



# SHRI SAIBABA SANSTHAN TRUST, SHIRDI

SHIRDI: Post: Shirdi - 423109, Tal. Rahata, Dist. Ahmednagar, Maharashtra (India).

Telephone: +91 - 2423 - 258 671, 676, Telegram: Sainath, Shirdi.

Email : [hospital.purchase@sai.org.in](mailto:hospital.purchase@sai.org.in), [hospital.store@sai.org.in](mailto:hospital.store@sai.org.in)

NO.SSS/WS/SSBH/STORES/(P/S)/ 1992/2023

Date : 13/01/2023

To,

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**Sub : - Re - Quotation for purchase of Tablet & Injection for  
Shri Saibaba & Shri Sainath Hospital, Shirdi.**

Dear Sir,

We have to purchase Tablet & Injection for our Shri Saibaba & Shri Sainath Hospital, Shirdi as per the enclosed Annexure "A" & on the following terms and conditions.

**TERMS AND CONDITIONS**

**Please read the Terms & Conditions carefully before filling the Quotation.**

- 1. The rates are to be given F.O.R. Shirdi at Central Medical Store, Shri Saibaba Hospital, Shirdi inclusive of GST, transportation Charges, If it is not mentioned clearly your quoted rates will be treated Inclusive of GST, transportation Charges etc. No extra amount will be paid for packing, forwarding, transportation and taxes etc.**
2. You will have to mention the name of the company, Brand Name, details of packing, MRP, rate per unit, etc. as per the format of quotation.
3. The quantities mentioned in the quotation are only approximate estimated quantities. Shri Saibaba Sansthan Trust reserves the right to increase or decrease the quantities, to be purchased without assigning any reason thereof.
4. The company mentioned by you in quotation if selected for purchase you will have to supply the medicines of quoted company only. No company will be changed after placing the firm purchase order in any circumstances.
5. You have to give self-affidavit regarding the firm as per the Annexure "I"
6. Late quotation will not be accepted.
7. The Supplier will have to supply the medicines as per Purchase Order and no increase will be given or allowed in the rates for any reason whatsoever, during the period of the quotation supply.
8. Sansthan will inform about near expiry and / or non-moving materials three months before it's expiry, you shall be bound to replace the material with fresh stock or you will issue credit note in lieu of it's cost.

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- 1) In case of breakage / leakage in transit, prior to the delivery to the Sansthan the supplier will have to replace the same immediately, failing which payment will be made by deducting the cost of the same
- 2) Payments will be made after delivery by RTGS after verification of company, quality and quantity manufacturing date, expiry date. No advance payment will be made against the supply.
- 3) You will have to supply material along with Three copies of invoices along with one copy of delivery challan, if payment is delayed due to original Tax invoice order acceptance, GST details, Bank details Sansthan will not be responsible for it.
- 4) Wherever an amount is mentioned in figures the same should be clearly written in words also.
- 5) In case any material is found to be faulty /substandard, during the course of use the supplier will be liable to replace the unutilized balance quantity of the supplied material forthwith free of cost.
- 6) If supplied material is found excess than purchase order / other company or rate difference such material will be kept aside & supplier will have to collect it at your cost within seven days from store. Sansthan will not be responsible for it's loss/damage / Expiry.
- 7) Our GST IN : 27AAATS2581C1ZN for your reference.
- 8) Shri Saibaba Sansthan Trust, Shirdi reserves the rights to reject any or all quotations without assigning any reasons thereof.
- 9) **Manufacture / Authorised Distributor / Authorized dealers / Loan Licensee Company / Marketing Company can fill the quotation.**
- 10) All the Court matter will be settled in Rahata / Kopergaon Jurisdiction only.
- 11) The quotation must be clearly mentioned on the sealed envelope. **"Quotation for Tablet & Injection"** for Shri Shri Saibaba & Shri Sainath Hospital.
- 12) The quotation in sealed cover may please be submitted to our Shirdi office on or before Dt. 31/01/2023.

Thanking you and with blessings of Shri Saibaba.

