



महाराष्ट्र शासन

Government Medical College & Hospital, Baramati

Mail ID-medicalstoregmc@gmail.com

Quotation Form

GMCB / MS / MED / QUOT / / 2025

Date: 15/01/2025

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 Diltiazem 30 mg
2	Tab Nifedipine 10 mg
3	Tab Hydrochlorothiazide 12.5 mg
4	Tab Spironolactone 25 mg
5	Tab Warfarin 2 mg
6	Tab Propranolol 20 mg
7	Tab Metoprolol 50 mg
8	Tab Ivermectin 6 mg
9	Tab Digoxin 0.25 mg
10	Tab Propylthiouracil 50 mg
11	Tab Diazepam 5 mg
12	Tab Cefixime 200 mg
13	Tab Celecoxib 200 mg
14	Tab Linezolid 300 mg

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.

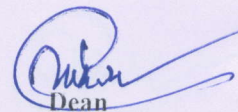
10) Right to Purchase Medicines lies with Dean GMC, Baramati.

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