



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/QTN/A / 211 /2026

Date:- 22/05/2026

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 **02/06/2026, till 5.00 pm**. Quotation is also published on [www.ggmcejhh.com](http://www.ggmcejhh.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 Vial / Amp / 1 Tablet / Bottle / Roll	Mfg by	MRP
A	B	C	D	E	F
1	Inj. Adenosine 3 mg/ ml. 2 ml Amp	Amp			
2	Inj. Cefazidime 1 gm	Vial			
3	Inj. Cefoperazone + Sulbactam 1 gm	Vial			
4	Inj. Dexamethasone Sodium 4 mg /ml , 1 ml Amp	Amp			
5	Inj. Fosphenytoin 150 mg / 2 ml. 2ml vial	Vial			
6	Inj. Imipenem 1000 mg + Cilastatin 100 mg	Vial			
7	Inj. Levetiracetam 100 mg/ ml, 5 ml vial	Vial			
8	Inj. Potassium Chloride 15 % w/v /, 10 ml Amp	Amp			
9	Inj. Promethazine Hydrochloride 25 mg/ml, 2ml Amp	Amp			
10	Inj. Tranexamic Acid 100 mg/ml, 5 ml Amp	Amp			
11	Tab. Cetrizine Hydrochloride 10mg	Per Tablet			
12	Tab. Diazepam 5 mg	Per Tablet			
13	Tab. Erythromycin Stearate 500mg	Per Tablet			
14	Tab. Frusemide 40 mg	Per Tablet			
15	Tab. Griseofulvin 250 mg	Per Tablet			
16	Tab. Phenytoin Sodium 100mg	Per Tablet			
17	Tab. Propranolol 40 mg	Per Tablet			
18	Alcohol based surgical hand antiseptic Solution 500 ml bottle with dispenser.Active ingredient in 100 gm -2-propanol-45.0 g, 1 Propanol- 30 g Alcohol based surgical hand antiseptic containing macetronium ethyl sulphate 0.2 gm/100 gm or 0.5% to 1% chlorhexidine gluconate with suitable emollient and moisturizer 500ml container To be accompanied with following valid test reports: 1) EN 15000 (Hygenic Handrub) 2) EN 12791 (surgical Hand Disinfection) 3) EN 14476 (Virucidal Activity) 5) ISO 10993-10 (Skin Irritation Test)	500 ml			
19	Formaldehyde Solution 34 % to 37%. 500 ml bottle	500 ml			
20	Fumigation Tape 2" x 65 mtrs	roll			
21	Fumigation Tape 3" x 65 mtrs	roll			

**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 Bidder need to submit all valid documents as mentioned in Sr. no. 19, All documents should be self attested, along with company stamp & seal
- 3 Quotation must be submitted in a sealed envelope only.
- 4 The quotation & envelope should be addressed to - **The Dean, Sir J J Group of Hospitals Mumbai and marked Kind attention to-Medical store.**
- 5 **Vendors must write quotation reference no & Last date of quotation submission on the envelope.**
- 6 Any amendments regarding the quotation will be published on website [www.ggmcejhh.in](http://www.ggmcejhh.in). Vendors will not be communicated separately regarding the amendments.
- 7 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 rates by taking the note of these amendments.
- 8 Rate should be quoted **inclusive of all taxes ,GST , etc./per vial/Amp/Tab**
- 9 Rate must be written in both figures & words. Rates should be valid for six months from the date of opening the quotation.
- 10 Rate must be quoted for official Pharmacopeial standards i.e IP/BP/ USP only & same goods must be supplied.
- 11 Delivery period is 24 hrs to 03 ( Three) days / 15 days from the receipt of order, as per vitality of Medicine.



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- 12 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.
- 13 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.
- 14 For goods supplied under MJPIAY/ Other scheme, bills will be passed only after utilization certificate received from the user department.
- 15 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.
- 16 Frequent defaulter bidder will be debarred from participating in the tenders / quotations called by this office.
- 17 Payment will be processed within 120 Days from the Date of Submission of bills after Delivery of goods along with all necessary documents
- 18 Sample needs to be submitted whenever asked
- 19 **Documents required along with quotation form (Documents must be self attested and duly stamp and sealed)**
  - 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 (अदता ) Registration Number at JJ Hospital Mumbai ( If Adata Registration number is not taken then documents mentioned in Sr.No. 9 of Annexure A to be submitted by bidder on his letter head along with the attested copies.).
  - Valid WHO GMP/ISO 13485 certificate of manufacturer.

21. NOTE : Last date of submission of quotation :- 02 / 06 / 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./It. 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 (अदता ) 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