



महाराष्ट्र शासन

**Government Medical College & Hospital, Baramati**

Mail ID-medicalstoregmc@gmail.com

**Quotation Form**

GMCB / MS / MED / QUOT / **3642** / 2024

Date : **19 / 09 / 2024**

**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 Metolazone 5mg
2	Tab Prasugrel 5mg
3	Tab Ropinirole 0.5mg
4	Tab Lithium Carbonate 150mg
5	Tab Eslicarbazepine 400mg
6	Tab Isoprenaline 10mg
7	Tab Isosorbide Dinitrate 20mg
8	Tab Sildenafil 20mg
9	Tab Erlotinib 100mg
10	Tab Propylthiouracil 50mg

**TERMS & CONDITIONS**

- Note :-**
- 1) Rate should be per unit & quoted inclusive of all Taxes & valid up to **SIX months**
  - 2) The delivery of the material must be at **MEDICAL STORE**.at Office Time (10.00 am to 5.00 pm)
  - 3) The Envelope & Quotation should be addressed by the name of **DEAN, GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI** (Attention Medical Store) & it should be submitted stipulated time at Administrative Office before 5.00 pm
  - 4) Delivery period 24 hours from the date of receipt of the order.
  - 5) **There should be separate envelope for each quotation and quotation number should be mentioned on each envelope as well as each quotation paper.**
  - 6) Rates must be mentioned in figure & only **digital printed form (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 lower rate than that quoted then the claim for the Purchase by this quotation will become invalid.
  - 10) Right to Purchase Medicines lies with Dean GMC, Baramati.

**Last Date of Submission for Quotation: 26 / 09 / 2024 before 5.00pm**

  
Dean

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI