

No. Surg. - VI/26/2023 dated 12-6-26

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

E-mail: [equotations.pgims@uhst.ac.in](mailto:equotations.pgims@uhst.ac.in) Invitation of e-quotations for General Surgery

Inquiry No: \_\_\_\_\_

Inquiry Issue Date: 12/6/26

Last Date of Submission: 12/6/26

Rate quotation in 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-1 for the Institute as per terms & conditions mentioned below. The filled e-quotations must receive through registered e-mail (Password protected) on or before 12/6/26 at 3.00 PM & quotation opened on 12/6/26 at 3.30PM

"QUOTATION FOR"

Item Name :- for General Surgery

Closing Date :- 12/6/26 Time 3.00PM

I. Terms & Conditions:-

- a. The quotations received 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 Performa on the letter head of the firm duly signed by the Proprietor/ Partner/ Director of 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 through email before deadline of submitting the quotation.
  - d. Rates must be quoted in Indian Rupees and as per the format specified taxes 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 conditional quotations shall be rejected summarily.
  - j. Delivery period - As per supply order on issuing by the office.
  - k. Liquidated Damages: - If the supplier fails to deliver the material on or before the stipulated date, then a penalty at the rate of 0.5% per week of the total order values shall

Sr. No.	Name of the items	Req. Qty.	Annexure-I	Remarks
1.		Upto Rs. 1 Lacs including GST		
(1)	PDS 4-ORB-(4)		(10) skin marker-(4)	
(2)	PDS 5-ORB-(4)		(11) EMILON 2-ORC-(4)	
(3)	Proline 3-ORC-(4)		(12) skin stapler-(3)	
(4)	Proline 2-ORC-(4)		(13) vlog 2-ORB-(2)	
(5)	Proline 4-ORC-(4)		(On the letter head of the firm)	
(6)	kehr's T-tube 12 F-(2)		Price Bid Form	
(7)	kehr's T-tube 14 F-(2)		(14) silk 2-ORC-(2)	
(8)	Freka's Tube 14 F-(1)		(15) NTLIC cartridge 55mm-2	
(9)	Freka's Tube 12 F-(1)		(16) Biopsy Gun → (2)	

The Director,  
Pt. BDS PGIMS, Rohtak.

- I/ We \_\_\_\_\_ submitted the quotation for enquiry No \_\_\_\_\_ against the inquiry No \_\_\_\_\_ due on dated \_\_\_\_\_ at Pt. BDS PGIMS, Rohtak.
- I/ We thoroughly examined, understood and accepted terms and conditions given in the enquiry document, failing which my quotation will be rejected our rightly.
- The Vendor should also certify that the rates quoted in the quotation are not more than the MRP of the manufactures.
- I/ We hereby offer to supply at the following rates .

Sr. No.	Particular	Quantity	Quoted make If any	Price/ Unit Exclusive of Tax ( INR )	GST/CST/ST
1.					
2.					

Date \_\_\_\_\_

Place \_\_\_\_\_

Phone \_\_\_\_\_

(Signature of Authorized Person)

Name \_\_\_\_\_

*[Signature]*  
Asst Prof.  
Dept. of Surgery  
PGIMS, Rohtak

*[Signature]*  
Senior Resident  
Deptt. of Surgery  
Pt. B.D.S., P.G.I.M.S.  
ROHTAK

*[Signature]*  
JNLK

- be levied subject to maximum of 10% of the total order value on which amount when there is no EMD.
- l. **Payment terms:** - Payment will be only after satisfactorily complete delivery commissioning of material and after inspection by Inspection committee.
  - m. Pt. BDS PGIMS, Rohtak reserves the right to increase or decrease quantity and / or amount of work. Decision of quantity of material in the Pt. BDS PGIMS, Rohtak will be final in this regard.
  - n. Pt. BDS PGIMS, Rohtak reserves the right to reject any quotation or part or the whole of inviting quotation process without assigning any reason. Decision of the Pt. BDS PGIMS, Rohtak will be final in this regard.
  - o. **Colum (O) is not required.**

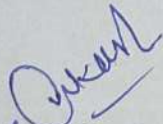
**Special Terms and Conditions:-**


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 wide 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. (To be decided by concerned dept.)

Encl: Annexure-I (Specification)

Committee

Annexure -II (Format of Quotation)

  
Assft Prof.  
Dept. of Surgery  
PGIMS, Rohtak

  
Senior Resident  
Deptt. of Surgery  
Pt. B.D.S., P.G.I.M.S.  
ROHTAK

Debas  
JKS6

provider.nha.gov.in/discharge

Transaction Management System - Provider

PT B D SHARMA PGIMS ROHTAK ( HOSP4G03738 ) - ROHTAK

Home - Under Treatment (2026043010057252)

Registration ID: 2026043010057252  
Registration Date: 30/04/2026 17:49:44  
Address Verified:

Total Wallet Amount: ₹ 5,00,000.00  
Wallet Balance: ₹ 4,68,900.00  
Total Proceeds Approved Amount: ₹ 31100

Payment Received

View More

Ready for Discharge

Payment Pending

Result Approved

Payment Registered (HOSP4G03738) 17:49:44

Dr Patient

Mobile Number: 9306531395  
Address: 0 8 POLAD KAITHAL HARYANA 136033

Care Provider: PMJAY SECC For Haryana  
PMJAY ID: MCBTHDCA  
Aadhar Number: NA  
Patient Care: **Dr Patient**

MEDICAL INFORMATION

ADMISSION INFORMATION

TREATMENT

FINANCE

READY FOR DISCHARGE

INITIATE RESUBMISSION

INITIATE ENHANCEMENT

12:27 11-05-2026