

	महाराष्ट्र शासन SIR J. J. GROUP OF HOSPITALS, BYCULLA, MUMBAI - 400 008 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	
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No.JJH/MS/Quotation/C/४७८ /2026

Date:- ०५ /१०/2026

Subject: 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 12 / 10 /2026, till 5.00 pm. Quotation is also published on www.ggmcyjh.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 drug	Unit	Rate (including GST) as per mentioned in column C	Mfg By	MRP
A	B	C	D	E	F
1.	Inj. Adrenaline Bitartrate I.P. (1:1000)/ml	1 ml Amp			
2.	Inj. Aminophylline 25mg/ml	10 ml Amp			
3.	Inj. Anti D 300 mcg	10 ml Vial			
4.	Inj. Amoxycillin + Clavulanic Acid 1.2 gm	1.2 gmVial			
5.	Inj. Aqueous Solution Haemo Coagulase Botropase	1 ml Amp			
6.	Inj. Colistimethate 1 MIU	1 MIU Vial			
7.	Inj. Colistimethate 3 MIU	3 MIU Vial			
8.	Inj. Diazepam 5mg/ml	2 ml Amp			
9.	Inj. Digoxine 1 ml	1 ml Amp			
10.	Inj. Dobutamine 5 ml	5ml Amp			

Sr. No.	Name of drug	Unit	Rate (including GST) as per mentioned in column C	Mfg By	MRP
A	B	C	D	E	F
11.	Inj. Dopamine HCL 5 ml	5 ml Amp			
12.	Inj. Etophylline 87.70 mg + Theophylline 25.30 mg/ml	2 ml Amp			
13.	Inj. Erythropoietine 2000 IU	2 ml PFS			
14.	Inj. Erythropoietine 20000 IU	10 ml PFS			
15.	Inj. Haloperidol 5mg/ml	1 ml Amp			
16.	Inj. Iron Sucrose 5 ml	5ml Amp			
17.	Inj. Lacosamide 20 ml	20 ml Vial			
18.	Inj. Lignocain HCL 2 %	30 ml vial			
19.	Inj. Lignocain HCL 4%Topical Solution	30 ml vial			
20.	Inj. Lignocain HCL + Adrenaline 30 ml	30 ml Vial			
21.	Inj. Lignocaine 21.3mg + Sodium Chloride 6 mg + Methyl Paraben 1 mg	50 ml vial			
22.	Inj. Lorazepam 2ml	2ml Amp			
23.	Inj. Magnesium Sulphate 50% w/v	2 ml Amp			
24.	Inj. Menadion Sodium 10 mg/ml	2 ml Amp			
25.	Inj. Kenadion Sodium 1 mg/0.5 ml	1 ml Amp			
26.	Inj. Metochlopramide Hydrochloride 5 mg/ml	2 ml Amp			
27.	Inj. Nor-Adrenaline 2mg/ml	2 ml Amp			
28.	Inj. Neostigmine MethylSulphate 0.5mg/ml	1 ml Amp			
29.	Inj. Nitroglycerine 5mg/ml	5 ml Amp			
30.	Inj. Papaverine 2 ml	2 ml Amp			
31.	Inj. Phenytoin Sodium 50 mg/ml	2 ml Amp			
32.	Inj. Protamine Sulphate 10 mg/ml	5 ml Amp			
33.	Inj. Phenobarbitone 200 mg/ml	1 ml Amp			

Sr. No.	Name of drug	Unit	Rate (including GST) as per mentioned in column C	Mfg By	MRP
A	B	C	D	E	F
34.	Inj. Carboprost Tromethamine 250mcg/ml	1 ml Amp			
35.	Inj. Tetanus Immunoglobuline 250 IU	Vial			
36.	Inj. Tetanus Immunoglobuline 500 IU	Vial			
37.	Inj. Tramadol Hydrochloride 50 mg/ml	2 ml Amp			
38.	Inj. Ascorbic Acid 100mg/ml	5 ml Amp			
39.	Inj. Multivitamine 10 ml	10 ml Amp			
40.	Tab. Acyclovir 200 mg	Per Tab			
41.	Tab. Acetazolamide 250 mg	Per Tab			
42.	Tab. Acetyl salicylic acid 150 mg	Per Tab			
43.	Tab. Amlodepine 5 mg	Per Tab			
44.	Tab. Albendazole 400 mg	Per Tab			
45.	Tab. Amoxycilline + Clavulanic Acid 625 mg	Per Tab			
46.	Tab. Ascorbic Acid 500 mg	Per Tab			
47.	Tab. Atenolol 50 mg	Per Tab			
48.	Tab. Atorvastatin 20 mg	Per Tab			
49.	Tab. Azithromycine 250 mg	Per Tab			
50.	Tab. Azithromycine 500 mg	Per Tab			
51.	Tab. Bisacodyl 5 mg	Per Tab			
52.	Tab. Chloroquine 250 mg	Per Tab			
53.	Tab. Etophylline 231mg + Theophylline 69 mg, 300 mg SR	Per Tab			
54.	Tab. Diethyl Carbamazine 100 mg	Per Tab			
55.	Tab. Digooxin 0.25 mg	Per Tab			

