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

No. JJH/SS/QTN/ 283 /2025

Date :- 14 / 10 / 2025

Sub : Quotation for the supply of Surgical items (Open Quotation)

Sir,

You are requested to submit your lowest bid for Surgical / items. The quotation should reach this office in a sealed envelope on or before 24 / 10 / 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 Surgical items list..

Sr No	Name Of Implants	Packing	Rate per pc (Inc. GST)	MRP
1	Plasma Filter	Per Piece		

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- Surgical 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.
14. Rate should be quoted inclusive of all taxes ,GST , etc.
15. Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
16. Rate must be quoted for Surgical Items & Instrument complying with the standards for Surgical Items & Instruments (ISO/ISI, etc. Whichever is applicable)
17. Delivery period is 24 hrs to 03 (Three) days from the receipt of order, as per vitality of Surgical items.
18. Analysis test reports (**Inhouse and NABL**) need to be submitted at the time of goods supply,
19. For goods supplied under MJPJAY Other schemes , bills will be passed only after the utilization certificate is received.
20. 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. Sample needs to be submitted whenever asked.
16. **Following documents need to be submitted alongwith quotation- (To be submitted in Separate Envelope)**

- Bidders FDA/Medical Device license (manufacturing license OR wholesale stocking & Selling Licence)
- **Manufacturers Authorization Letter is mandatory for all above mentioned products.**
- Demo Sample will be require to submit to Surgical Store, Sir J J Group of Hospitals, Mumbai for all quoted items. The submitted material will not be return back to the vendor irrespective of qualification or disqualification
- 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, ISO/ISI/CE/EN/ASTM Product Standard Certificate whichever is applicable

NOTE : Last date of submission of quotation: 24 /10/2025 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