



महाराष्ट्र शासन
सेंट जॉर्जेस रुग्णालय, मुंबई

पी. डी. मेलो रोड, फोर्ट, जी. पी. ओ.च्या मागे, छत्रपती शिवाजी महाराज टर्मिनस जवळ, मुंबई - ४००००१
दुरध्वनी क्र. ०२२-२२६२०४२ WEBSITE:-www.stgh.in Email:-spdt.stgh@maharashtra.gov.in / saint.goerges083@gmail.com

No.SGH/MS/QTN/DPDC 25-26/ /2026

DATE:- 30 JAN 2026

Subject: Quotation for the supply of Medicine/Surgical items (Open Quotation)

Sir,

You are requested to submit your lowest bid for medicines/ Surgical items The quotation should reach this office in sealed envelope or before 06/02/2026, till 5.00 pm. Quotation is also published on www.stgh.in

The Superintendent, St. Georges Hospitals Mumbai reserves the right to Accept, Recall or Reject any or all quotations without assigning any reason. Other instructions and terms & conditions regarding quotation are mentioned below the drug list.

Sr. No.	Name of Drugs/Surgical Items	Packing	Rate including GST
A	B	C	D
1	Inj Atracurium besylate 10mg/ml Inj 2.5ml Amp		
2	Contrast Non Ionic monomer 370mg/ml or 350mg/ml or 300mg/ml Iohexol 100ml vial		
3	Inj Dexmedetomidine 100mcg /ml Inj 2 amp		
4	Inj Frusemide 10mg/ml Inj 2ml amp		
5	Inj Noradrenaline 2mg/ml Inj 2ml amp		
6	Inj Paracetamol 10mg/ml Inj 100ml bottle		
7	Inj Ondansetron 4mg/ml Inj 2ml amp		
8	Inj Vecuronium Bromide 4mg Inj		
9	IV Ciprofloxacin I V 100 ml Bottle		
10	IV Linezolid 600 mg		
11	IV Mannitol 20% 100 ml		
12	Tab Ascorbic acid 500mg		
13	Inj Diclofenac 75mg/ml Inj 1ml amp		

Sr. No.	Name of Drugs/Surgical Items	Packing	Rate including GST
14	Tab Atorvastatin 20 mg Tab		
15	Tab Amlodipine 5 mg Tab		
16	Tab Clopidogrel 75 mg Tab		
17	Cap Doxycycline 100 mg Cap		
18	Tab Gliclazid 80 mg + Metformin 500 mg		
19	Tab Telmisartan 40 mg Tab		
20	Tab Trypsin + Chymotrypsin		
21	Levosabutamol 1.25mg + Ipratropium 500mcg Respules 3ml		
22	Lignocaine 2% 30gm Gel		
23	Povidone iodine 5% Ointment 15gm tube		
24	Sodium Perborate Monohydrate 810gm (Instrument Sterilant) 5 litre jar		
25	Absorbant Cotton wool 500 gm		
26	A.V.Fistula Needle Set size – 16G x 1"		
27	Latex Powder Free Premium Surgical Gloves with Gamma Sterilised Polyurethane coated with dermashield inner side Brown Color gloves Size 6.5 no		
28	Latex Powder Free Premium Surgical Gloves with Gamma Sterilised Polyurethane coated with dermashield inner side Brown Color gloves Size 7 no		
29	Latex Powder Free Premium Surgical Gloves with Gamma Sterilised Polyurethane coated with dermashield inner side Brown Color gloves Size 7.5 no		
30	Rubber Gloves Sterile No 6.5		
31	Rubber Gloves Sterile No 7		
32	Rubber Gloves Sterile No 7.5		


 Superintendent
 St. Gorges Hospital, Mumbai

Instruction and terms & condition regarding Quotation:-

1. Interested vendors should submit the quotation as per given format only.
2. Bidders must quote prices for all items listed in the quotation; otherwise, the bidder will be disqualified from the bidding.
3. Only Manufacturing Companies, Importer, and Authorized Distributors within MMR area from the hospital can quote the rates.
4. Quotation must be submitted in a sealed envelope only.
5. The quotation & envelope should be addressed to – **The Superintendent, St. Georges Hospitals Mumbai and marked Kind attention to-Medical store.**
6. Vendors must write quotation reference no & Last date submission the quotation on the envelope.
7. Any amendments regarding the quotation will be published on website www.stgh.in. Vendors will not be communicated separately regarding the amendments.
8. However if the vendors fail to check any of these amendments on the website then it will be presumed that the vendor has quoted his/her rates by taking the note of these amendments.
9. Rate should be quoted **inclusive of all taxes, GST, etc.**
10. Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
11. Rate must be quoted for official Pharmacopeia standards i.e. IP/BP/USP only & same goods must be supplied.
12. Delivery period is 15 days from the receipt of order, as per vitality of Medicine.
13. **Analysis test reports (In-house and NABL)** need to be submitted at the time of goods supply along with valid **WHO-GMP certificate of Manufacturer.**, failing which goods will not be accepted. All medicine/Surgical items should have long expiry of min 2/3 of shelf life
14. Successful vendor if fails to supply the goods within stipulated delivery period he is liable for the further necessary penal action, which may deem fit.
15. Release of Payment as per availability of funds from DPC FY 25-26. After acceptance of goods in conformity and good condition By medical store dept.
16. **Quotation form & other required documents to be submitted in two envelopes. Marked as Envelop A-Technical Bid Documents & Envelop B-Price bid quotation form.**
17. **The price bid Envelope B will be opened only for those bidders who qualify in the Technical Bid scrutiny. If Quotation form with offer rates is placed in Envelope A, it will lead to disqualification of the bidder.**
18. Document required in Envelope B
 - i. Offer rates along with quotation calling form on the company letterhead, duly signed and stamped by the authorized signatory.
19. **NOTE : Last date of submission of quotation : 06/02/2026 before 5.00pm**



