



महाराष्ट्र शासन
SIR J. J. GROUP OF HOSPITALS, BYCULLA,
MUMBAI - 400 008
Medical Store
सर ज.जी. समुह रुग्णालये, भायखला, मुंबई-४००००८
Tel.No. ०२२२३७३९१०३, ०२२२३२२४५३, ०२२२३७३५५५५
Email id-jjhmedicalstore@gmail.com



JJH/MS/QTN/B/ 126 /2025

Date :- 24 / 06 /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 05/06/2025 till 5.00 pm. Quotation is also published on www.ggmccjh.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 drug and Specification	Unit	Rate including (GST) as per unit packing	Mfg.	MRP
1	Acyclovir Inj. 250 mg Vial	Vial			
2	Amphotericin B Inj. 50mg Vial	Vial			
3	Artesunate Inj. 60 mg Vial with diluent combipack	Vial			
4	Atropine sulphate Inj. 0.6mg/ml 1 ml amp	Amp			
5	Bupivacaine Hcl 0.5% Extradural Inj. 20ml Vial	Vial			
6	Caffeine Citrate Inj. 20 mg/ml 2ml Vial	Vial			
7	Chloramphenicol Succinate Inj. 1 gm Vial	Vial			
8	Frusemide Inj. 10 mg/ml, 2ml amp	Amp			
9	Fluconazole Inj. IV 200mg, 100 ml bottle	Bottle			
10	Glycopyrrolate Inj. 0.2mg/ml, 1ml amp	Amp			
11	Hyaluronidase Inj. 1500 IU/ml, 2ml vial	Vial			
12	Hydroxypropyl Methyl Cellulose (HPMC) Inj. 2 % PFS	PFS			
13	Hyoscine Butyl Bromide Inj. 20 mg/ml, 1ml amp	Amp			
14	Human Normal Immunoglobulin 5%, 10ml Vial	Vial			
15	Insulin (plain) Inj. 40IU, 10ml Vial	Vial			
16	Insulin (Lente) Inj. 40IU, 10ml Vial	Vial			
17	Ketamine 50mg/ml Inj. 10ml Vial	Vial			
18	Methyl Ergometrine Inj. 0.2mg/ml, 1ml amp	Amp			
19	Mephentermine Sulphate Inj. 30mg/ml, 10ml Vial	Vial			
20	Midazolam Inj. 1 mg/ml, 10ml Vial	Vial			
21	Pheniramine maleate Inj. 22.75mg/ml	Amp			
22	Pantoprazole Inj. 40 mg Vial	Vial			
23	Streptomycin 0.75 mg Vial	Vial			
24	Succinylcholine Inj. 50 mg/ml, 10 ml vial	Vial			
25	Tetanus Toxoid Inj. 5ml Vial	Vial			
26	Triamcinolone Inj. 10 mg/ml, Vial	Vial			
27	Triamcinolone Inj. 40 mg/ml Vial	Vial			

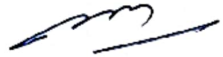
Sr. No	Name of drug and Specification	Unit	Rate Including (GST) as per unit packing	Mfg.	MRP
28	Vecuronium Inj. 4 mg Amp	Amp			
29	Vancomycin Inj. 500 mg Vial	Vial			
30	Vancomycin Inj. 1 gm Vial	Vial			
31	Fluconazole Tab. 150Mg	Strip			
32	Thyroxine Tab. 25 mcg, 120 tab Bottle	Bottle			
33	Thyroxine Tab. 100 mcg, 120 tab Bottle	Bottle			
34	Antacid Syrup 170ml Bottle	Bottle			
35	Paracetamol Syrup 125 mg/ml, 60ml Bottle	Bottle			
36	Promethazine Syrup 5mg/5ml, 60ml Bottle	Bottle			
37	Adapalene 0.1% W/W Skin Cream, 15 gm Tube	Tube			
38	Heparin with Benzyl Nicotinate Cream 20gm Cream	Tube			
39	Silver sulphadiazine 1% w/w Skin Cream 500gm Jar	Tube			
40	Tacrolimus 0.1% w/w Skin Cream 10 gm Tube	Tube			
41	Dextrose powder 500gm Packet	Packet			
42	Soda Lime Granules 5kg Jar	Jar			
43	Soda Lime Granules 5kg Jar (Used for Dragger Machine)	Jar			
44	Atropine E/D 5ml Bottle	Bottle			
45	Carboxy Methyl Cellulose 0.5% w/v Eye drops, 10ml bottle	Bottle			
46	Moxifloxacin 0.5% w/v Eye drops, 5 ml bottle	Bottle			
47	Moxifloxacin 0.5% with Dexamethasone 1% Eye drops, 5ml bottle	Bottle			
48	Moxifloxacin 0.5% with prednisolone 1% Eye drops, 5ml bottle	Bottle			
49	Nepafenac 0.1% w/v Eye drops, 5ml bottle	Bottle			
50	Proparacain 0.5% w/v Eye drops, 5ml bottle	Bottle			
51	Tropicamide 0.8% w/v and Phenylephrin 5% w/v Eye drops, 5ml bottle	Bottle			
52	Trypan Blue ophthalmic solution 0.6 mg, 1ml Vial	Bottle			
53	Timolol 0.5% w/v Eye drops, 5ml bottle	Bottle			
54	Atropine 1% w/w Eye ointment 5gm tube	Tube			
55	Choromphenicol 1% Eye Oint Applicaps	Tube			

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 MJPIAY 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 (अदात) Registration Number at JJ Hospital Mumbai
 - WHO GMP certificate of manufacturer
18. **NOTE :** Last date of submission of quotation : 05/05/2025 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 (अदात) 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