

GOV OF MAHARASHTRA  
OFFICE OF THE MEDICAL SUPERINTENDENT  
EMPLOYEES STATE INSURANCE SCHEME HOSPITAL  
MOHANNAGAR, CHINCHWAD, PUNE-19  
PHONE:(020) 27462514

No.ESIS/Hosp/Quotation/Arthroscopy/4943 /2026.

Date: 09/09/2026

**Subject : Local Quotation for Supply of Arthroscopy Kit and Consumables.**

Sir,

Sealed Local Quotation are invited for following Items and Consumables for this Hospital  
Quotation should reach on above address on or before **15.07.2026 upto 12.01pm**  
indicating on envelop on right side "Quotation For Supply of Atrthroscopy Kit And Consumables.

Sr No.	Name of Items	Quantity	MRP	Rate
<b>Knee</b>				
1	ACL adjustable loop Button	1		
2	ACL Tibial interference screw Bio peek	1		
3	All inside meniscus repair	1		
4	Inside out Meniscus repair suture C needle	1		
5	Fibre Wire	1		
6	Fibre Tape	1		
7	Shoulder Blade	1		
8	Diamond Tip Burr	1		
<b>Shoulder</b>				
1	Single Loaded Suture Anchor 1.5/1.8 mm	1		
2	Double Loaded Suture Anchor 2.8/5.5 Peek /All Suture	1		
3	Triple Loaded Suture Anchor Peek/Bio	1		
4	Knotless Suture Anchor	1		
5	Acromicrizer Burr	1		
6	Scopion Needle	1		

(P.T.O)

<b>Consumables</b>			
1	Knee "O" Drape	1	
2	Shoulder "U" Drape	1	
3	Camera Cover	1	
4	Plastic Apron	1	
5	Plastic Drape Sheet	1	
6	Cidex	5 litre	
7	Double Lumen Pump Tubing	1	
8	Canula	1	
9	Portal Plug (Soft Silicane)	1	

### **Terms and Conditions**

1. Quotation received after due date will be canceled.
2. The rates quoted in quotation should be inclusive of all taxes etc.
3. All rights to accept and reject of quotation are reserved to the undersigned.
4. Attested copies of Drug Licensed and shop act should be submitted along with quotation
5. It will not be binding on this office to purchase the entire quantity of materials mentioned in the bid.
6. The said materials will be demanded and supplied to this hospital only when required and as needed. (Case to Case Basis and As per need Basis)
7. Upon receipt of the demand for materials, the supply should be made immediately.
8. Payment will be made after receipt of payment and after receiving the grant from the higher office. No kind of additional charges will be paid.
9. The validity period of this quotation will be up to 18.07.2027
10. Bills should be submitted in triplicate.
11. A company representative must be present in the operating department at the time of the procedure.

**Yours faithfully**

*Mrb,*

( Dr. Varsha Supe)

**Medical Superintendent,**

**E.S.I.S. Hospital, M'nagar, Chinchwad, Pune-19.**