

महाराष्ट्र शासन

Government Medical College & Hospital, Baramati

Mail ID-medicalstoregmcb@gmail.com

Quotation Form

GMCB / MS / MED /QUOT

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 Buprenorphine 8mg
2	Tab Favipiravir 400mg
3	Tab Norethisterone 5mg
4	Tab Digoxin 0.25mg
5	Tab Deferasirox 500mg
6	Tab Deferasirox 250mg
7	Tab Rosuvastatin 20 mg
8	Tab Albendazole 400mg
9	Syrup Vitamin A Palmitate 100000 IU (100ml Bottle)
10	Bisacodyl Suppositories 5mg
11	Syp Albendazole oral suspension 200mg/5ml (10ml Bottle)

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 /05/2024 before 5.00pm

GOVERNMENT MEDICAL COLLEGE & HOSPITAL, BARAMATI