

PT. B.D.SHARAMA POSTGRADUATE INSTITUTE OF MEDICAL SCIENCES
ROHTAK

E-mail:- eg quotations.pgims@nhrc.ac.in Invitation of e-quotation for

Department Name: OPHTHALMOLOGY

Demand No: Endst NO PS/August 2026/11804-11808

Demand Date: 14/8/26

Last Date (Closing Date) of Submission of Quotation: 24/8/26

Rate quotation in sealed envelope/Password protected quotation are hereby invited from the valid firms and suppliers by the undersigned on behalf of the Director, PGIMS, Rohtak for supply of consumables as per Annexure-I for the Institute as per terms & conditions mentioned below. The filled e-quotation must receive through registered e-mail (Password protected) on or before 24/8/26 at 3.00 PM & quotation opened on 24/8/26 at 3.30PM

1. Terms & Conditions:-

- a. The quotations received sealed/ online after the deadline shall not be entertained under any circumstances whatsoever. In case of any delay this institute will not be responsible.

The online submission though password protected mode will be restricted

- b. Quotations must be in online prescribed Proforma on the letter head of the firm duly signed by the Proprietor/ Partner/ Director or their authorized representative. In case of signing of quotation by the authorized representative letter of authorization must be attached with the quotation.
- c. Quotations must be submitted in the office of the undersigned before deadline of submitting the quotation.
- d. Rates must be quoted in Indian Rupees and as per the format specified annex extra if any must be written separately.
- e. Rates must be quoted F.O.R. basis (including Freight charges).
- f. No overwriting or cutting is permitted in the rate. If found, the quotation shall be summarily rejected.
- g. The rates quoted must be valid for 90 days minimum or as per State Govt. instructions issued from time to time from the date of opening and silence of any tendered on this issue shall be treated as agreed with this condition.
- h. Becoming L1 will not be the criteria for awarding of purchase order unless the rates are reasonable & justified.
- i. Any condition in quotation shall be rejected summarily.
- j. Delivery of supply order on issuing by the office.
- k. Liquidated damages if the supplier fails to deliver the material on or before the delivery date shall be at the rate of 0.5% per week of the total order values shall be a maximum of 10% of the total order value on which amount when

will be only after satisfactorily complete delivery/ after inspection by inspection committee.

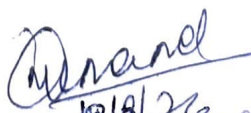
reserves the right to increase or decrease quantity and / or quantity of material in the Pt. BDS PGIMS, Rohtak will be

reserves the right to reject any quotation or part or the whole of process without assigning any reason. Decision of the Pt. BDS be final in this regard.

ANNEXURE I

Sr. No.	Name of Items (Generic Name)	Generalised specification of items	Quantity required
1	Natamycin ophthalmic suspension 5% W/V, 5 ml	—	10
2	E/D Atropine 1%, 10 ml	—	20
3	E/D Voriconazole 1% W/V, 30 mg lyophilized powder	—	10
4	E/D Cyclosporine 0.1%, 3 ml	—	10
5	E/D Fluorometholone 0.1%, 5 ml	—	10
6	Eye Ointment Ciprofloxacin 0.3% W/W 10 g	—	10
7	Sodium Hyaluronate Ophthalmic Solution	Pre-filled syringe (PFS) (1 ml of 14 mg/ml)	10
8	6-0 silk suture	Braided silk 8.0 mm, ¼ circle, reverse cutting, micro point 38 cm	10
9	4-0 silk suture	Braided 10 mm 3/8 circle, 90 cm	10
10	10-0 nylon suture	Monofilament polyamide black, 6.5 mm, 3/8 circle, spatulated micropoint, double armed, 38 cm	20
11	8-0 vicryl	Braided coated polyglactin 910 violet, 6.5 mm 3/8 circle, spatulated micropoint, double armed, 300 cm	05
12	Cyanoacrylate Glue	Preloaded in sealed dispenser	05


Assistant Professor
Regional Institute of Ophthalmology
Pt. B.D. Sharma, PGIMS, Rohtak


19/8/24
Sr. Prof. & Head,
Regional Institute of Ophthalmology,
Pt. B.D. Sharma, PGIMS, Rohtak

- o. The Sealed Quotation on the envelop due date & product name mandatory. If not mention on the envelop. The quotation will be rejecting.

Special Terms and Conditions:-

1. Bidder must quote the product as per specifications provided in Annexure-1.
2. The supplier may be asked to submit the sample of quoted make for technical evaluation, to the Pt. BDS PGIMS, Rohtak , if required. The expenditure incurred for demonstrating the items will be borne by the supplier.
3. Inspection committee will check the products thoroughly, if somehow inspection committee found any discrepancy and is not satisfied with the final product (final product should be same as reviewed ones at the institution) then Pt. BDS PGIMS, Rohtak has the right to reject the supply and cancel the order, and no claim for payment in this regard will be entertained.
4. Jurisdiction: The jurisdiction will be district Rohtak only.
5. It is directed to IT Cell that requisition of above item may also be placed on website of Pt. BDS PGIMS, Rohtak for vide publicity to invite a competitive manner of purchase.
6. Samples will be provided by the firm with quotations, otherwise quotation not accepted for the institute.

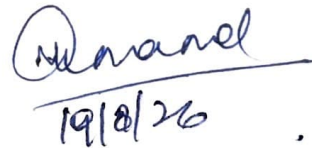
Encl: Annexure-I (Specification)

Committee

Annexure -II (Format of Quotation)



(To be signed by concerned Department)
Assistant Professor
Regional Institute of Ophthalmology
Pt. B.D. Sharma, PGIMS, Rohtak



19/8/26

Sr. Prof. & Head,
Regional Institute of Ophthalmology,
Pt. B.D. Sharma, PGIMS, Rohtak

Annexure-I

Sr. No.	Name of the items	Req. Qty.	Specification	Remarks
1.				
2.				
3.				
4.				
5.				

Annexure-II

(On the letter head of the firm)

Price Bid Form

To

**The Director,
Pt. BDS PGIMS, Rohtak.**

1. I/ We _____ submitted the quotation for Demand No _____ Dated _____ "quotation for supply at Pt. BDS PGIMS, Rohtak.
2. I/ We thoroughly examined, understood and accepted terms and conditions given in the enquiry document, failing which my quotation will be rejected our rightly.
3. **The Vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufactures and lowest market rates.**
4. I/ We hereby offer to supply at the following rates .

Sr. No.	Name of Items	Rate of each Quantity	Quoted make If any	Price/ inclusive Tax/GST	Unit of
1.					
2.					

Date _____

Place _____

Phone _____

(Signature of Authorized Person)

Name _____