

महाराष्ट्र शासन

Government Medical College & Hospital, Baramati

Mail ID-medicalstoregmcb@gmail.com

Quotation Form

GMCB/MS/MED/QUOT/

/ 2025

Date: \ 5 0 / 2025

Sub: - Quotation for Medicines as given below.

Sir/ Madam

You are requested to furnish your quotation for the following items to the DEAN, GOVERNMENT MEDICAL

COLLEGE & HOSPITAL BARAMATI

Sr.no.	Name of Drug
1	Tab Methotrexate 5mg
2	Tab Metoprolol 25 mg
3	Tab Metronidazole 400mg
4	Tab Olanzepine 5mg
5	Tab Ondansetron 4mg
6	Tab Pantoprazole 40mg (Enteric Coated)
7	Tab Paracetamo! 500mg
8	Tab Phenytoin 100mg
9	Tab Pirfenidone 200mg
10	Tab Quetiapine 50mg
11	Tab Sertraline 50mg
12	Tab Sodium Valproate 200mg
13	Tab Telmisartan 40mg
14	Tab Thyroxine 50mcg
15	Tab Tramadol 50mg

TERMS & CONDITIONS

Note:- 1) Rate should be quoted inclusive of all taxes.

2) Rates quoted are valid up to SIX months.

- 3) The delivery of the material must be at MEDICAL STORE within Office hour (10.00 am to 5.00 pm)
- 4) The Envelope & Quotation should be addressed by the name of DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI. It should be submitted within stipulated time at Administrative Office.
- 5) It is Mandatory to mention quotation reference no. on the envelope of the quotation
- 6) Rates must be mentioned in figure & only in digital printed form and not hand written.
- 7) Conditional Quotations will not be accepted.
- 8) Right to Accept, Recall or Reject above Quotations lies solely with DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI
- 9) If it is noticed that the mentioned drug is available in local market at the lower rate than the quoted rate, then the claim for the purchase by this quotation will become invalid.
- 10) Right to Purchase Medicines lies with Dean GMC, Baramati.
- 11) Submit following documents with quotation:
 - i)Form 20,20F,21 &intimation letter
 - ii)Non conviction certificate issued from concern FDA.

Last Date to submit Quotation: 22 /O| /2025 before 5.00pm

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI