

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



No.:JJH/MS/Quotation/ A / २२४ /2025

Date:-०७/०८/ 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 18 / 08 / 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 the Drug	Unit Packing	Rate including GST as per unit Packing	Mfg By	MRP
1	Inj. Benzathine Penicillin 12 lakh, vial	Per vial			
2	Inj. Dexamethasone 4 mg, Amp	Per vial			
3	Inj. Hydrocortisone sodium 100 mg	Per Amp			
4	Inj. Sodium Bicarbonate 7.5 % W/v 10 ml Amp	Per amp			
5	Tab Cetrizine Hydrochloride 10 mg	Per Tab			
6	Tab. Erythromycin 500 mg	Per Tab			
7	Tab Griseofulvin 250 mg	Per Tab			

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 : 18/ 08 /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