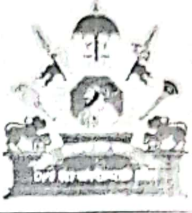
	<p style="text-align: center;">महाराष्ट्र शासन SIR J. J. GROUP OF HOSPITALS, BYCULLA, MUMBAI - 8 Medical Store/Surgical Store सर ज.जी. समुह रुग्णालये, भायखळा, मुंबई - 400 008 Tel.No. 2373 55 55, 2373 1144 ; Fax No. 2373 55 99; Email id-jjhmedicalstore@gmail.com</p>	
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No.: JJH/MS/Quotation/ A / 125 /2025

Date: 24 / 04 / 2025

Sub : Quotation for the supply of medicines /items (open quotation)

Sir,

You are requested to submit your lowest bid for medicines / items. The quotation should reach this office in a sealed envelope on or before 05/05/2025 till 5.00 pm. Quotation is also published on www.ggmcijh.com

The Dean, Sir J J Group of Hospitals, Mumbai reserves the right to Accept ,Recall or Reject any or all quotations without assigning any reason. Other instructions and terms & conditions regarding quotation are mentioned below the drug list.

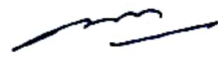
Sr. No.	Name of the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
1	Inj. Alprastodil 500 mcg, vial	Per vial			
2	Inj. Amiodarone 50 mg /ml, 3 ml vial	Per Amp			
3	Inj Azithromycin 500 mg, vial	Per vial			
4	Inj. Benzyl Penicillin 10 lakh, vial	Per vial			
5	Inj. Benzathine Penicillin 12 lakh, vial	Per vial			
6	Inj. Cefoperazone Sodium 1 gm vial	Per vial			
7	Inj. Cefoperazone Sodium 1gm + Sulbactam Sodium 500 mg vial	Per vial			
8	Inj. Ceftazidime 1 gm, vial	Per vial			
9	Inj. Clindamycin Phosphate 600 mg	Per Amp			
10	Inj. Dexamethasone 4 mg, Amp	Per Amp			
11	Inj. Dexmedetomidine 100 mcg Amp	Per Amp			
12	Inj Gentamicin Sulphate 80 mg, 2ml Amp	Per Amp			
13	Inj. Gadobenate 10 ml, vial	Per vial			
14	Inj. Hepatitis B 20mcg/ml, vial	Per vial			
15	Inj. Levetiracetam 500mg, Amp	Per vial			

Sr. No.	Name of the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
16	Inj. Linezolid 600mg/300ml, bottle	Per bottle			
17	Inj. Octreotide 100mcg/ml vial	Per vial			
18	Inj. Potassium Chloride 150mg/ml, 10 ml Amp	Per amp			
19	Inj. Promethazine HCL 50 mg/2ml Amp	Per amp			
20	Inj. Sildenafil 10mg/12.5 ml vial	Per vial			
21	Inj. Thiopentone 500 mg vial	Per vial			
22	Inj. Diatrizoate Meglumine 600 mg and Diatrizoate Sodium 100 mg 20 ml Equivalent 7.4 gm of Iodine (Iodine content 370mg/ml)	Per vial			
23	Inj. Teicoplanin 400mg, vial	Per vial			
24	Inj. Ulinstatin 100000 IU vial	Per vial			
25	Tab. Amitriptyline 25mg	Per Tab			
26	Tab. Calcium Carbonate 1250 mg with Vit. D3 250 IU	Per Tab			
27	Tab. Erythromycin 500 mg	Per Tab			
28	Tab Griseofulvin 250 mg	Per Tab			
29	Tab. Imipramine 25 mg	Per Tab			
30	Tab. Iron 150 mg + Folic Acid 0.5mg	Per Tab			
31	Tab. Levetiracetam 500mg	Per Tab			
32	Tab. Metronidazole 400 mg	Per Tab			
33	Tab. Pantoprazole 40 mg	Per Tab			
34	Tab. Prednisolone 10 mg	Per Tab			
35	Tab. Trifluoperazine 5 mg	Per Tab			
36	Tab. Trihexyphenidyl 2 mg	Per Tab			
37	Tab. Trifluoperazine 5mg + Trihexyphenidyl 2mg	Per Tab			
38	Tab. Trimethoprim 160 mg + Sulphamethoxazole 800 mg	Per Tab			
39	Cap. Amoxycillin Trihydrate 500 mg	Per Cap			