Sr. No.	Name of drug	Unit	Rate (including GST) as per mentioned in column C	Mfg By	MRP
A	B	C	D	E	F
56.	Tab. Divalprox Sodium 500 mg	Per Tab			
57.	Tab. Domperidone 10 mg	Per Tab			
58.	Tab Enalapril Maleate 5 mg	Per Tab			
59.	Tab. Escitalopram Oxalate 10 mg	Per Tab			
60.	Tab. Folic Acid 5 mg	Per Tab			
61.	Tab. Formaline 1 gm	Per Tab			
62.	Tab. Fluoxetine 20 mg	Per Tab			
63.	Tab. Glibenclamide 5 mg	Per Tab			
64.	Tab. Haloperidol 5 mg	Per Tab			
65.	Tab. Hydroxychloroquine 200 mg	Per Tab			
66.	Tab. Ethamsylate 500 mg	Per Tab			
67.	Tab. Ivermectine 6 mg	Per Tab			
68.	Tab. Ivermectine 12 mg	Per Tab			
69.	Tab. Isosorbide Dinitrate 10 mg	Per Tab			
70.	Tab. Labetolol 100 mg	Per Tab			
71.	Tab. Levofloxacin 250 mg	Per Tab			
72.	Tab. Levofloxacin 500 mg	Per Tab			
73.	Tab. Lithium Carbonate 300 mg	Per Tab			
74.	Tab. Lorazepam 2 mg	Per Tab			
75.	Tab. Mebendazole 100 mg	Per Tab			
76.	Tab. Metformine HCL 500 mg	Per Tab			
77.	Tab. Norfloxacin 400 mg	Per Tab			

Sr. No.	Name of drug	Unit	Rate (including GST) as per mentioned in column C	Mfg By	MRP
A	B	C	D	E	F
78.	Tab. Olanzapine 5 mg	Per Tab			
79.	Cap. Oseltamivir 30 mg	Per Cap			
80.	Cap. Oseltamivir 75 mg	Per Cap			
81.	Tab. Phenobarbitone 30 mg	Per Tab			
82.	Tab. Pyridoxine 10 mg	Per Tab			
83.	Tab. Risperidone 2 mg	Per Tab			
84.	Tab. Sertalin 50 mg	Per Tab			
85.	Tab. Telmisartan 40 mg	Per Tab			
86.	Tab. Zinc Acetate 50 mg	Per Tab			
87.	Solution Ipratropium 250 mg	Per Resp			
88.	Resp. Solution Budesonide	Per Resp			
89.	Resp. Solution Ipratropium Bromide with Levosalbutamol	Per Resp			
90.	Resp. Solution Salbutamol 2.5 ml	Per Resp			
91.	Syp. Lactulose 10 mg / 15 ml 250 ml Bott.	250 ml Bottle			
92.	Syp. Oseltamivir 12 mg / ml 60 ml Bott.	60 ml Bottle			
93.	Solution of Glycerine and Sodium Chloride 30 ml (Enema)	30 ml Bottle			
94.	Inj. Tigecycline 50 mg (Lyophilized)	50 mg Vial			

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. Bidders need to submit all valid documents as mentioned in Sr. no. 19, All documents should be self attested, along with company stamp & seal.
3. Quotations 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.ggmcjjh.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.
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 MJPIJAY/ 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 (अदाता) 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.

20. **NOTE : Last date of submission of quotation :- 12 / 10 /2026 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 terms & conditions, 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