महाराष्ट्रशासन
SIR J. J. GROUP OF HOSPITALS, BYCULLA,
MUMBAI - 400 008
Medical Store
सर ज.जी. समुह रुग्णालये,भायखला,मुंबई-४०००० ८
Tel.No.०२२२३७३९१०३, ०२२२३२२२४५३,०२२२३७३५५५५
Email id-jjhmedicalstore@gmail.com

JJH/MS/QTN/C/ 127 /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.ggmcjjh.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.

List Of Quotation Medicine

Sr No.	Name of Drug	Packing	Rate Inclusive GST(Rs) as per unit packing	Mfg by	MRP
1	Inj. Adrenaline Bitartrate I.P. (1:1000)/ml	1 ml Amp			
2	Inj. Amoxycilline with clavulanic Acid 1 gm	Vial			
3	Inj. Anti D 300 mcg	10 ml Vial			
4	Inj. Aqueous Soluion of Haemocoagulase Botropase isolate from venom of bothrops atrox or bothrops jararaca 1 CU	1 ml Amp			
5	Inj. Ceftriaxone Sodium 1 gm	Vial			
6	Inj. Etofylline 87.70 mg with Theophylline 25.30 mg / ml	2 ml Amp			
7	Inj. Diazepam 5 mg/ml	2 ml Amp			
8	Inj. Dobutamine 50 mg/ml	5 ml Amp			
9	Inj. Dopamine Hydrochloride 40 mg/ml	5 ml Amp			
10	Inj. Erythropoietine 2000 IU	2 ml PFS			
11	Inj. Erythropoietine 20000 IU	10 ml Vial			
12	Inj. Iron Sucrose 20 mg/ml	2.5 ml Amp			
13	Inj. Lignocain hydrochloride 2 %	30 ml Vial			
14	Inj. Lignocain with hydrochloride 1:200000	30 ml Vial			
15	Inj. Lignocain Hydrochloride 4 % Topical Solution	30 ml Vial			
16	Inj. Lignocain hydrochloride 21.3 mgSodium Chloride 6.0 mg	50 ml Vial			
17	Inj. Magnesium Sulphate 50 %w/v	2 ml Amp			
18	Inj. Menadion Sodium 10 mg/ml	2 ml Amp			
19	Inj. Kenadion Sodium 1 mg/0.5 ml	1 ml Amp			
20	Inj. Metochlopromide Hydrochloride 5 mg/ml	2 ml Amp			
21	Inj. Neostigmine MethylSulphate 0.5 mg/ml	1 ml Amp			
22	Inj. Nitroglycerine 5mg/ml	5 ml Amp			
23	Inj. Protamine Sulphate 10 mg/ml	5 ml Amp			
24	Inj. Phenobarbitone 200 mg/ml	1 ml Amp			
25	Inj. Carboprost Tromethamine 250 mcg/ml	1 ml Amp			
26	Inj. Tetanus Immunoglobiuline 250 IU	Vial			
27	Inj. Tetanus Immunoglobuline 500 IU	Vial			
28	Inj Ascorbic Acid 100 mg/ml	5 ml Apm			
29	Tab. Acetazolamide 250 mg	1*10 Tab			
30	Tab. Acetyl salicylic acid 150 mg	1*14 Tab			
31	Tab. Amlodepine 5 mg	1*10 Tab			
32	Tab. Albendazole 400 mg	1*1 Tab			
33	Tab. Amoxycilline + Clavulanic Acid 625 mg	1*10 Tab			
34	Tab. Ascorbic Acid 500 mg	1*10 Tab			
35	Tab. Atenolol 50 mg	1*10 Tab			

List Of Quotation Medicine

Sr No.	Name of Drug	Packing	Rate Inclusive GST(Rs) as per unit packing	Mfg by	MRP
36	Tab. Atorvastatin 20 mg	1*10 Tab			
37	Tab. Azithromycine 250 mg	1*10 Tab			
38	Tab. Azithromycine 500 mg	1*10 Tab			
39	Tab. Bisacodyl 5 mg	1*10 Tab			
40	Tab. Chloroquine 250 mg	1*10 Tab			
41	Tab. Deriphylline SR 300 mg	1*10 Cap			
42	Tab. Diethyl Carbamazine 100 mg	1*10 Tab			
43	Tab. Digooxin 0.25 mg	1*10 Tab			
44	Tab. Divalprox Sodium 500 mg	1*10 Tab			
45	Cap Doxicycllin 100 mg	1*10 Tab			
46	Tab Enalapril Maleate 5 mg	1*10 Tab			
47	Tab. Escitalopram Oxalate 10 mg	1*10 Tab			
48	Tab. Folic Acid 5 mg	1*10 Tab			
49	Tab. Formaline 1 gm	1*10 Tab			
50	Tab. Fluoxitine 20 mg	1*10 Tab			
51	Tab. Glibenclamide 5 mg	1*10 Tab			
52	Tab. Haloperidol 5 mg	1*10 Tab			
53	Tab. Ivermectine 6 mg	1*10 Tab			
54	Iab. Ivermectine 12 mg	1*10 Tab			
55	Tab. Isosorbide Dinitrate 10 mg	1*10 Tab			
56	Tab. Levofloxacine 250 mg	1*10 Tab			
57	Tab. Lithium Carbonate 300 mg	1*10 Tab			
58	Tab. Lorazepam 2 mg	1*10 Tab			
59	Tab. Metformine HCL 500 mg	1*10 Tab			
60	Tab. Olanzapine 5 mg	1*10 Tab			
61	Cap. Oseltamivir 30 mg	1*10 Tab			
62	Cap. Oseltamivir 75 mg	1*10 Tab			
63	Tab. Phenobarbitone 30 mg	1*10 Tab			
64	Tab. Pyridoxine 10 mg	1*10 Tab			
65	Tab. Resperidone 2 mg	1*10 Tab			
66	Tab. Sertalin 50 mg	1*10 Tab			
67	Tab. Zinc Sulphate 50 mg	1*10 Tab			
68	Respiratory Solution Budesonide	2 ml Respules			
69	Respiratory Solution Ipratropium Bromide with Levosalbutamol	2.5 ml Respules			
70	Resp. Solution Salbutamol 2.5 ml	2.5 ml Respules			
71	Syp. Lactulose 10 mg / 15 ml 250 ml Bott.	100 ml Botte			
72	Syp. Oseltamivir 12 mg / ml 60 ml Bott.	60 ml Bottle			

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.ggmcjjh.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.

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 :** 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 (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