**Superintendent
St. Gorges Hospital, Mumbai**

Technical Bid/Quotation Documents-Envelope (1)

Please read carefully specification & packing size of Medicine / Surgical items. If incase of any Query please contact to Medical store

1. Tender / Quotation Form as per **Annexure-1**.
2. Current/Valid **FDA License 20B and/or 21B whichever is applicable** along with drug list issued by the Drug Authority wherever Applicable.
3. Average Annual turnover statement (**Only Statement Duly Signed By Chartered Accountant**) for last 3 years (2022-23,2023-24,2024-2025) in the format given in **Annexure -D**
4. GST Registration certificate
5. Central Vigilance Certificate, Valid Non-convection certificate (FDA)
6. (a).For Medicine: Valid WHO-GMP certificate with Approved Product List.
(b).For consumables: ISO 9001, ISO 13485, ISO 17025, ISO 150 45001, ISO 14001, GMP/ Schedule M, CDSCO approved MD License.
7. Authorization letter as per **Annexure A**
8. Bidder's Details as per **Annexure B**
9. Self Declaration "**Affidavit on -Stamp Paper of Rs 500/- as per Annexure C**
(a) **Stating that the rates quoted in the tender are not higher than D P C O, N P P A or not Higher than MRP**
(b) **Regarding the firm has not been found guilty of malpractices, misconduct or Blacklisted / debarred for the quoted product by Public Health Department, Directorate of Medical Education & Research, Govt. of Maharashtra or by any Local authority and other State Government / Central Govt's organizations as On the date of submission tender document for the quoted items."**

ANNEXURE -1

Tender / Quotation Form

To

Superintendent

ST. GEORGE'S HOSPITAL

Mumbai 400001

Dear Sir

Having examined the tender/Quotation document, the receipt of which is hereby acknowledged, we, the undersigned, offer to supply and deliver the goods under the above-named Contract in full conformity with the said tender document and our financial offer in the Price schedule submitted in Envelop No. 2 which is made part of this tender.

We undertake, if our tender/quotation is accepted, to deliver the goods in accordance with the delivery schedule specified in the tender/quotation document.

We agree to abide by this tender/quotation, for the Tender/quotation Validity Period specified in the tender/quotation document and it shall remain binding upon us and may be accepted by you at any time before the expiration of that period.

Until the formal final Contract is prepared and executed between us, this tender/quotation together with your written acceptance of the tender and your Acceptance of tender/quotation, shall constitute a binding Contract between us. We understand that you are not bound to accept the lowest or any tender you may receive.

Signed: _____

Date: _____

In the capacity of _____

Duly authorized to sign this bid for and on behalf of _____

Signature & stamp of tenderer

Note: This form must be signed & Stamped in original

ANNEXURE A
Authorization Letter
(Incomplete Annexure is liable for Rejection)

Ref: -

Date: -

To,
Superintendent
ST. GEORGE'S HOSPITAL
Mumbai 400001

Ref: Bid /quotation Number.....

Respected Sir/Madam,

I/We the undersigned who is/are authorized signatory/signatories of the Manufacturing Firm M/s. do hereby authorize M/s. to quote rates/collect the orders/raise the bills for the items manufactured by me/us under the Bid/quotation Number

I/We have gone through all the terms and conditions and read important instructions of the tender and will be binding on me.

We hereby confirm that all after sale services of our product supplied will be provided by us or importer.

Date -

Full Signature of the Manufacturing Firm / Importer with official seal

And address

Annexure – B

Bidder's Details

(To be submitted on Bidder's Letter head)
(Incomplete Annexure is liable for Rejection)

PROFORMA TO BE SUBMITTED ALONG WITH TECHNICAL BID

1-Name and address of the firm: -

2-Registered Head Office Postal address: -

3-Telephone No.& FAX &E-Mail: -

4-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 any urgent problem.

Bank Details: .

1) Bank A/C No. _____

2) IFSC Code: - _____

3) Branch Name & Address: -

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 tender /quotation shall be rejected and I / we accept all term & condition also I / we are liable for penal action as per terms specified in the " term and conditions of tender/quotation".

Date: -

Full Signature of the bidder with official seal and address

Annexure- C

Self Declaration

(AFFIDAVIT on Non-Judicial Stamp Paper of Rs. 500/-)

(Incomplete Annexure is liable for Rejection)

(To be submitted to this office)

Reference: Tender/Quotation No.

(a) Stating that the rates quoted in the tender are not higher than D P C O, N P P

A or not Higher than MRP

(b) The firm (Name of the Firm) has not been found guilty of malpractices, misconduct or blacklisted /debarred/ deregistered for the quoted product by Public Health Department, Govt. of Maharashtra or by any local authority and other State Government/Central Government's organizations as on the date of submission of tender/quotation document for the quoted items."

Date:

Full Signature of the bidder with official seal and address

ANNEXURE-D

Annual Turn-over Statement for Three Years

The Annual Turnover of M/s _____ for the past three years are given below and certified that the statement is true and correct.

Sr. No.	Year	Turnover Rs.
1	2022-2023	
2	2023-2024	
3	2024-2025	
	Average turnover of Last Three Years	

Date:

Seal

Signature of Chartered Accountant

Name (in capital letters)