Yours Sincerely,

Medical Director,  
Shri Saibaba Sansthan Trust  
Hospital, Shirdi





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*Shri Saibaba Hospital, Shirdi,*

## Annexure "A"

| Sr. No. | Name of Medicines                               | Required Qty. for next three months | Rate per in Rs. | Total Amt. in Rs. |
|---------|---|-------------------------------------|-----------------|-------------------|
| 1       | TAB ACETYL SALICYLIC ACID 75 Mg                 | 10000                               |                 |                   |
| 2       | TAB NEUROBION FORTE                             | 50000                               |                 |                   |
| 3       | TAB TORASEMIDE 20 MG + SPRINOLACTONE 50 MG      | 20000                               |                 |                   |
| 4       | INJ NEUROBIN FORTE                              | 5000                                |                 |                   |
| 5       | INJ CALCIUM GLUCONATE 10% AMP 10ML              | 1000                                |                 |                   |
| 6       | INJ. ATROPINE 100 ML BOT                        | 100                                 |                 |                   |
| 7       | INJ. DALTEPARIN SODIUM 10ML VIAL                | 10                                  |                 |                   |
| 8       | TAB. WARFARIN 5MG                               | 3000                                |                 |                   |
| 9       | TAB TORASEMIDE 10 MG + SPRINOLACTONE 25 MG      | 50000                               |                 |                   |
| 10      | METFORMIN 500 + 0.2 VOGLIBOSE + 1MG GLIMEPIRIDE | 5000                                |                 |                   |





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## Annexure "I" Self Affidavit

DATE :     /     / 2023

TO,  
THE CHIEF EXECUTIVE OFFICER,  
SHRI SAIBABA SANSTHAN TRUST, SHIRDI.  
AT PO. SHIRDI - 423 109  
TAL - RAHATA,  
DIST. AHMEDNAGAR.

- 1) In response to your quotation we are submitting our quotation for supply of Tablet & Injection. I / We hereby declare that our firm has not been found guilty of malpractice / misconduct / black listed / debarred either by Public Health Dept., Govt. of Maharashtra or by any local authority and other State Govt. / Central Govt. Organisation in past three years for the quoted items in the quotation. We further confirm that we have quoted for medicines of reputed brands with name of the manufacturing firms.
- 2) We are not supplying this Tablet & Injection etc. to any other Institution / Hospital in India below than the rates quoted in this quotation.
- 3) And also I/We hereby declare that the rates quoted in the quotation are not higher than DPCO, NPPA or not higher than MRP & supply only Branded Medicine.
- 4) The product which we are going to quote is as per the specification given by Sansthan, there is no deviation of specification.
- 5) If rates quoted are more than the rates already given to any other Institutes / Hospital in India, then reason for this is as below-

- a) .....
- b) .....
- c) .....

Signature & Stamp of Tenderer

Date -

(Bidder will have to submitted self-affidavit on their Letter Head with Authorise Person signature and stamp.)





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## Annexure "II"

Date :-

To,  
The Medical Director,  
Shri Saibaba Hospital, Shirdi.  
Post :- Shirdi, Tal :- Rahata,  
Dist :- Ahmednagar.  
Pin :- 423109

### **Sub :- Information regarding our Organization for RTGS/NEFT Banking Payment.**

Dear Sir,

With reference to your above mentioned subject we are submitting following Information for receiving amount through RTGS/NEFT Banking facility instead of Cheque / DD.

| Sr. No. | Particulars          | Information |
|---------|----------------------|-------------|
| 1.      | Name of A/C Holder   |             |
| 2.      | E-Mail Address       |             |
| 3.      | Name of Bank         |             |
| 4.      | Branch Name          |             |
| 5.      | Bank Account Number  |             |
| 6.      | IFSC No. of Bank     |             |
| 7.      | One Cancelled Cheque |             |

You are requested to send fund on above mentioned information to us. If there is any change you will informed on time to time.

Thanking you,

Yours truly,

For .....





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## Annexure "III"

### Following Documents should be submitted

| Sr. No. | Documents to be Submitted   |
|---------|---|
| 1       | PAN Certificate of Supplier.  |
| 2       | GST Registration Certificate.   |
| 3       | Shop Act License of Distributors / Valid Drug Licence Certificate.                                  |
| 4       | WHO, GMP / USFDA / CE Mark certificate of each quoted company product as applicable.                |
| 5       | Authorization letter of concerned Company for Dealer to transact the business with their purchaser. |