Sr. No.	Name of the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
40	Glucose Strip (rate to be quoted for single strip) For every 1000 strips 1 Glucometer to be provided	per single strip			
41	Inj Ranibizumab 10mg 0.23ml	Vial			

Instructions and terms & condition regarding Quotation:-

1. Interested vendors should submit the quotation as per given format only. Vendors need to specify Manufacturer & brand in the quotation and the same supply needs to be supplied.
2. Quotations must be submitted in a sealed envelope only.
3. The quotation & envelope should be addressed to - The Dean, Sir J J Group of Hospitals, Mumbai and marked **Kind attention to- Medical store.**
4. Vendors must write quotation reference no & Last date of submission of quotation on the envelope.
5. Any amendments regarding the quotation will be published on website www.ggmccjh.in. Vendors will not be communicated separately regarding the amendments.
6. However if the vendor fails to check any of these amendments on the website then it will be presumed that the vendor has quoted his/ her rates by taking the note of these amendments.
7. Rate should be quoted **inclusive of all taxes, GST, etc.**
8. Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
9. Rate must be quoted for official Pharmacopeial standards i.e IP/BP/ USP only & same goods must be supplied.
10. Delivery period is 24 hrs to 03 (Three) days from the receipt of order, as per vitality of medicine.
11. Analysis test reports (**Inhouse and NABL**) need to be submitted at the time of goods supply.
12. For goods supplied under MJPJAY Other schemes , bills will be passed only after the utilization certificate is received.
13. Successful vendors if fails to supply the goods within stipulated delivery period he is liable for the further necessary action, which may deem fit.
14. Frequent defaulter bidder will be debarred from participating in the future tenders / quotations called by this office
15. Payment within 120 Days from the Date of Submission of bills after Delivery of goods.
16. Sample needs to be submitted whenever asked.
17. **Following documents need to be submitted alongwith quotation-**
 - Bidders FDA license (manufacturing license OR wholesale stocking & Selling Licence)
 - Authorization Letter
 - No conviction certificate from FDA
 - GST registration copy
 - Bidder details as per Annexure A
 - Adata (अदाता) Registration Number at JJ Hospital Mumbai
 - WHO GMP certificate of manufacturer
18. **NOTE : Last date of submission of quotation : 05⁰⁵ /-04/2025 before 5.00 pm**


 Dean
 Sir J J Group of Hospitals,
 Mumbai

Annexure – A

(To be submitted on Bidder's Letterhead, Incomplete Annexure is liable for Rejection)

1. Name and address of the firm: -
2. Registered Head Office Postal address: -
3. Telephone No.
4. E-Mail ID : -
5. Ownership status of the firm- (Maharashtra Govt. / Central Govt./Jt. Sector /co - operative /SSI /Private)
6. Whether bidding as a manufacturer / importer / Authorized Distributor
7. Name of the person & Phone no. who should be contacted by this office in case of emergency.
8. Payee (अदाता) Registration Number at Sir J J Hospital, Mumbai.
9. Bank Details: -
 - 1) Bank A/C No. _____
 - 2) IFSC Code: - _____
 - 3) Branch Name & Address: _____
 - 4) Cancelled Cheque: _____
10. PAN number _____
11. GST registration number _____

I / we hereby declare that particulars furnished above are true to the best of my /our knowledge and belief and that if any of the particulars is found to be materially incorrect / misleading, My /Our quotation shall be rejected. I / we accept all term & condition, also I / we are liable for penal action as per terms specified in the " terms and conditions of quotation".

Date: -

Signature of the bidder with official seal and address