GMCB / MS / MED /QUOT /   / 2025   Date: -15/01 / 2025

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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 Cetirizine 10mg
2	Tab Chlorthalidone 12.5mg
3	Tab Clobazam 10mg
4	Tab Clonazapam 0.5mg
5	Tab Clonazapam 0.25mg
6	Tab Diclofenac 50mg
7	Tab Doxycycline 100mg
8	Tab Escitalopram 10mg
9	Tab Fluoxetine 20mg
10	Tab Frusemide 40mg
11	Tab Glimepiride 1mg
12	Tab Haloperidol 5mg
13	Tab Ibuprofen 400mg
14	Tab Levofloxacin 500mg
15	Tab Linezolid 600mg

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 / 01 / 2025 before 5.00pm

Dean

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI