



महाराष्ट्रशासन
SIR J. J. GROUP OF HOSPITALS, BYCULLA,
MUMBAI - 400 008
Medical Store
सर ज.जी. समुह रुग्णालये, भायखला, मुंबई-४००००८
Tel.No.०२२२३७३९१०३, ०२२२३२२२४५३, ०२२२३७३५५५५
Email id-jjhmedicalstore@gmail.com



No.JJH/MS/QTN/C/122 /2026

Date:- 25 /03/2026

Subject : Quotation for the supply of Medicine/ Surgical Dressing 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 or before 31 / 03/2026, till 5.00 pm. Quotation is also published on www.gmcjjh.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 as per unit packing mentioned in column 'C'	Mfg by	MRP
A	B	C	D	E	F
1	Inj. Noradrenaline 2 mg / ml 2 ml Amp	2 ml Amp			
2	Inj. Aminophylline 25 mg/m25 mgl 10 ml Amp	10 ml Amp			
3	Inj. Phenytoin Sodium 50 mg/ml 2 ml Amp	2 ml Amp			
4	Inj. Haloperidol 5 mg / ml Amp 1 ml Amp	1 ml Amp			
5	Inj. Tramadol Hydrochloride 50 mg / ml 2 ml Amp	2 ml Amp			

Instructions and terms & condition regarding Quotation:-

- 1 Interested vendors should submit the quotation as per given format only. Vendors need to specify Manufacturer in the quotation and the same supply needs to be supplied. Incomplete information about manufacturer may lead to disqualification of Bidder.
- 2 Quotation 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 the quotation on the envelope.**
- 5 Any amendments regarding the quotation will be published on website www.gmcjjh.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. **along with valid WHO -GMP certificate of Manufacturer.**, failing which goods will not be accepted.
- 12 The Dean, Sir J. J. Hospital, Mumbai, shall have the right to get samples of any medicines or materials supplied by the supplier tested for quality by a third-party laboratory. The cost incurred towards laboratory testing shall be borne by the supplier and may be recovered or deducted from the supplier's invoice.
- 13 For goods supplied under MJPJAY/ Other scheme, bills will be passed only after utilization certificate received from the user department.
- 14 Successful vendors if fails to supply the goods within stipulated delivery period he is liable for the further necessary penal action, which may deem fit.
- 15 Frequent defaulter bidder will be debarred from participating in the tenders / quotations called by this office. **Bidders need to submit an affidavit that all previous supplies during the past 12 months were made as per orders issued by the Dean, Sir, J. J. Hospital, Mumbai as per Annexure B.** Bidder's performance will be verified and evaluated based on the affidavit submitted for previous orders supply status.
- 16 Payment within 120 Days from the Date of Submission of bills after Delivery of goods.
- 17 Sample needs to be submitted Whenever asked
- 18 The Dean, Sir J. J. Hospital, Mumbai, shall have the right to get samples of any medicines or materials supplied by the supplier tested for quality by a third-party laboratory. The cost incurred towards laboratory testing shall be borne by the supplier and may be recovered or deducted from the supplier's invoice.
- 19 **The Quotation Form and other required documents must be submitted in two separate sealed envelopes clearly marked as *Envelope A – Technical Bid Documents* and *Envelope B – Price Bid Quotation Form*.**
- 20 **The price bid Envelope B will be opened only for those bidders who qualify in the Technical Bid scrutiny . If Quotation form with offer rates is placed in Envelope A , it will lead to disqualification of the bidder.**
- 21 **Documents required in Envelope A (All documents need to be self attested alongwith seal of the firm)**
 - Bidders FDA license [Drug manufacturing license/ Medical Device License OR wholesale stocking & Selling Licence].
 - Authorization Letter from manufacturer
 - Valid No conviction certificate from FDA.
 - GST registration copy.
 - Bidder details as per Annexure A.
 - Adata (अदाता) Registration Number at JJ Hospital Mumbai
 - WHO GMP/ISO 13485 certificate of manufacturer.
 - **Affidavit on Rs. 100/-Nonjudicial stamp paper stating that all previous supplies during past 12 months were made as per orders issued by the Dean, Sir, J. J. Hospital, Mumbai, as per Annexure B. Original Copy needs to be submitted on or before the close date of quotation.**
- 22 **Document required in Envelope B**
Offer rates / quotation form on the company letterhead, duly signed and stamped by the authorized signatory.
23. **NOTE : Last date of submission of quotation :- /03/2026 before 5.00 pm**


Dean
Sir J J Group of Hospitals,
Mumbai-400008

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

ANNEXURE B

AFFIDAVIT

(on Non-Judicial Stamp Paper of Rs. 100/- Original copy To be submitted to this office)

Reference: Tender / Quotation no _____,

I, _____,

aged ___ years,

authorized signatory / proprietor / partner / director of

M/s _____,

having office at _____,

do hereby solemnly affirm and state as under:

1. I am the authorized representative of the above-mentioned firm and competent to swear this affidavit for submission in the tender / quotation issued by the Dean, Sir J. J. Hospital, Mumbai.
2. That our firm has supplied all medicines / surgical dressing materials as per all purchase orders issued by the Dean, Sir J. J. Hospital, Mumbai during the past twelve (12) months.
3. That all the supplies were completed satisfactorily and within the stipulated time, in compliance with the terms and conditions of the respective orders.
4. That there has been no default, delay, or breach of contract on our part in respect of the said supplies.
5. I hereby declare that the statements made herein are true and correct to the best of my knowledge and belief, and that no material facts have been omitted.

Solemnly affirmed and verified at _____

On this ___ day of _____ 20__

Signature of Deponent

Name: _____

Designation: _____

Firm Name: _____

Seal of the Firm

NOTARY ATTESTATION

Identified by me.

Signed before me on this ___ day of _____ 20__ at _____.

Signature & Seal of
Notary / Oath