Karman Cannula No - 03, 04	01 Nos Each
44	Dispo. Syringe 2 cc	01 Nos
45	Dispo. Syringe 5 cc	01 Nos
46	Dispo. Syringe 10 cc	01 Nos
47	Dispo. Syringe 20 cc	01 Nos
48	Insuline Syringe 1 ml	01 Nos
49	Nebulizer Mask - Adult	01 Nos
50	Intracath No - 22	01 Nos

वर नमुद केल्याप्रमाणे निविदा अर्ज भरण्याचा दिनांक 13/०७ /२०२६ रोजी पासुन अंतिम दिनांक 16/०७/२०२६ रोजी सायंकाळी ५:०० वाजेपर्यंत राहिल. त्यानंतर आलेल्या निविदा कोणत्याही सबबीवर स्विकारण्यात येणार नाहीत याची नोंद घ्यावी. प्राप्त निविदा अर्ज खालील कार्यालयीन वेळेप्रमाणे उघडण्यात येतील. व प्राप्त न्युनतम दर असणाऱ्या पुरवठादारास वरील कामाचे कार्यालयीन आदेश निर्गमित करण्यात येतील.

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TERMS & CONDITIONS

1) Quotations received after last date will not be considered.

2) Conditional quotations will not be accepted.

3) The envelop should mention the quotation subject letter Ref. No. & due date on envelop.

4) The envelop & Quotation should be addressed on name of The Dean, Government Medical College & General Hospital, Baramati.(Attention Dept. of Surgical store) & it should be submitted in stipulated time at Administrative office GMC Baramati before 5pm.

5) Mention your GST Number and rates inclusive of GST F.O.R Baramati.

6) The Sale tax registration Number and Shop Act License number is to be quoted in quotation otherwise your quotation will not be considered.

7) Following Document's Compulsory to Attach With Quotation. Along with stamp on each document

A) GST Certificate.
B) Udyam Adhar.
C) Shop Act.
D) No conviction Certificate.(FDA)
E) Pan Card
F) Drug License. 20B,21B
G) If Company Certificate Of in Corporation.
H)Analysis NABL lab report along with who gmp certificate of manufacturer.
I) Authorization Letter from manufacturer.

8) Items MRP Cost & Mfg. company packing must be mentioned.

9) Rate should be quoted inclusive of all Tax & valid up to six Months.

10) Rates must be mentioned in figure as well as in words.

11) Rates should be quoted as per official Standards & as per the specifications asked.

12) Right to accept, Recall or Reject above Quotation lies solely with Dean, Government Medical College & General Hospital, Baramati.

13) The Material will be accepted only if they are borne by this office. The material will be accepted only if they are found according to our specifications.

14) you will have to insure all the goods with the assist insurance officer, Finance Dept. Mumbai before dispatching the goods. Otherwise the insurance charge paid by you will not be borne by office.

15) If it is noticed that the mentioned item is available in local market at lower rate than quoted then claim for the purchase by the quotation will become invalid.

16) The Quantity is subject to change as per the prevailing circumstances.

17) Sample needs to be submitted whenever asked.

18) Delivery period is 24 hours from the date of receipt of the order.

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19) The delivery of the Material must be at SURGICAL STORE Dept. at office Time (10 to 5 PM) daily except 2nd, 4th Saturday, Sunday & Holidays Last Date Of Submission for Quotations :- Before 5:00 PM.

१) पात्र असलेल्या निविदीता दरपत्रकांचा तुलनात्मक दरतक्ता तयार करून न्युनतम दर असलेल्या पुरवठादारास कार्यालयीन आदेश निर्गमित केले जातील.

अधिष्ठाता 13/7/26
शासकीय वैद्यकीय महाविद्यालय,
व सर्वोपचार रूग्णालय बारामती.

ANNEXURE A
(To be submitted on Bidder's Letterhead, Incomplete Annexure is liable for Rejection)

1. Name and address of the firm: - _____
2. Registered Head Office Postal address: - _____
3. Telephone No. _____
4. E-Mail ID : - _____
5. Ownership status of the firm- (Maharashtra Govt. / Central Govt./Jt. Sector /co - operative /SSI /Private)
6. Whether bidding as a manufacturer / importer / Authorized Distributor
7. Name of the person & Phone no. who should be contacted by this office in case of emergency.
8. Payee (आदाता) Registration Number at Government Medical College & Hospital, Baramati.

_____

9. Bank Details: -
1. Bank A/C No. _____
2. IFSC Code: - _____
3. Branch Name & Address: _____
4. Cancelled Cheque: _____
10. PAN number_____
11. GST registration number_____

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect /misleading, My /our quotation shall be rejected. I / we accept all term & condition, also I / we are liable for penal action as per terms specified in the " terms and conditions of quotation".

Date: -

Signature of the bidder with official seal and address

मान्य टिपण्णी दिनांक -93/०७ / २०२६.

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